Lessons Learned from AMEN: African American Faith-Based Mental Health and Wellness Program

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ABSTRACT

Background: The COVID-19 pandemic has underscored existing health disparities and inequities faced by African Americans (AAs).

Objectives: This paper highlights the process of establishing collaborative relationships between community and academic partners to enhance mental health through a holistic wellness program implemented with African American churches.

Methods: AMEN, an ongoing health equity program, uses a mixed-methods approach for process evaluation. The program engages a Community-Based Participatory Research (CBPR) team comprising academics, local AA pastors, lay health workers, and community organizations.

Results: The utilization of a multi-level CBPR approach effectively engaged community members in wellness activities and empowered faith leaders to address mental health within diverse church activities.

Conclusions: Nurturing collaborative partnerships between faith leaders, academics, and community organizations is vital for building capacity and ensuring the sustainability of mental health promotion and wellness initiatives within African American communities.

KEYWORDS:

Nursing, Community-Based Participatory Research, Community health partnerships, Community health research, Health disparities, Cardiovascular Diseases, Health Promotion, Mental Health, Public Health, Vulnerable Populations, African Americans

Background

Despite improved mental health advancements in the United States over the past decade, significant disparities in mental and physical health for ethnic minority populations remain. African Americans (AAs) face challenges regarding mental health such as persistent stigma surrounding help-seeking, limited health literacy, and inadequate access to culturally appropriate care. Moreover, a substantial portion of AA adults struggle to manage multiple chronic conditions (MCC) like hypertension, diabetes, and chronic depression, which often afflict multiple family members. Navigating MCCs poses complex difficulties when occurring within families[1], especially those with limited resources. These disparities arise from systemic biases, services lacking cultural sensitivity and a paucity of relevant research tailored to specific communities.

The COVID-19 pandemic further highlights disparities in mental and physical health for AAs[2], with mental health (MH) disorders growing at alarming rates. Boden et al., suggests that social determinants of health and other risk factors interact with pandemic stressors, leading to negative mental health outcomes[3]. While social and economic conditions impact disease risk factors leading to higher rates of chronic psychological and physical illness among AAs, inequitable access to health resources and greater difficulty in reaching AAs with effective MH education, diagnosis, and treatment continues[4].

In contrast, significant portions of the US population, including AAs, seek help from clergy for emotional concerns[5-6]. However, some AA clergy are uncertain about best practices to address mental illness. Furthermore, they express desire to better understand the mental health needs of congregants and are receptive to education and resources that reduce stigma and promote mental well-being consistent with faith-based teachings[6]. Church-based health

ministries and wellness programs have shown positive impact on various health outcomes, including stigma reduction[5, 7-12]. Programs like SpeakOut[5], Promoting Emotional Wellness and Spirituality (PEWS)[7], and Clergy Outreach and Professional Engagement (C.O.P.E.)[8] have successfully integrated mental health support within church routines and fostered partnerships between clergy and mental health providers.

To tackle this intricate issue and improve well-being in AA communities, we created a community–academic partnered team in 2019 to develop AMEN: an **A**frican American **MEN**tal Health and Wellness Program. The goal of this ongoing program is to build a holistic and sustainable community health infrastructure. AMEN blends the rich tradition of AA churches supporting their members with unique resources of an academic School of Nursing, and philanthropic efforts of community organizations.

The purpose of this paper is to highlight the process of building trusted and sustainable community-academic partnerships using qualitative and quantitative methods from our ongoing AMEN program. Specifically, we describe strategies used to promote community engagement and highlight programmatic examples to enhance impact and sustainability. The AMEN protocol was reviewed by the Institutional Review Board (IRB) at the University of Texas at Austin (FWA # 00002030) and was deemed an exploratory service project not requiring institutional review board oversight.

Methods

The AMEN process evaluation includes qualitative and quantitative methods. Qualitative input and feedback on study procedures, educational events, and program impact are solicited during weekly video calls with Lay Health Workers (LHWs), discussions with pastors, and

interviews and conversations with congregants. Focus groups also provide qualitative data that guide program design and implementation. Quantitative program evaluations are collected through online and in-person Qualtrics surveys for AMEN educational events, direct services, and via a COIVD-19 rapid needs assessment. Both types of data are used for continuous implementation improvement and reporting outcomes.

Two complementary planning and implementation models serve as AMEN's operational approach: Community-Based Participatory Research (CBPR)[5], [13-15] and the **RE-AIM** framework[16-17]. CBPR is an ecological approach that recognizes the interplay of social, political, and economic systems, emphasizing collaborative community partnerships and co-learning. In contrast, RE-AIM is a five-step model focused on sustainable adoption and implementation of evidence-based interventions, addressing Reach, Effectiveness, Adoption, Implementation, and Maintenance/sustainment. CBPR guides our process of community engagement, while RE-AIM provides the conceptual framework for intervention development and evaluation. These two methods work synergistically to foster trusting and sustainable partnerships, assess needs and cultural preferences, and facilitate implementation and evaluation from a community-partnered perspective. Table 1 provides examples of RE-AIM strategies for AMEN implementation and maintenance.

Results

The blending of qualitative and quantitative data serves to enrich AMEN's findings. Close communication and continuous solicitation of input and feedback helps AMEN to identify areas of community priority, acceptable design considerations, and desired roles and responsibilities among team members and partners. The following themes emerged as the foundation for AMEN's success. Areas for further improvement are also elaborated.

Collaborating with African American Churches

We invited local churches with significant influence within the AA community to partner in this initiative. Garnering pastors' commitment and support is essential to fostering trust and acceptance of mental health promotion efforts. This collaboration allows pastors to guide implementation priorities and provides access to church resources and networks for disseminating mental health information, services, and referrals.

Engaging Community Leaders and Influencers

Developing close working relationships with other respected leaders in the AA and broader community is also fundamental. For example, we formed an AMEN community advisory board (CAB) of local stakeholders who provide valuable guidance towards AMEN's mission. Each partner brings unique expertise, thereby enhancing development of a practical, culturally relevant wellness program that reflects varying perspectives. Our CAB serves as important mental health advocates by sharing AMEN's mission and messages through various platforms and partnering in programmatic initiatives.

Maximizing Community Assets for Promoting Mental Health

Identifying and engaging resources within and outside the church is vital to building trusted partnerships needed to sustainably promote mental health. For example, AMEN partnered with National Alliance on Mental Illness and local mental health agencies to provide mental health training to pastors, LHWs, and congregants. American Heart Association provided free blood pressure monitors for AMEN to offer heart health screenings and education. AMEN leveraged such assets to establish credibility and build partnerships within a faith-based AA community. Programmatic examples of resource sharing and adaptations to blend faith with evidence-based strategies are described (Table 2).

Meeting People Where They Gather

AMEN cultivates a presence at local centers, churches, community gardens, and other places where people gather to create opportunities for interaction and outreach. These venues allow AMEN to host mental health workshops, support groups, health fairs, and nurse-led clinics (mental health, chronic disease management and COVID-19 vaccination). By choosing trusted, familiar, and easily accessible locations, we establish a safe, welcoming atmosphere where community members can learn about mental health and receive support. The AMEN team recognizes that commitment to collaboration goes both ways, and actively participates in events organized by churches and community partners, including Sunday services, church celebrations, health screenings, and educational events. For example, we provide holistic health education in a faith-based community garden run by a partner church and participate in fundraising walks for National Alliance on Mental Illness (NAMI) to further raise awareness and promote mental well-being.

Training Lay Health Workers

Recruiting and training congregants and community members as LHWs is highly effective for building capacity and infrastructure for sustainability[18-19]. These individuals understand their faith-based culture and serve as trusted "brokers" between mental health professionals, resources, and community members. With proper training, LHWs can promote mental health within the community by providing education, support, and connecting people to appropriate resources. To form our community-partnered team, we collaborated with pastors and church leaders to identify congregants willing to serve as AMEN LHWs or health "ambassadors." Eight dedicated church members of various ages (23-74, one male, seven

females) agreed to join our team. We provided ongoing training on topics such as motivational interviewing, mindfulness, self-compassion, and Mental Health First Aid (MHFA). To expand their skills and abilities, some LHWs have pursued additional trainings, certifications, healthcare jobs, and are becoming MHFA trainers. These LHWs assist by sharing what they have learned in training and add pertinent Bible passages to enhance cultural relevance. They foster two-way communication by promoting AMEN events and encouraging program participation, while guiding AMEN to meet community needs.

Creating a Multidisciplinary, Faith-Based Educational Approach

Our multidisciplinary CBPR team consists of academic researchers/clinicians, pastors, health ministry leaders, LHWs, and community leaders. Our nurse clinicians bring expertise in chronic disease management, public/mental health, primary care, resource navigation, and motivational interviewing. Academic faculty and students from various disciplines (e.g., School of Nursing, College of Pharmacy, and Social Work) collaborate with AMEN, as part of their public health field placements, to create mutual learning opportunities for students and the community.

Pastors, LHWs, and church ministry leaders play a crucial role by identifying pressing needs within their faith community and providing a spiritual perspective that is integral to AMEN's interventions. As faith is central to church traditions, we incorporate prayer into team meetings and relevant scripture into education and trainings to contextualize health messages and highlight the interconnection between mind, body, and spirit. We also partner with local service providers (e.g., local mental health authority and therapists) who share specialty knowledge, skills, and resources that enhance our program's effectiveness and capacity for long-term sustainability.

Understanding Community Needs

To better understand MH knowledge, attitudes, and experiences within the church, AMEN conducted several qualitative studies including two focus groups. One involved pastors and ministers, while the other engaged church congregants, including LHWs. The focus group of pastors explored motivations and concerns regarding referring congregants for professional MH support. Pastors acknowledged the importance of expanding beyond spiritual solutions to address MH and expressed concerns about treatment receptivity. They noted the power of personal stories and testimonies in reducing MH stigma and emphasized the need for trust and "buy-in" from the church community. Consistent with previous findings[6], pastors expressed their desire for further training and resources to feel better equipped to serve MH needs. In contrast, the focus group of congregants revealed negative perceptions of MH, citing experiences with MH crises. Congregants also deemed it more important to find a MH care provider of the same race and religion than it is to have a general practitioner with these characteristics.

Taking the Pulse of the Community – From Needs Assessment to Relevant Services

AMEN also collected quantitative data through a rapid needs assessment. When COVID-19 emerged, AMEN sought to better understand congregants' access to health information, essential supplies, and social connection[20]. LHWs contacted congregants through telephone and emailed surveys to identify needs and provide support. The assessment revealed elevated anxiety, stress, feelings of loneliness and isolation among numerous congregants, and many requested follow-up calls from LHWs. Thus, enhancing social connection and creating safe spaces to foster relationships and community healing became a focal point in future AMEN programming.

To maintain social connection and support pastors in ministerial work, programs were swiftly transformed for virtual delivery. LHWs aided program adoption and implementation by integrating faith-based messages and personal testimonials to inspire others to share their experiences. LHWs assessed congregants' use of technology and assisted in providing virtual access, thereby enhancing technology literacy and participation in church and AMEN activities for those being left behind.

To further address the pandemic's widespread impact within the AA community, AMEN partnered with our university health system to increase COVID-19 vaccine access through two nurse-led mobile clinics: Vaccination Administration Mobile OperationS (VAMOS) and Vaccinate, No Waste (VaxNow)[21]. VAMOS offered COVID-19 vaccination at AA churches and other community settings. VaxNow provided remaining COVID-19 vaccines via home visits to those without access. Church ministries organized clinic logistics, while pastors offered encouraging messages to promote vaccination. AMEN LHWs, nurses, and support staff recruited community members, collected monitoring and safety data, and provided COVID-19 education, vaccination, and follow-up, as needed. These programs offered the AA community timely protection from COVID-19 along with psychological comfort in a safe, trusting place.

Integrating Mental Health Promotion into Physical Wellness Programs

AMEN's focus on promoting mental wellness extends beyond symptom reduction, aligning with the World Health Organization's definition of health as complete physical, mental, and social well-being. For example, AMEN adapted Jain et al.'s, WILD 5 Wellness Program[22] for an AA older adult faith community. Beyond providing Jain's self-guided workbook, we held weekly online group education and support sessions that integrated spirituality, prayer, and faith-based rituals that support health and wellness. This approach was selected in response to

participants' stated preference for group health promotion over individual treatment. Personalized video messages from pastors and church leaders emphasized the spiritual value of program participation. An online chat group was created in a social media platform chosen by participants to share progress, challenges, relevant scripture, encouragement, and support.

To address the psychological impact of COVID-19, men's and women's ministries partnered with AMEN to offer grief and loss discussion groups that provide safe spaces for congregants to share struggles and seek therapeutic help. Additionally, AMEN provides mind-body-spirit classes in a community garden operated by a partner church. The goal of these wellness programs is to help individuals offer mutual support to promote community health.

Collectively, these holistic mental health awareness programs have a significant impact on church culture (see Table 3). Pastors and ministry leaders now address mental health in sermons, Bible studies, and ministry meetings, demonstrating a cultural shift within the church and a readiness to create a supportive community that promotes mental well-being. Conversations around health focus on a holistic, mind-body-spirit approach to wellness that moves beyond treating illness. When asked *"How much has the AMEN program helped to improve the physical, emotional, mental, or spiritual health of your congregation?"* LHWs and pastors reported "a lot" or "very much."

Strategies Needing Refinement

Media Campaign

To further enhance programmatic reach, we host a bi-monthly AMEN radio show for a listener-supported station run by and for the AA community. Each episode interviews a community leader or person with lived experience to raise awareness about MH and offer culturally relevant education and resources. Episodes are posted as podcasts to our AMEN

website. Our limited ability to evaluate the impact and reach of these live-air shows raises questions about their true effectiveness. Awareness raising efforts might be more impactful if offered through numerous social media platforms and other relevant channels of communication.

Need for Clergy Training

The AMEN program offered local pastors training and education to become more effective community mental health allies. While early in the program pastors eagerly participated in trainings, during the pandemic they became consumed by funerals and urgent congregant needs and struggled to find time for continued training. Therefore, finding creative ways of helping pastors develop skills and resources to address MH is still needed.

Conducting Clinical Trials

AMEN faced several challenges in our attempts to enhance self-management science through clinical trials. While COVID-19 safety concerns contributed to sub-study postponement, other barriers to participation emerged. Challenges include distrust of medical research and healthcare systems, limited readiness to engage with technology-based approaches, competing life priorities, and emotional fatigue. Overcoming distrust requires building strong relationships over time, across multiple systems. It is also imperative to create a collaborative study design that addresses community's needs and ensures that participants' rights and well-being are protected. Enhancing technology literacy and addressing mental fatigue may also improve participation in clinical trials.

Conclusion

Findings from AMEN's community-engaged process evaluation align with previous studies[5, 7-12], highlighting the continued importance of AA churches in promoting wellness within families and the community. A community-academic partnership to promote mental health and

wellness through a faith-based, holistic approach presents a promising strategy to transform community wellness. Such a paradigm shift moves away from viewing mental health conditions as shameful character deficits towards recognizing the full spectrum of emotional and psychological experiences that require appropriate attention. In essence, learning to address *mental* health as we do *physical* health. This approach underscores the value of blending strong community engagement and social support with medical and therapeutic interventions, when needed. By leveraging existing community assets and establishing trust and credibility, our collaborative method empowers the AA community to prioritize mental health conversations, leading to reduced stigma and improved well-being.

Building safe and trusting relationships between academic researchers, AA pastors, LHWs, and community/healthcare organizations, requires dedicated time, patience, active listening, and a visible presence within the church and community. Preparing church LHWs with relevant training and resources can increase mental health support while fostering purpose and meaning among those who serve. Health-related education may also inspire LHWs to pursue other trainings and certifications, thereby strengthening their skills and impact.

Beyond this, collaborative efforts between healthcare systems, community organizations, and policymakers are needed to enhance community health infrastructure, including innovative technology-driven solutions. Participants expressed desire to build long-term trust and healing relationships with healthcare providers in mainstream medical care. This may be why they appreciated AMEN bringing faith-based education and services directly to their community. For example, our nurse-led consultations for mental health and chronic disease management allowed time for client storytelling, thereby honoring this valued approach to building trust, safety, and optimism within the AA spiritual community[23]. In contrast, current healthcare systems and

policymakers often lag in meeting these needs and may benefit from adopting a more culturally relevant, quality-focused approach to self-management support. Furthermore, primary care systems could improve AA health outcomes by prioritizing comprehensive, holistic care, that includes partnering with the community to address social determinants of health, systemic inequities, and lifestyle approaches for chronic disease and MH management.

Cultural considerations, such as beliefs, attitudes, and health practices are essential when planning community programs and clinical trials aimed at promoting wellness in the AA community. Research protocols created in collaboration with the community will more likely ensure a culturally competent design for recruitment, intervention, and evaluation. Community leaders and trusted individuals can facilitate participation by actively encouraging enrollment and supporting sustainability of effective interventions.

Despite benefits associated with church-based strategies, they are often limited to those affiliated with a church or faith community and may exclude the most vulnerable and socially isolated individuals. Church leaders can expand their health impact by engaging the broader community in diverse ways to address stigma, discrimination, and isolation related to mental health challenges. By recognizing the limitations of current practices and working together towards innovative solutions, we can foster improved health outcomes and well-being within the African American community.

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Table 1. RE-AIM Goals and Strategies to Enhance Implementation and Maintenance

RE-AIM Step	Goals	Strategies to Enhance AMEN Implementation and Maintenance
Reach (Individual Level)	▪ Ensure representativeness of the target population. ▪ Identify the needs of the target population. ▪ Design program elements to reach AAs in need. ▪ Reduce barriers to participation.	▪ Recruit LHWs from within the church to serve as program ambassadors. ▪ Conduct multilevel needs assessments to inform program design. ▪ Engage church leaders, ministries, and community organizations to advertise program events to enhance reach. ▪ Bring education and resources into trusted community sites.
Effectiveness (Individual Level)	▪ Adapt evidence-based resources to enhance cultural relevance. ▪ Include organizational partners. ▪ Boost LHWs and team confidence. ▪ Incorporate quality improvement.	▪ Integrate Bible verses and faith references into wellness content. ▪ Engage community partners to assist in program delivery. ▪ Train LHWs and community members to develop knowledge and skills. ▪ Conduct debriefing sessions and program evaluations to improve reach and outcomes.
Adoption (Setting/ Organizational Level)	▪ Develop organizational support for church Wellness programs. ▪ Build church capacity.	▪ Engage LHWs/Pastors in wellness program content, design, and delivery. ▪ Identify existing church resources to support program delivery. ▪ Adapt training and resources to include cultural and faith-based values to help churches adopt programs.
Implementation (Setting/ Organizational Level)	▪ Assess/test feasibility of program delivery. ▪ Support church to enhance implementation.	▪ Involve LHWs/Pastors in assisting with delivering and evaluating wellness programs, including Advanced Practice Nurse-led clinics. ▪ Provide training, modeling, tools, and resources to assist churches with implementation.
Maintenance/ Sustainment	▪ Mental health and wellness programs will become part of the routine practice within church activities.	▪ Help the churches integrate mental health and wellness into their mission statement and routine operations. ▪ Create tools to support churches in delivering future wellness programs. ▪ Partner with LHWs/Pastors to expand the reach of the program to district and state church associations.

Table 2: AMEN Training and Program Examples Adapted for Faith-Based Communities

AMEN Training and Programs	Adaptations for Faith-Based Communities
Focus Groups with Pastors and church congregants	▪ Explored mental health from a faith-based perspective. ▪ Elicited experiences with and understanding of mental health. ▪ Discussed ways to blend faith into training, education, and referrals to support Pastors in their role as influential healers.
Mental Health Training for Pastors, LHWs and Community	▪ Added faith applications to MHFA[a] Trainings (Adult & Youth). ▪ Offered NAMI[b] Bridges to Hope workshop for faith leaders. ▪ Facilitated participation in other local and national faith-based mental health trainings to expand knowledge and skills. ▪ Provided tailored training and practice on how to initiate and maintain mental health conversations with church congregants.
Skills Training for LHWs	▪ Provided training in Motivational Interviewing, Self-Compassion, mindfulness, and self-care. Included skills practice to promote individually tailored conversations. ▪ Provided resources, e.g., workbooks, to help LHWs[c] gain deeper knowledge and practice skills at their own pace. ▪ Practiced mindfulness and self-compassion skills as a team, combining breathwork, self-reflection, and prayer.
Chronic Disease Self-Management Programs	▪ Tailored a holistic wellness program (Jain, 2019) to include scripture, online discussion groups, and custom videos from church leadership to promote engagement. ▪ LHWs[c] offered relevant scripture and faith references. ▪ AHA[d] provided free digital blood pressure monitors and educational materials to conduct screening and education sessions in churches.
Nurse-led mental health & chronic disease management clinics	▪ LHWs[c] assisted APRN[e]-led clinics at churches by registering members, assessing vital signs, and offering resources. ▪ LHWs[c] followed up with church members after clinic visits.
Rapid COVID-19 Community Needs Assessment	▪ Partnered with Pastors and LHWs[c] to design survey interview to include questions relevant to the church. ▪ Debriefed with LHWs[c]/Pastors to meet congregants' needs. ▪ Honored prayer requests during phone calls; Made follow-up calls to promote social connection within the church.
Community Garden Events	▪ Educated attendees on gardens' impact on mind, body, and spirit. ▪ Engaged community partners (e.g., Master Gardeners, Fruitful Commons, health department, Girl Scouts, & UT[f] students) to maintain the garden and learn about its health benefits.
Bi-Monthly Radio Shows	▪ Partnered with a local AA[g] community-run radio station. ▪ Interviewed local leaders and people with lived experience to highlight health issues relevant to the AA community. ▪ Offered listeners resources for promoting wellness that are tailored for the AA faith and broader community.

Key: MHFA[a] – Mental Health First Aid; NAMI[b] – National Alliance on Mental Illness; LHWs [c] – Lay Health Workers; AHA[d] – American Heart Association, APRN[e] – Advanced Practice Registered Nurses; UT[f] – University of Texas; AA[g] – African American

Table 3. Benefits of a Church-based Wellness Program: Perspectives from Pastors and LHWs

What have you done in your church or with your congregation to address mental health?
"As a result of the AMEN program, I became more intentional about sharing and discussing mental health from the pulpit, in Bible study, and leadership settings at our church."
"The partnership challenged and enabled me to view mental health from a biblical, social, physical, and spiritual perspective, with the intent of destigmatizing mental health and encouraging our congregation to think comprehensively about taking care of our temple."
"I have been certified in Mental Health First Aide. I also implement the teachings & knowledge gained from the AMEN program into other ministries... Being able to use the AMEN program as a resource in the church is a great gateway to sharing knowledge and helping the congregation."
"AMEN helped us to be a more effective access point for our community for COVID-19, both the vaccine and pandemic related education. AMEN helped our congregation be more confident in the procedures we implemented that allowed our membership to safely return to in-person worship and meetings."
How has AMEN enhanced skills, career opportunities, and efforts to address mental health?
"I have always struggled with anxiety. The book you [AMEN] gave us on Breath as Prayer really helps me. I have committed to making it a daily part of my routine, and I can honestly say that my days are so much more fulfilling."
"Since joining the AMEN team I have grown in my faith and my community health work profession. The program has shown me that health, science, faith, and community can all coexist to help the community as well as grow in the faith. I love the overall connections that have been created and established."
"AMEN training and experiences has expanded my knowledge and skill sets. Because of the AMEN program, I was able to pursue a more in-depth career in social and community work."
"I learned the importance and value of partnering with academic institutions and health agencies to provide comprehensive help and support around mental health for the members of our congregation. These relationships and partnerships have provided information, insight, inspiration, and encouragement to seek out continued learning opportunities as the needs of our church change."
"AMEN program increased our competency in the areas of mental health and vaccinations. The experiences our Lay Health Workers received are invaluable, the training increased their confidence and willingness to serve our membership and community. The AMEN program provided ministry opportunities we did not have or knew we needed before the partnership."
"The AMEN Program provided resources that enabled us to care for our membership in tangible ways, reduced the historic anxiety experienced in the African American community related to working with the city or academic institutions regarding health and well-being, and reinforced the benefit of education from the church and the secular community."
Ideas for continued training or program growth to enhance wellness through churches
"This is the ideal program that should be implemented in all churches. Not just African American churches. The connection to faith and health is such a never-ending need that there's no way this program shouldn't be a continuous staple in the community."
"I would love to see this program expand beyond just community health care work. I would like to see this program generate a new ministry in churches that includes an upcoming generation of young adults seeking a career in health care and wellness."

"Continued annual training for our Lay Health Workers will be critical to keep the momentum for this ministry. I want to ensure they always have updated data and information, along with skills training and assessments that help them remain effective in this great work."

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