



Executive Summary

Sabbaths of Hope is about faith communities responding to depression. It is an initiative that aims to:

- enable clergy, seminarians, and other faith leaders to recognize signs and symptoms of depression
- offer more effective support to congregants and clergy suffering from depression
- provide referral and linkage to treatment options
- address stigma, discrimination, and other barriers to treatment

Faith community participants receive training and resources to enable them to conduct educational events for congregants and colleagues. All of this culminates in a congregationally designated *Sabbaths of Hope* weekend observance in May, designated National Mental Health Month.

The Mental Health Association of the Heartland and the Center for Practical Bioethics are collaborators in an initial two year planning and implementation of *Sabbaths of Hope*, with funding provided by the Health Care Foundation of Greater Kansas City—and with much in-kind assistance from the theological seminaries, faith communities, spiritual and mental health care providers of the metropolitan area.

Why *Sabbaths of Hope*?

Clinical depression is a national epidemic. It has emerged as one of the most common and debilitating of disorders. Sources cited in the 2007 *Sabbaths of Hope* Response Kit note that every year nearly 19 million Americans suffer from treatable depressive disorders. That's just the adults. Children and youth experience depression, also. Every year at least 31,500 people die as a result of depressive symptoms that lead to suicide, and more than half a million end up in emergency rooms because of self-inflicted injuries.

These injuries and deaths are particularly tragic because they are potentially preventable. Treatment of depression with medication and psychotherapy is effective 70-80% of the time. Support groups, pets, exercise, nutrition, light, art, and music therapies, along with spiritual care, meditation and prayer, all may be helpful antidotes in a holistic therapeutic response. Sometimes counseling can enable a restructuring of one's emotionally toxic home or work environment so

as to promote healing. Yet only about one fourth to a third of us seek or receive professional help and treatment for our depressive illness.¹

Sabbaths of Hope arose from the 2004 project of the Metropolitan Health Council. The Council's report, *Depression in Kansas City*, provides alarming data regarding the incidence of both major and minor depression among various populations. Applying national rates of depression to the U.S. Census Bureau population numbers for 2000, it is estimated that in five counties of metropolitan Kansas City, approximately 17,572 adult men and 38,136 adult women suffer from clinical depression yearly.

The report also notes incidence and treatment disparities that exist by race or ethnicity, age, gender, and sexual preference. These local disparities parallel those cited in the 2001 Surgeon General's Supplemental Report, *Mental Health: Culture, Race, and Ethnicity*.

More importantly, minority groups often delay seeking treatment until symptoms are severe, and are less inclined to seek treatment from mental health specialists. According to the Surgeon General's report, only 16% of African Americans and 11% of Hispanic/Latinos with diagnosable mood disorders (including depression) saw a mental health specialist, in contrast to 22% of Caucasians. The report also revealed that minorities are more likely to seek help for their depression from persons within their faith communities.

These results corroborate the data reported from a recent research project of the Mid-America Coalition on Health Care. Survey responses from several major corporations in Greater Kansas City indicated that clergy and other faith community leaders serve as "first-responders" 31% of the time for those suffering depression. The MACHC report pointed to the need for an educational project targeted to faith community leaders.

Additional research demonstrates that religious leaders feel they need help in understanding and addressing depressive disorders—affecting both their congregants and the clergy themselves. It is a matter of some urgency that we learn how to recognize and collaborate in treatment of what may otherwise end up a deadly disorder. *Sabbaths of Hope* is offered in response to this need.

This program is modeled on one conceived and implemented by the Center for Practical Bioethics in 1998-99 as *Compassion Sabbath*. It has proved to be a highly successful initiative with faith communities in many parts of the United States. *Compassion Sabbath* provides educational resources on end of life issues, aiming at better dying and deaths through palliative care and advance care planning. Like that predecessor project, *Sabbaths of Hope* involves faith community leaders in annual conferences, and provides educational curricula and other resources with consultation services. The Response Kit offers participants a sampling of relevant multi-faith liturgical resources for carrying out an annual weekend observance. The Center and MHAH have enhanced and built upon an already proven concept in order to address collaboratively yet another major national health care issue affecting faith communities and their leaders, that of clinical depression.

In March 2007, the first *Sabbaths of Hope* conference was held in Kansas City with more than 150 faith community leaders participating. A cohort of two dozen clergy and congregations committed to observing a Sabbath of Hope in May. Each leader completed a preliminary questionnaire to establish a baseline of current familiarity with depression. Follow up for assessment of outcomes began summer 2007 in preparation for year two of the project and a "best practices" conference scheduled for February 25, 2008.

¹ "The Societal Promise of Improving Care for Depression," RAND Health, accessed at www.rand.org/health. This report summarizes findings of six studies published in medical journals from 2000-2004.

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