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Note: This month’s Health Newsletter is guest authored by Allen Stanton, IEI’s Rural Church Fellow.

Faith Communities Help Provide Mental Health Care

In recent years, we have seen a welcome increase in the attention given nationally to the topic of mental health. New initiatives have been launched to provide better coverage, explore new treatments, and to remove the stigma and taboo long associated with the words “mental health.” Across North Carolina, communities continue to strive to provide adequate high-quality care.

Our rural communities often face the biggest challenges. North Carolina’s statewide average is 2.2 psychologists per 10,000 people, but just 16 counties meet or exceed that figure while 65 counties have a provider-to-resident ratio less than one. In most rural areas of the state, care resources are limited and often are offered via multi-county arrangements, which result in long driving distances for care.

Although nearly 1 in 5 Americans suffer from a mental health disorder ranging from mild and moderate conditions like depression to more severe illnesses like schizophrenia, many rural citizens do not receive any treatment.

Featured Data
Source: IEI Commons

How can we improve healthcare access and grow an abundant and skilled health workforce to meet the demand? Add your idea.

Featured Report

Read more about mental health myths and facts.
In these rural areas, faith leaders find themselves at the forefront of mental health care provision. Numerous studies report that clergy are sought out more often than mental health care providers. Nationally, it is estimated that almost 40% of people who have mental health problems will go first to their local clergyperson for assistance; in rural areas, this figure is as high as 60%.

Given that most clergy are not licensed mental health care providers, rural faith communities are seeking innovative approaches to provide care to their communities. In New Bern, the Rev. Connie Stutts, pastor of Rhems United Methodist Church (UMC), faces a particularly challenging issue. New Bern is home to more than 1,800 Burmese refugees. In March, after a violent triple-murder shook the community, Rev. Stutts felt called to action. She joined a group of interfaith leaders, community partners, and Burmese faith leaders to begin tackling the very real issue of finding care for members of the refugee community.

As it launched its work, the group identified several initial challenges. The faith leaders discovered that substance abuse is a problem for some refugees, particularly those who have suffered traumatic experiences. Difficulties with cultural competency and language are common, so the leadership group is working to find translated materials about mental health to distribute to faith leaders within the refugee community.

In spite of these significant hurdles, the partnering faith communities have discovered several smaller
steps that can be taken to improve mental health. The group has been helping refugee parents get acclimated to the local school system and protocols. Some lay members of Rhems UMC have begun offering ESL classes to refugees.

While these steps may seem modest, they can have profound impacts. Experts and numerous studies remind us that being a valued part of a community can provide huge benefits to an individual’s mental health. Faith communities can work to provide natural and organic social networks that bring people into relationships with one another, help to reduce the stigma around mental health care, and create open and honest conversations about mental health care in their communities.

Faith leaders can also develop relationships with mental health and behavioral care providers to better understand specific issues, develop partnerships, and provide for holistic integrated care. These steps, in conjunction with clinical care by professional mental health care providers, can greatly improve the mental health of our North Carolina communities.

Allen Stanton
Rural Church Fellow
atstanto@ncsu.edu

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