

# Mental Health Supports in Rural Communities

Kenneth Flanagan, Ph.D., LCSW

University of North Dakota

October 19, 2021



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Disclaimer and Funding Statement

This presentation was prepared for the Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Mountain Plains MHTTC. For more information on obtaining copies of this presentation please email [rachel.navarro@und.edu](mailto:rachel.navarro@und.edu).

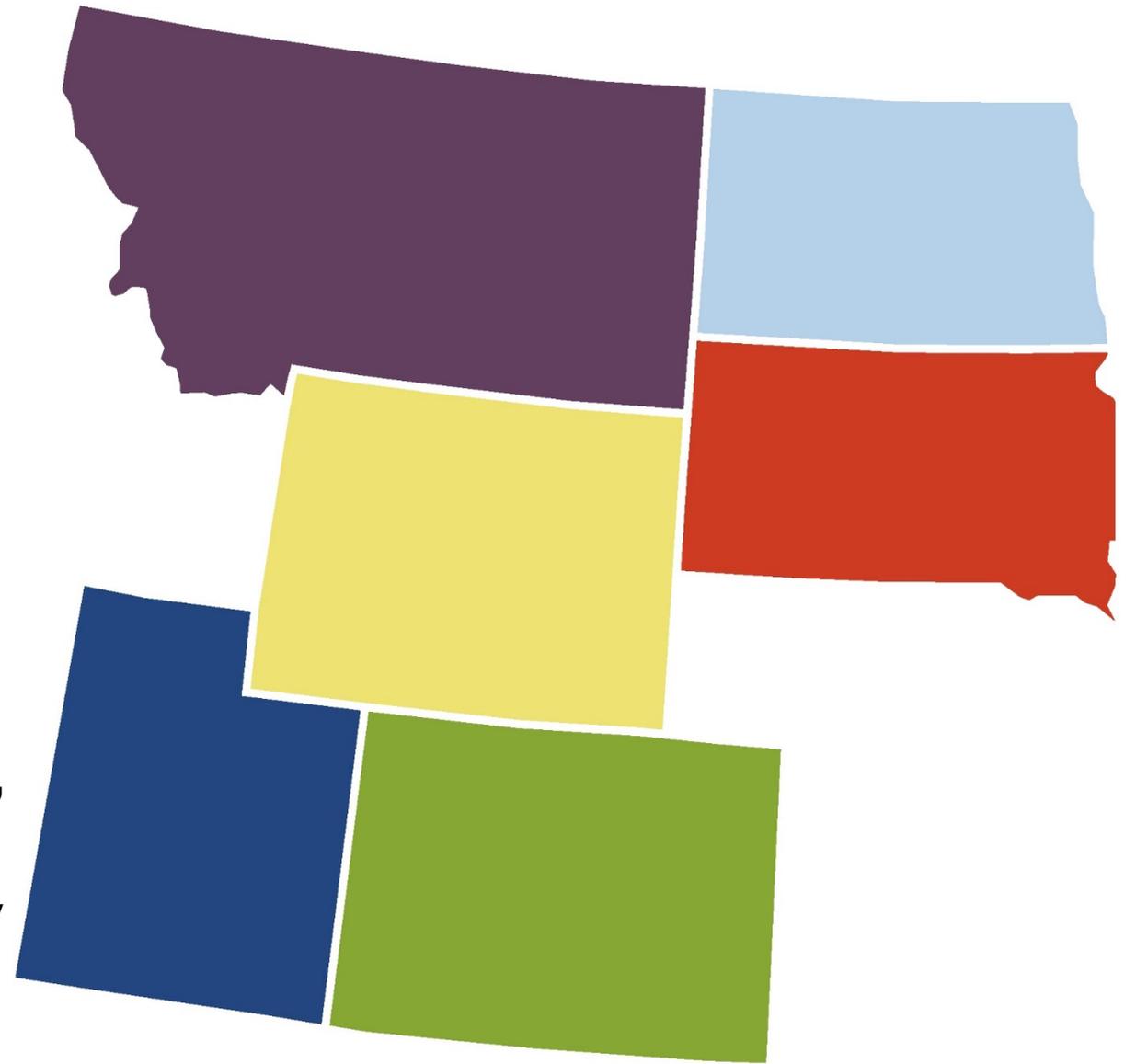
At the time of this presentation, Miriam Delphin-Rittmon, Ph.D. served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of Kenneth Flanagan and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

# The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

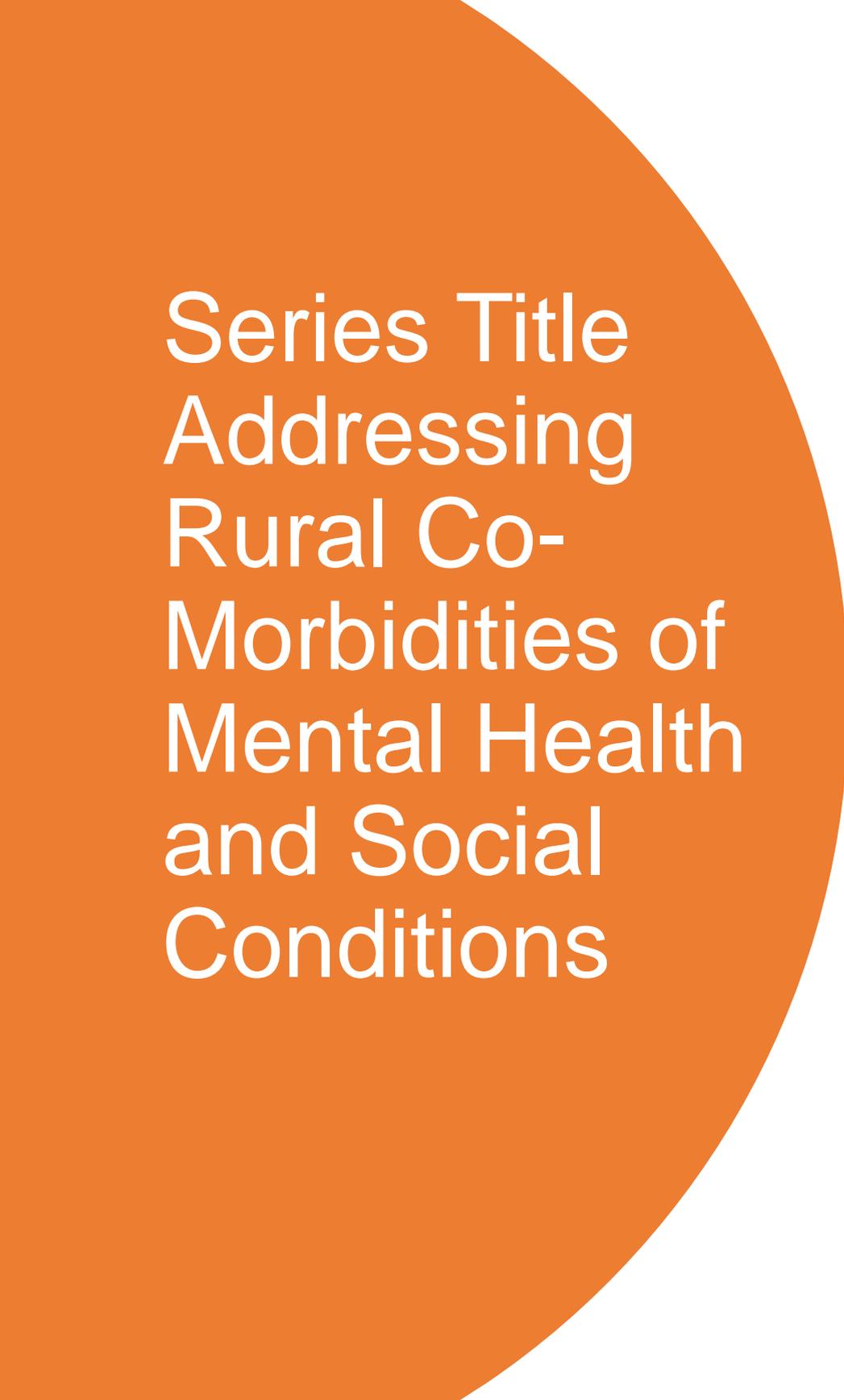
INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS



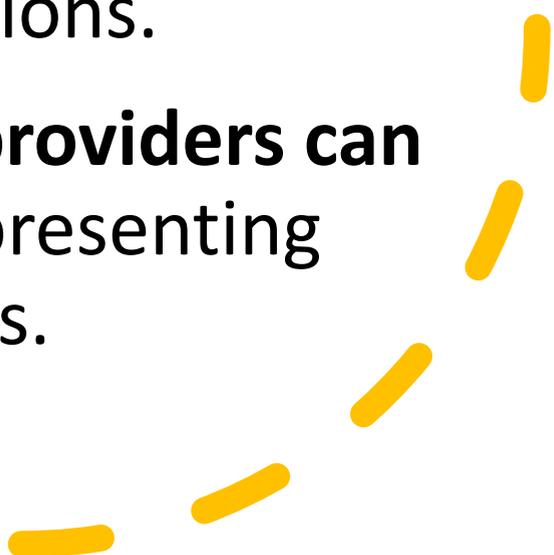
Series Title  
Addressing  
Rural Co-  
Morbidity of  
Mental Health  
and Social  
Conditions

Individuals living in rural communities face **unique challenges** when attempting to access care for mental health concerns.

The “four A’s” of rural treatment barriers often reference the difficulty of finding services that are available, accessible, affordable, and acceptable care for persons in remote and rural settings.

**Co-morbid mental health and social conditions** increase the complexity of treatment and make delivering evidence-based care challenging for mental health providers of all professions.

The series will review practices that **providers can utilize to support rural populations** presenting with a variety of co-morbid conditions.





# Series Topic Areas

- Employing Treatment and Environmental Interventions to Support Rural Populations
  - Supporting Rural Aging Populations
  - *Mental Health Faith Supports in Rural Communities*
- 

*Today's  
Webinar*

## Mental Health Faith Supports in Rural Communities

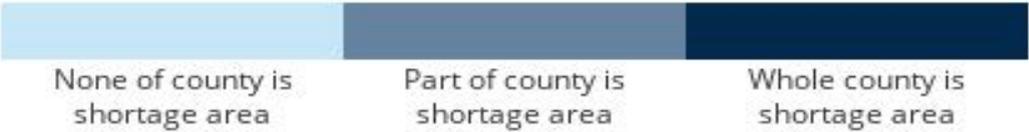
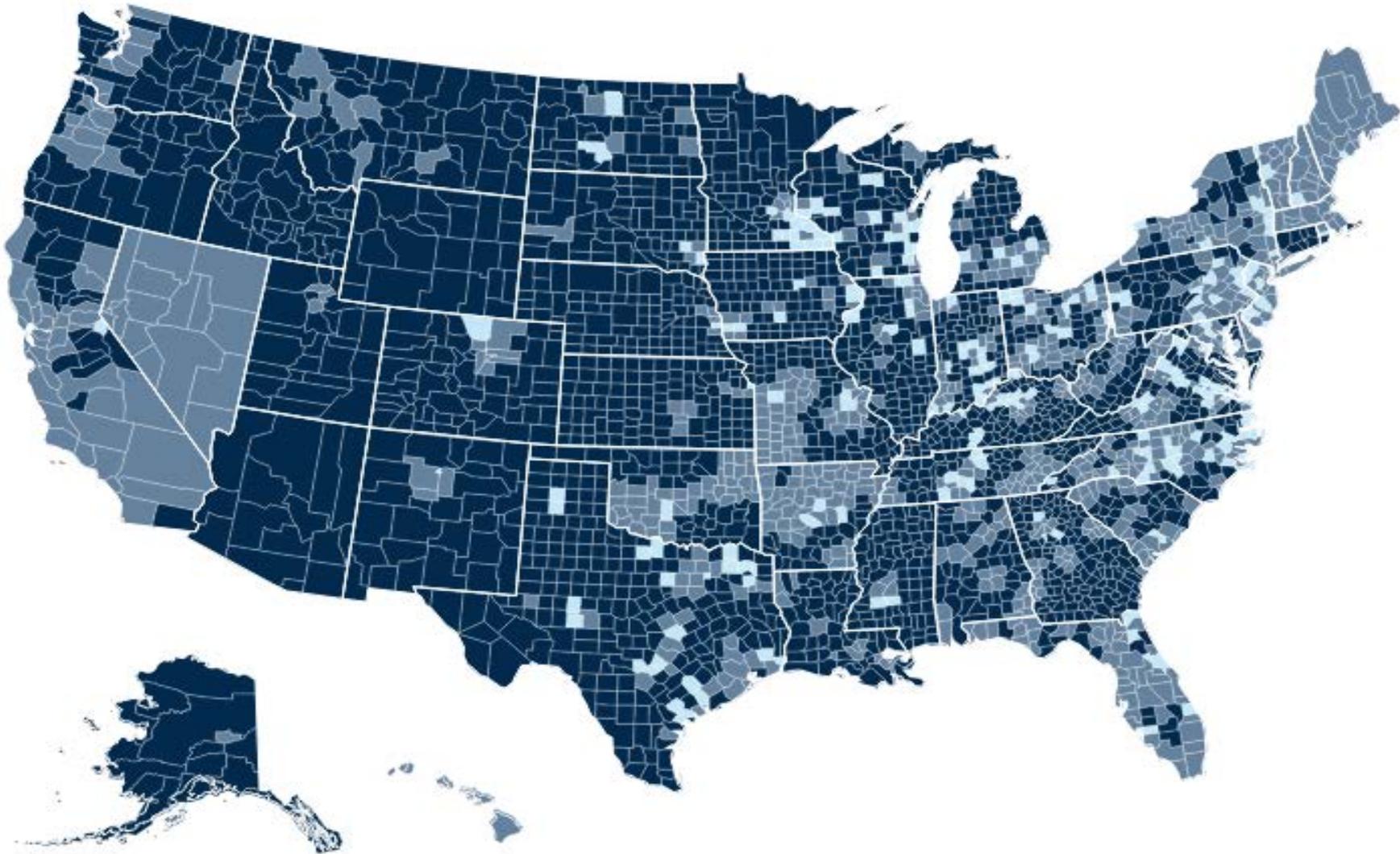
- How **faith communities** and their accompanying social connections and supports **can bolster the resilience and mental health of all individuals.**
- How in rural and remote settings **faith communities can function as a key pillar of support** for many individuals.
- **How increasing faith supports** for rural individuals **can lead to better mental health and improved treatment outcomes.**





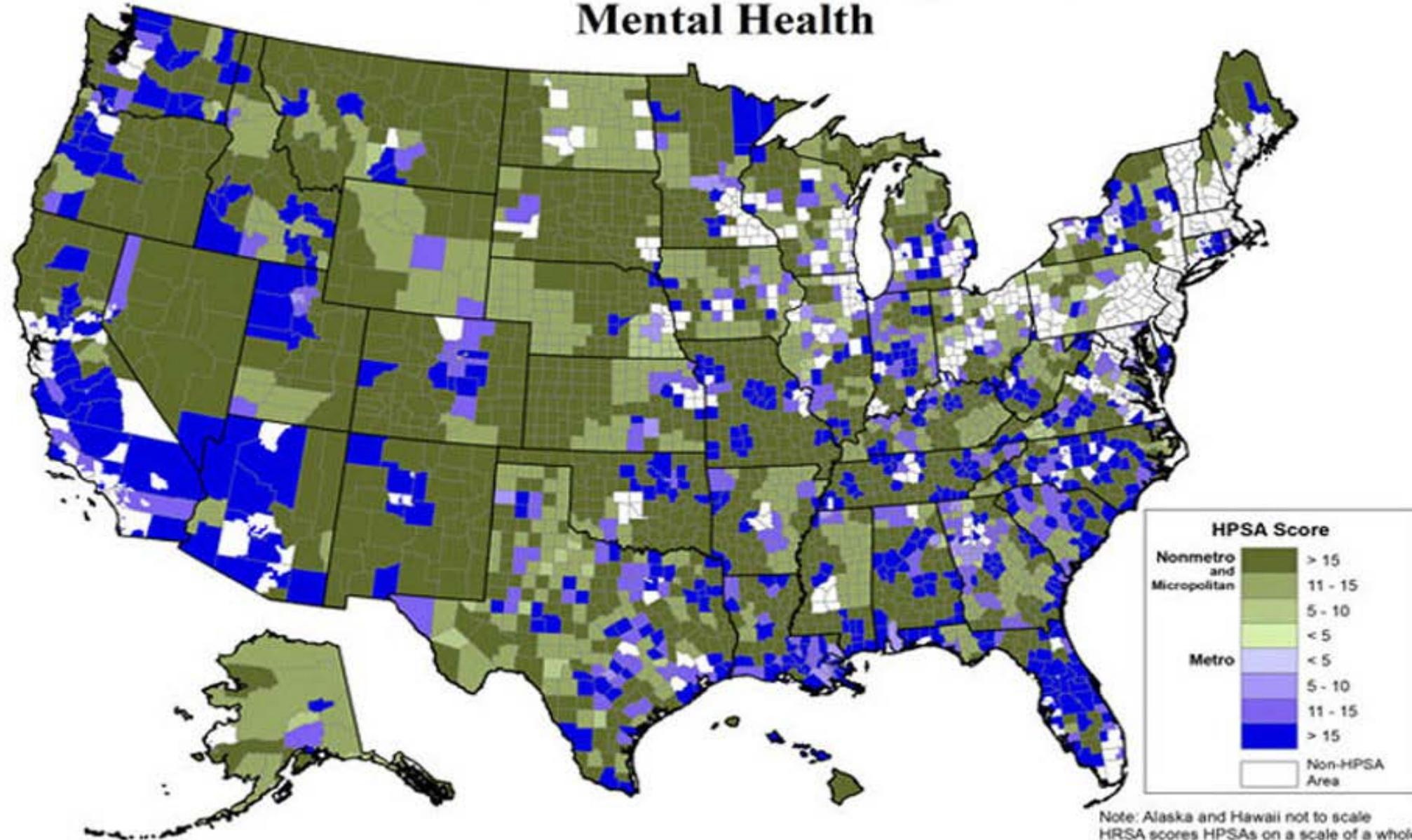
Mental  
Health  
The Rural  
Context

Health Professional Shortage Areas: Mental Health, by County - 2017



Source: [data.HRSA.gov](http://data.HRSA.gov), 2017.

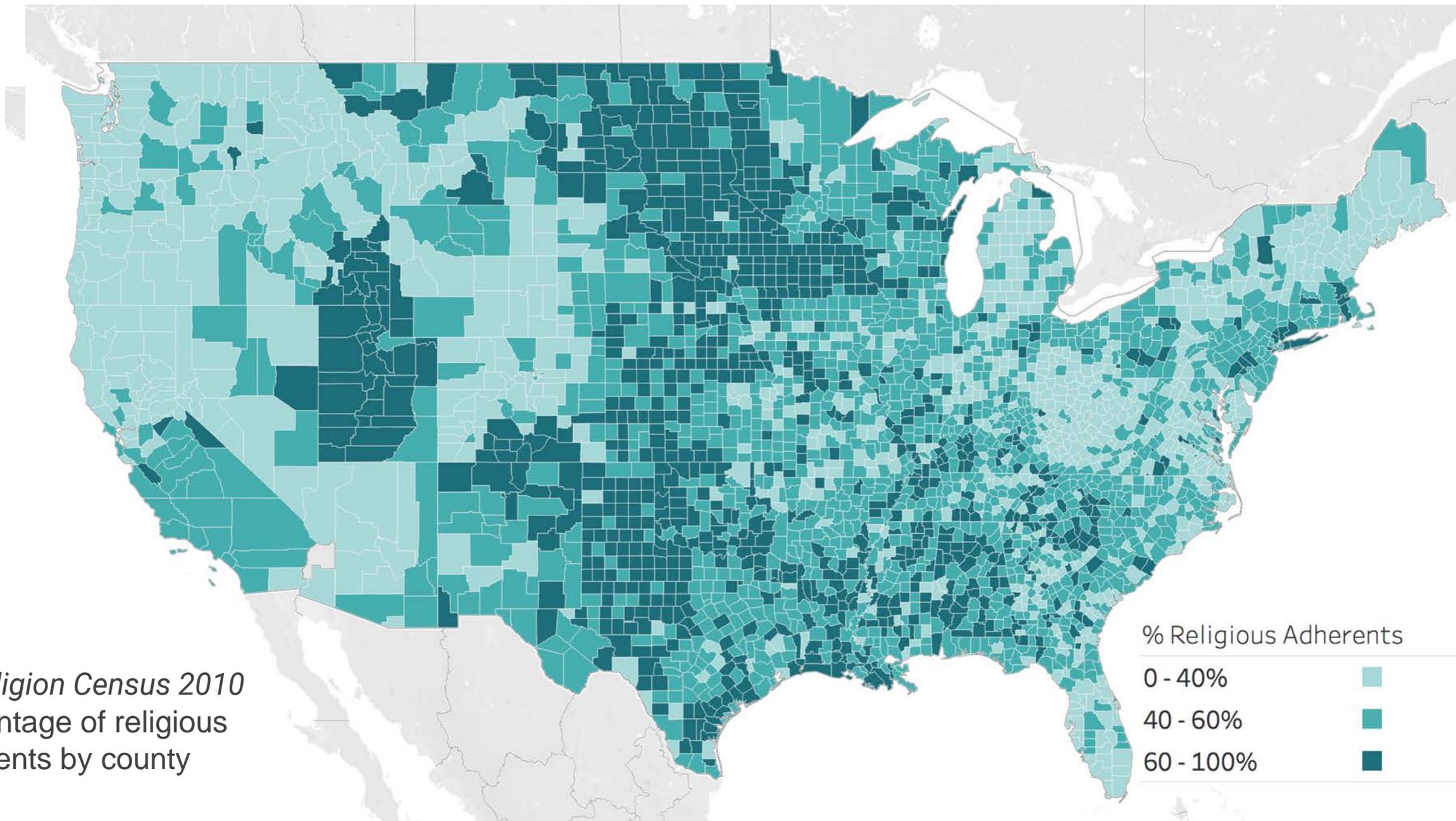
# Health Professional Shortage Areas Mental Health

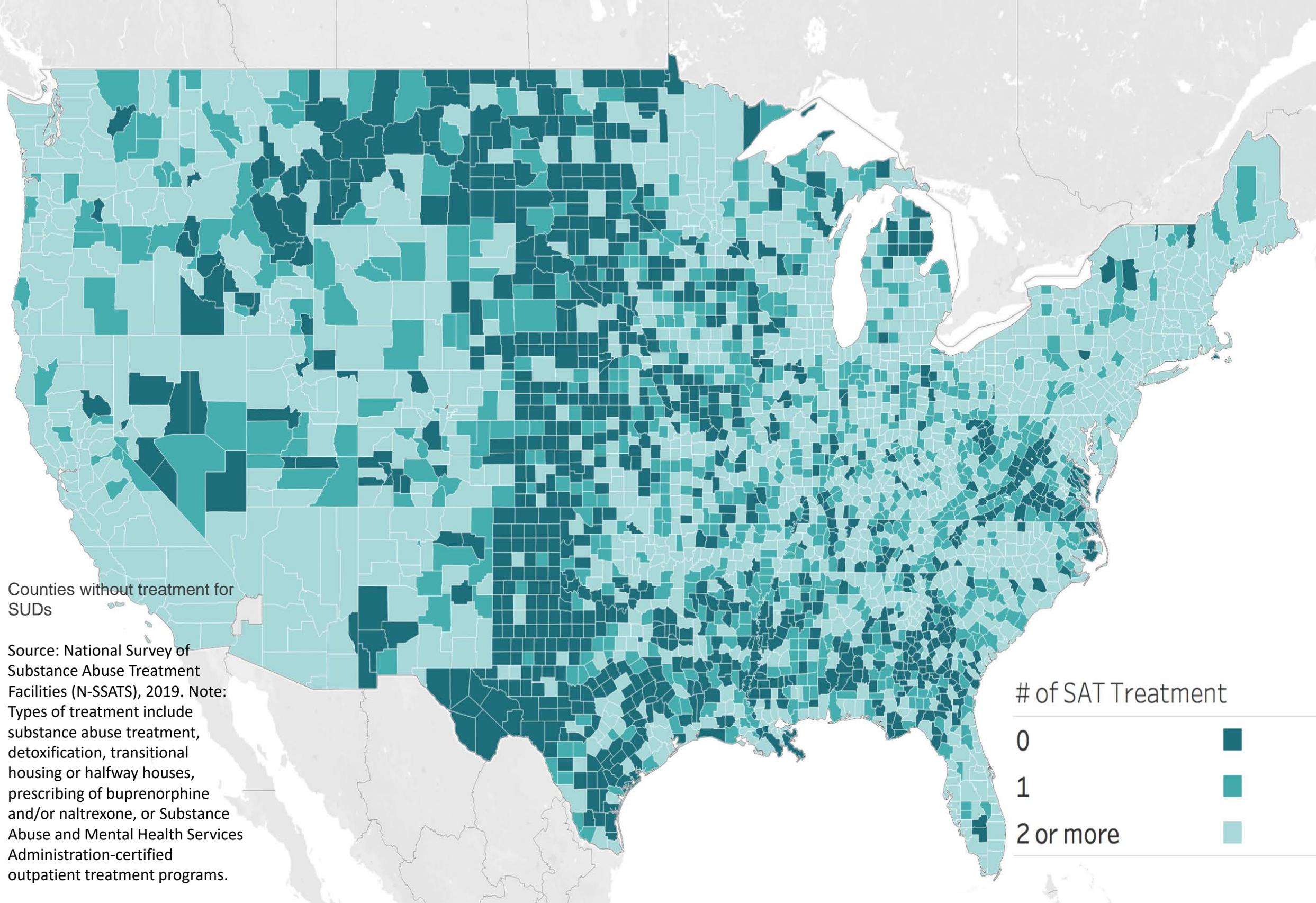


Note: Alaska and Hawaii not to scale  
HPSA scores on a scale of a whole number (0-25 for mental health), with higher scores indicating greater need

Source(s): data.HRSA.gov, U.S. Department of Health and Human Services, July 2021

*US Religion Census 2010*  
Percentage of religious adherents by county





# Strengths

---

- Strong sense of community and identification
- Based upon history & culture
- Access to the natural environment
- Places of natural interaction
- Social networks
- Local orientation

*(Meit, 2018)*





# Mental Health & Spirituality



# Mental Health & Spirituality

Studies of subjects in different settings, from different ethnic backgrounds, in different age groups, and in different locations find that religious involvement is related to better coping with stress and less depression, suicide, anxiety, and substance abuse

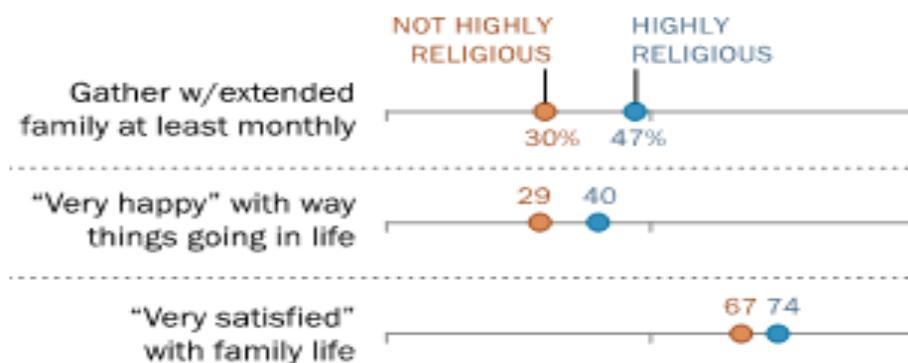
(Koenig, 2015)

More frequent worship service attendees had significantly fewer depressive symptoms

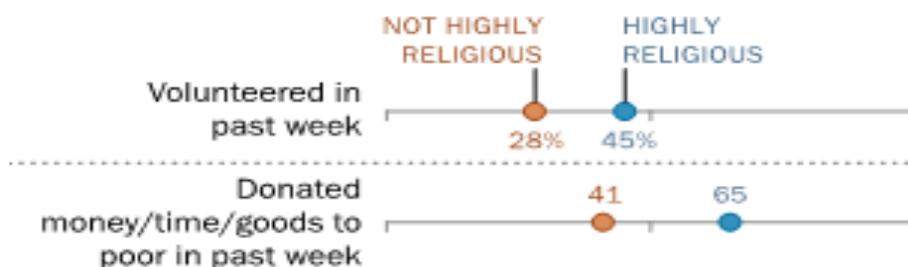
(Beatz, et al 2004)

## Highly religious adults more engaged with family, more likely to volunteer and happier overall

### Family life and overall happiness



### Volunteering and community involvement



Note: "Highly religious" respondents are defined as those who say they pray daily and attend religious services at least once a week. All other respondents are coded as "not highly religious."

Source: Data on satisfaction with family life, overall happiness and volunteering from 2014 U.S. Religious Landscape Study, conducted June 4-Sept. 30, 2014. All other data from a supplemental survey conducted Aug. 11-Sept. 3, 2014.

"Religion in Everyday Life"

PEW RESEARCH CENTER



# Positive Benefits

## *Individuality*

- Enhances a person's sense of self and empowerment through the choice to decide what their practice looks like
- Focuses on an individual's connection to what they believe in and their own personal growth

## *Mindfulness*

- Encourages meditation and self-reflection
- Leads to a meaningful life philosophy ( feeling connected to others, nature or art)
- Prompts expression in any form such as art, poetry, myth or religious practice

## *Unity with Surroundings*

- Renews a sense of belonging in the world
- Inspires appreciation and awareness of a person's interaction with the physical environment

<https://www.nami.org/Blogs/NAMI-Blog/December-2016/The-Mental-Health-Benefits-of-Religion-Spiritual>



# Benefits

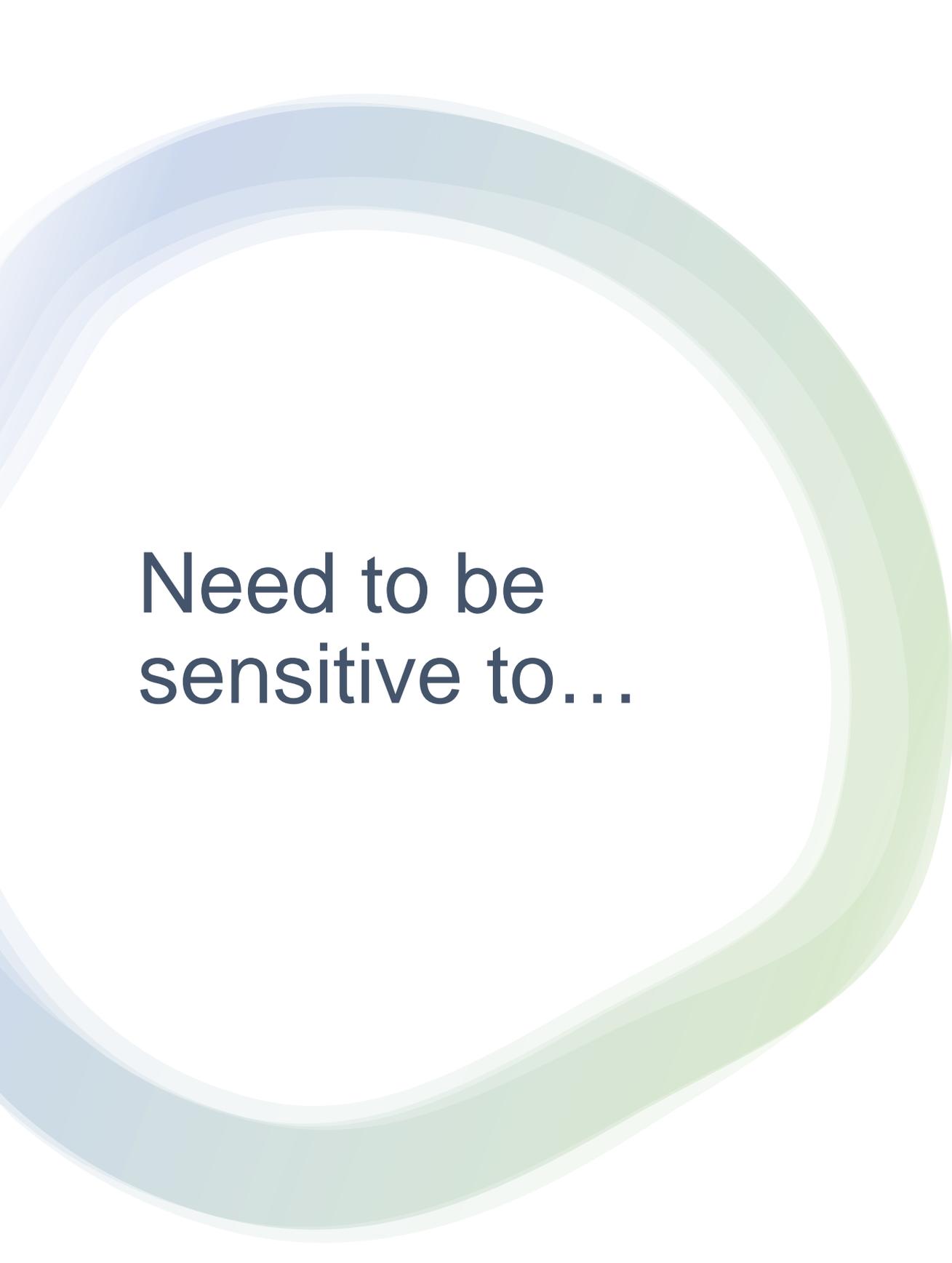
## ***Community***

- Initiates social connections with other members
- Creates a sense of belonging to a group
- Offers trustworthy and safe social engagement

## **Ritual**

- Helps people to cope with difficult life situations (i.e. a ceremony for the loss of a loved one)
- Provides structure, regularity and predictability
- Allows for time to rest as well as holidays and other special times of the year

<https://www.nami.org/Blogs/NAMI-Blog/December-2016/The-Mental-Health-Benefits-of-Religion-Spiritual>



Need to be  
sensitive to...

Religious beliefs and practices contributed to the development of certain disorders like obsession, anxiety, and depression

(Park, et al, 2012)

“[Child abuse] survivors’ relationship with the divine is always upended with abuse, but it’s even more disruptive when a clergy member perpetrates the abuse,” Mary Gail Frawley-O’Dea

<https://www.socialworktoday.com/archive/MA19p16.shtml>



## Rural Faith Communities

# Role of Faith Communities

In rural areas in particular, churches take on a role that extends beyond the personal experience of rituals and traditions to a role of providing cohesiveness and a symbol of history in rural communities (Neitz, 2005).

In rural communities there is an emphasis on the reliance upon personal and informal relationships to respond to needs, both material and emotional (Greenfield, 2009).

Rural life is grounded in place, and institutions such as the church emerge as an important focus within rural communities (Neitz, 2005).

# Faith Leaders “Frontline Workers”

Accessible

Available

Viewed as  
being less  
stigmatizing

Capitalizing on  
longer-term  
relationships

But needing...

Training

Resources

Opportunity

*(Hall & Gjesfjeld,  
2013)*

# Challenges Facing Faith Leaders

- Stigma
- Training shortages
- Time and resources

*(Developing Welcoming Faith Communities, 2015)*

<http://tucollaborative.org/wp-content/uploads/2017/04/Developing-Welcoming-Faith-Communities.pdf>

- 
- Grim and Grim (2016, p. 17) estimated that 129,680 faith congregations (which is 37.6% of an estimated total of 344,894 congregations) in the United States have groups for people struggling with drug or alcohol abuse.
  - We find that 73% of addiction treatment programs in the USA include a spirituality-based element (Grim and Grim, 2019)
  - More than 84% of scientific studies show that faith is a positive factor in addiction prevention or recovery and a risk in less than 2% of the studies reviewed, we conclude that the value of faith-oriented approaches to substance abuse prevention and recovery is indisputable (Grim and Grim, 2019)



# Re-remembering Faith Study

# Study Overview

- How rural faith communities in North Dakota reach out to members of their congregations who are experiencing dementia or how they plan to respond as members age and may in the future experience dementia
- Identify strategies that they employ or plan to employ to have members remain connected to their spiritual home
- And gain understanding of how rural based congregations respond to dementia conditions when other formal service resources may not be readily available or accessible

# Themes

Respect for the Individual

A respect for the disease and its impact

A binary care delivery system exists

In the end its about community

# Respect for the Individual

- The personhood of the individual is recognized regardless if the individual recognizes his or her personhood
- Separating the person from the disease
- Challenges the medical model of care

# Respect for Disease and It's Impact

- Emphasis on “working with” rather than against the dementia

*“I correct people who are saying, “They are having hallucinations and seeing things that aren’t there.” I say, “No, they are not. They are seeing things you can’t see; there’s a big difference.”*

# A Binary Care Delivery System

- Challenge of being in rural communities
- The need to promote partnerships and informal supports to allow individuals the opportunity to age in place

*“A member of the congregation fell and was living by himself here in town, but eventually has to be placed in a home away from the community. When that distance happens then the faith community over time becomes disconnected. I try to visit but it become tough.”*

# In the end its about community

- The desire is to have individuals remain connected to the faith community

*“It’s the loss of community that brings the loss of being. There are people like Dietrich Bonhoeffer in particular who really argued that. That’s why people say I can worship God out on the boat and stuff, but are missing the point that God gathers together people to this imperfect and frustrating thing called community. We are only fully alive when we are in community. So do those people lose being? Yes, but not because of their disease, but because of the isolation.”*

# Take-Aways

- Complimentary roles- faith congregation members and professional care workers
- Faith community members emphasize “presence” – accompanying a person on a journey
- Professional’s “care”

## Recommendations

---

Develop and enhance informal & formal services to build a greater sense of community

---

Serve as a resource

---

Counseling services

---

Advocate for policies & funding

---

Change attitudes

---

Leadership development within congregations

---



# Engaging Faith Communities

---

# Strategies

- Educate
- Welcome
- Advocate

[http://www.tucollaborative.org/sdm\\_downloads/developing-welcoming-faith-communities/](http://www.tucollaborative.org/sdm_downloads/developing-welcoming-faith-communities/)



# Organizing Process

- Reflect upon your thoughts, views, biases regarding faith-based organizations/approaches
- Organize a core group – county or multi-county group
- Work with tribal communities
- Based upon what brings you together, develop a very preliminary plan
- Identify and approach faith community leaders to dialogue about the issue(s)
- Secure initial commitment to participate
- Move towards coalition-building





# Caring Congregations Model

The Caring Congregations Model has five steps:

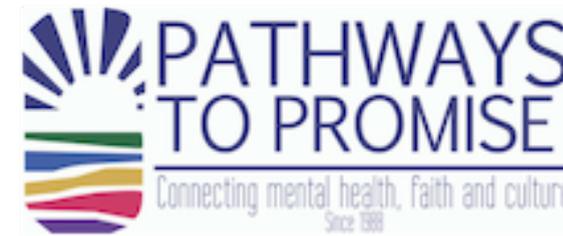
- 1) Education: for leaders and the congregation
- 2) Commitment: a pledge from the community to become caring congregation
- 3) Welcome: finding ways to include people with mental health conditions
- 4) Support: offered to people with mental health conditions and their families
- 5) Advocacy: improving access to care, funding, and support for people with mental health conditions and their families.

<https://thecaringcongregation.com/>

[http://www.tucollaborative.org/sdm\\_downloads/developing-welcoming-faith-communities/](http://www.tucollaborative.org/sdm_downloads/developing-welcoming-faith-communities/)

# Pathways to Promise

- Pathways to Promise founded in 1988, is an interfaith assistance and resource center that provides virtual and in-person support to faith, spiritual and non-spiritual communities. Through training, consultation, liturgical and educational materials, program models, and assessments, we educate and affect change that creates welcoming and supportive caring communities for persons with mental health challenges, disabilities, and addictions and those who care for them.
- <https://www.pathways2promise.org/intro/>





Counseling Resources

# Resources

---

Guidebook for Faith Leaders - APA

[file:///C:/Users/kenneth.flanagan/Downloads/Mental\\_Health\\_Guide\\_Tool\\_Kit\\_2018.pdf](file:///C:/Users/kenneth.flanagan/Downloads/Mental_Health_Guide_Tool_Kit_2018.pdf)

Compassion in Action, HHS

<https://www.hhs.gov/sites/default/files/compassion-in-action.pdf?language=es>

National Alliance on Mental Illness

<https://www.nami.org/Get-Involved/NAMI-FaithNet/Resources>

Institute for Muslim Mental Health

<https://muslimmentalhealth.com/>

# Resources

---

Religiously – Integrated CBT Manuals and Workbooks

<https://spiritualityandhealth.duke.edu/index.php/religious-cbt-study/therapy-manuals>

Relief

<https://www.reliefhelp.org/about/>

Interfaith Network on Mental Illness

<http://inmi.us/>

Mental Health Ministries

[http://www.mentalhealthministries.net/resources/caring\\_congregations\\_model.html](http://www.mentalhealthministries.net/resources/caring_congregations_model.html)

# Resources

---

- AA <https://www.aa.org/> & NA <https://na.org/>
- Celebrate Recovery <https://www.celebraterecovery.com/about/what-is-celebrate-recovery>
- Wellbriety Movement <https://wellbriety.com/about-us/>
- Beit T' Shuvah <https://beittshuvah.org/>
- Addiction Recovery Program of the Church of Jesus Christ of Latter-day Saints  
<https://addictionrecovery.churchofjesuschrist.org/?lang=eng&showMap=true&meetingTypes=inPerson&genders=menAndWomen,menOnly,womenOnly,ysaMenAndWomen,ysaMenOnly,ysaWomenOnly,couples,wives&groupTypes=individual&page=1>
-

# Resources

---

- Millati Islami World Services <https://sites.google.com/site/aspiritualrecovery/12-steps-group-versions/millati-islami>
- Buddhist Recovery Network Mindfulness & 12 Steps  
<https://www.buddhistrecovery.org/>
- Mental Health First Aid  
<https://www.mentalhealthfirstaid.org/>

# References

---

Baetz, M., Griffin, R., Bowen, R., Koenig, H. G., & Marcoux, E. (2004). "The association between spiritual and religious involvement and depressive symptoms in a Canadian population." *The Journal of nervous and mental disease*, 192(12), 818-822.

Grim, B. J., & Grim, M. E. (2016). The socio-economic contributions of religion to American society: An empirical analysis. *Interdisciplinary Journal of Research on Religion*, 12, 3

Grim, B.J., Grim, M.E. Belief, Behavior, and Belonging: How Faith is Indispensable in Preventing and Recovering from Substance Abuse. *J Relig Health* 58, 1713–1750 (2019). <https://doi.org/10.1007/s10943-019-00876-w>

Hall, S. A., & Gjesfjeld, C. D. (2013). Clergy: A partner in rural mental health? *Journal of Rural Mental Health*, 37(1), 50–57. <https://doi.org/10.1037/rmh0000006>

Koenig HG. "Religion, spirituality, and health: a review and update." [Adv Mind Body Med](#). 2015 Summer; 29(3):289.

Park JI, Hong JP, Park S, Cho MJ. The relationship between religion and mental disorders in a Korean population. *Psychiatry Investig*. 2012. <https://doi.org/10.4306/pi.2012.9.1.29>.

# Stay Connected



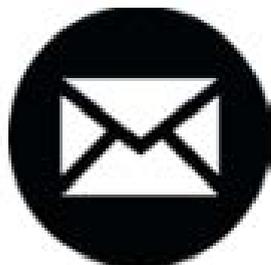
[mhttcnetwork.org/centers/mountain-plains-mhttc/home](http://mhttcnetwork.org/centers/mountain-plains-mhttc/home)



[@Mountain-Plains-MHTTC](https://www.facebook.com/@Mountain-Plains-MHTTC)



[@MPMHTTC](https://www.twitter.com/@MPMHTTC)



[mhttcnetwork.org/centers/mountain-plains-mhttc/subscribe-our-mailing-list](http://mhttcnetwork.org/centers/mountain-plains-mhttc/subscribe-our-mailing-list)