

Rural Promising Practice: Training Community Clergy Partners to Increase Access to Care for Rural Veterans

Executive Summary

Rural communities, no matter how small, nearly always have a house of worship. Clergy, ordained religious leaders of any faith, serve as confidants for many of their congregation, including Veterans. This is especially true because many rural communities do not have local mental health care facilities. Yet the vast majority of clergy surveyed report never having made recommendation to mental health services.

This Rural Promising Practice establishes a toolkit and web-based training model to educate clergy about the role they can play increasing rural Veterans and their families' access to care. Primarily, the established toolkits and training curriculum help clergy understand the problems Veterans often develop due to military service. Clergy are trained not to diagnose mental health conditions, but to recognize common symptoms of crisis and struggles with transition. This includes diagnostic conditions like post-traumatic stress disorder (PTSD), a mental health condition that develops after a traumatic event like combat or disaster. It also includes symptoms of military sexual trauma (MST), an experience that involves sexual assault or harassment during service. Symptoms of both conditions may include anxiety, flashbacks and strong emotions, and may make it difficult for some Veterans to be healthy after their return to civilian life. The training also helps clergy identify instances of moral injury, which results from something a Veteran has seen, done or chose not to do, which they may later believe was morally wrong or against their conscience. Research supports this as a key condition related to depression, PTSD and suicidal intent. Clergy also receive guidance for specific populations and demographics, including Vietnam-era Veterans, female Veterans and younger Veterans.

In addition to making clergy aware of the mental health problems Veterans may face, the training program also encourages clergy to provide referrals to clinicians, rather than provide mental health support, and teaches them how to connect with the appropriate VA and community resources. Chaplains, clergy members affiliated with private organizations or military branches, also participate.

The curriculum exists as four online modules. Rural clergy are encouraged join together to attend online "viewing events," which combine the recorded modules with live discussions with peers and local VA staff. Existing toolkit resources include instructions for how to organize a viewing event, tested discussion questions and session facilitator guides. By organizing and using its Veteran expertise to support these events, VA creates awareness among leaders in rural communities, where reintegration really happens.

In addition to the in-person trainings and live viewing events, the training program provides a quarterly newsletter, live and recorded webinars on specialty topics (e.g., military family needs, terminal illness), and a train-the-trainer initiative to teach community leaders to plan and implement their own training programs using the Program's curriculum.

In the past three years, more than 4,000 clergy members, chaplains, behavioral health professionals, and others supporting Veterans in rural communities have participated in workshops, My eHealth University (VeHU) sessions and webinars.

High levels of interest and participation, as well as increased engagement between clergy who participate and VA mental health services, make this training program a Rural Promising Practice.

Who Can Use This Rural Promising Practice?

Members of both rural clergy and mental health care professionals can initiate implementation of this Rural Promising Practice. Clergy interested in learning more about Veterans' unique needs can engage directly in several ways:

- Complete the established four-module course on My VeHU individually
- Attend a local viewing event of the My VeHU modules in-person
- Participate in a special topic webinar, organized by the creators of the Rural Clergy Training Program
- Subscribe to *The Clergy Connection* newsletter
- Become a local champion to educate other faith leaders about Veterans' needs

Mental health care providers (within or beyond the VA network) can also promote this Rural Promising Practice to raise clergy's awareness of the above resources. Mental health professionals can use the toolkit of tested materials to conduct outreach to faith-based organizations (FBOs) and community institutions that have chaplains (such as police and fire departments, community hospitals, hospice and palliative care organizations), thus engaging rural clergy in the activities above.

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Need Addressed

Of more than 5.2 million Veterans living in rural areas, more than 60 percent rely on VA for health care. While rural life comes with many benefits, such as tight-knit communities and less crowding, for Veterans it may also feel lonely or isolating. In fact, living in a rural area is associated with 22 percent increase in suicide risk among Veterans.¹

Millions of Veterans who live in rural areas face barriers to accessing health care at VA facilities, such as long driving distances and clinician shortages. Therefore, many are likely to search for assistance closer to home. Most rural towns don't have mental health clinics, but nearly all have houses of worship. As a result, many Veterans in rural communities seek guidance and counseling from clergy. Up to a quarter of individuals who seek help for a mental health problem do so from clergy, a rate significantly higher than those seeking help from psychiatrists (16.7 percent) or primary care doctors (16.7 percent).²

Members of the clergy are especially well suited to identify mental health crises for several reasons. In instances of moral injury, clergy are uniquely able to offer spiritual support and forgiveness. Additionally, many Veterans are less resistant to seeing a member of the clergy than a mental health professional. They may feel less stigma associated with seeking help from faith communities due to the anonymity and confidentiality that clergy provide.³ Finally, family members, spouses and caregivers of Veterans are more likely to reach out to local clergy, rather than health care professionals, to ask for guidance when they're concerned about the health and well-being of a loved one.

However, clergy members are often not aware of common issues that Veterans face. They may lack the necessary skills to provide help for mental health-related issues. Faith leaders may also hesitate to offer effective support, due to fear of saying the wrong thing to Veterans.

This program does not try to transform clergy into diagnosticians. Rather, it educates rural clergy about VA and community resources that Veterans and their families can access. Through the initial training, supplemental webinars and newsletter updates, program participants learn about:

- Aging Vietnam and World War II Veterans
- Younger Veterans, some of whom deployed multiple times during Operation Enduring Freedom and Operation Iraqi Freedom
- Women, who don't necessarily identify as Veterans
- Reservists and members of the National Guard, who typically have fewer resources available than their active duty peers
- Dependents and other members of military families



Figure 1 An In-person gathering of the Rural Clergy Training Program

Implementation

The implementation of the Rural Clergy Training Program has evolved significantly over its first four years.

Phase 1: In-person workshops (2012-2014)

The Office of Rural Health first funded the development of the Rural Clergy Training Program curriculum in fiscal year 2012. From fiscal years 2012-2014, the training program delivered one-day in-person workshops to clergy in 23 rural communities across the United States. These trainings were conducted in neutral community meeting places, such as community college campuses and National Guard armories, rather than at VA facilities. Presenters shared information collected from subject-matter experts through an instructional PowerPoint presentation and reinforced the most important elements during discussions and small group activities. Training topics included re-adjustment and health care needs of combat Veterans, post-traumatic stress disorder (PTSD), the impact of stigma in seeking mental health care in rural communities and how to refer Veterans to VA healthcare.

The training curriculum was designed primarily for community clergy, but may also serve to educate clinicians and members of Veteran support organizations about the unique needs of Veterans. It was developed, tested and refined to enhance knowledge about military experience and culture, as well as the spiritual, mental and physical effects of military experience. Training participants were given a packet of resource materials to take away at the conclusion of the workshop. In addition, coordinators of the pilot program:

- Created reusable communication materials (save-the-date postcard, invitation letter, event flyer, event web page and web registration form) to support the implementation of the workshops
- Organized workshops in collaboration with local VA Medical Center Chaplain Services and National Guard partners
- Conducted outreach to rural community clergy and chaplains within one-hour travel distance of the training site, typically engaging 40-60 participants per workshop
- Traveled to rural sites to lead workshops, facilitate discussions and provide event management support
- Assessed pre-training experiences related to Veteran care and collected demographic data during workshops for reporting purposes
- Conducted post-training and one-year follow-up evaluations
- Analyzed data and evaluation reports to measure the success of training topics, gaps in rural clergy experience and changes in Veteran-related assistance
- Refined training program curriculum and communication materials, and generated supplemental content ideas

Pilot program organizers also created a quarterly newsletter, *The Clergy Connection*, and developed a webinar series that provided supplemental learning opportunities and engage new audiences. More than 300 registered participants attended webinar presentations and joined interactive discussions with subject matter experts about rural clergy and confidentiality, bringing the community together to support Veterans and their families, planning and facilitating peer support groups for Veterans, and the needs of women warriors, moral injury and end-of-life care for Veterans. Webinars were recorded and available for on-demand viewing in the training program section of the VHA Office of Rural Health website.

“Clergy are a trusted source for counsel and often the first-line contact in small, rural communities. The confidentiality they provide is important to Veterans, especially when discussing mental health issues.” –Chaplain Keith Ethridge, Rural Promising Practice lead

Phase 2: Online curriculum and live viewing events (2015-present)

Based on high demand, popularity of the webinars and the limitations of travel across expansive rural areas, pilot program organizers reconceptualized the format of their tested training curriculum. To maintain quality while allowing for broader distribution, they created four recorded classroom-style modules.

In March 2014, the training program partnered with the VA Office of Informatics and Analytics (OIA) My VeHU to broadcast the training series, “Rural Chaplains and Clergy Caring for Veterans: Paving the Way Home After the Wounds of War.” The series, based on the training program in-person workshop curriculum, was broadcast in four sessions over the course of two-days. More than 800 participants inside and outside VA logged on, including rural community clergy and chaplains, VA chaplains, VA and community mental health providers, VA and community hospice and palliative care providers, first responders, and Veterans. Each module covered a specific topic, from theological discussions about which biblical passages may resonate with Veterans to how to connect with VA services. The modules are:

- Military Culture and the Wounds of War
- Pastoral Care for Veterans and Their Families
- Mental Health Services and Referrals
- Building Community Partnerships

Due to the success of the initial viewing, pilot organizers have helped organize a dozen additional viewing events. In this model, a local facilitator gathers a group of clergy and plays the recorded modules to stimulate live small group discussion. During the viewing session, the My VeHU video recording is paused at designated points to encourage topic exploration among participants to enhance learning. These live viewing events, which combine the recorded sessions and local discussions, are more accessible to more participants who may not have the ability or the means to travel to a live event.

Throughout the planning, dry run and the event itself, pilot organizers serve as mentors and support for local partners. The mentor provides training tools and materials, including event planning guidance, communications and promotional materials, and a facilitator's guide for each of the four My VeHU sessions. Partners coordinate viewing event logistics (securing a training space, audio/visual set-up and recruitment) and lead the video presentation and facilitated discussion of the My VeHU session topic. The partner is able to personalize which sessions to show and how to guide the discussion based on local preferences and guidance from the pilot organizer.

Phase 2.1: Train-the-trainer (2016-future)

In addition to engaging with the My VeHU training, pilot organizers are creating ways for enthusiastic participants to stay involved and spread what they have learned. Train-the-trainer sessions will be conducted with national partners who share a common interest in caring for and supporting Veterans and who already have a presence in rural communities. As of July 2015, the U.S. Army Reserve, National Guard Bureau, Evangelical Lutheran Church in America and Church of God committed to participation. National partners will be responsible for selecting participants to be trained, providing training space and ensuring that electronic requirements for distance learning are met. The 10 proposed one-day train-the-trainer sessions will be followed-up with consultation through telephone and email contact. This approach will increase the reach of the Rural Clergy Training Program and lead to long-term sustainment by providing national partners with a toolkit of educational and process materials to lead their own community "viewing events" utilizing the My VeHU videos.

In 2016, project staff will supplement the My VeHU "Rural Chaplains and Clergy Caring for Veterans" curriculum with additional relevant sessions from the My VeHU catalog. These sessions will also be used for facilitated viewing events and cover other important Veteran-related topics.

Interest is also growing in small sessions, with 3-4 local clergy coming together to share ideas and discuss Veteran issues in their tight-knit communities. After participating in a viewing event or completing the training on their own, many clergy feel comfortable sharing what they have learned with others in their faith networks.



Figure 2 The Rural Clergy Training Program on My VeHU

Promising Results

The Rural Clergy Training Program has helped rural community clergy learn more about the Veterans in their midst and how to help clergy support Veterans' mental health and reintegration. In many instances it has connected community clergy and organizational chaplains to VA services at a local level. This training program for rural clergy is a Rural Promising Practice because the curriculum, delivery methods and communications have been tested and refined, and proven effective in increasing rural Veterans' access to care.

Increased Access: In the first three years of program operations, more than 4,000 clergy members, chaplains, behavioral health professionals, and others supporting Veterans in rural communities have participated in workshops, My VeHU sessions and webinars. Educating rural clergy about reintegration issues increases rural Veterans' access to health care by better integrating VA mental health services in their local care networks.

Both the number of community clergy making referrals and the number of referrals increase after training. In the year following training events, there is an increase in contacts between community clergy and both VA chaplains and VA mental health professionals, when compared to the year before training. The following statistically significant behavior changes increased rural Veterans' access to health care:

1. Increased clergy contact with VA mental health providers (p = .032)
2. Increased clergy referrals to VA services (p = .015)
3. Increased clergy referrals to local mental health services (p = .005. This finding reflected a tripling in the number of referrals made to the community mental health).

There was also a 25 percent increase in clergy involvement in community ministries for Veterans and military personnel when pre-training performance was compared with post-training performance. The same follow-up evaluations indicated that 67.7 percent of training program workshop participants had acted directly and made conscious attempts to reduce stigma related to mental health in Veterans and military personnel. Eighty-three percent reported using resources of the Rural Clergy Resource Kit (e.g., guidance on Veteran-related issues including information on depression, PTSD, suicide prevention).

Evidence of Clinical Impact: The training program is, by nature, not a direct clinical intervention, but a community-building program. The intent of the training program is to educate rural community clergy and influence clergy behavior to increase access mental health to care and services for Veterans. Measures utilized were designed to evaluate training effectiveness and impact on target audience behavior, which data provided in this document solidly demonstrate.

Plans for fiscal year 2016 include collaborating with the VA Health Services Research and Development Charleston Health Equity and Rural Outreach Innovation Center (HEROIC) to conduct research designed to evaluate the clinical impact of the training program. HEROIC investigators work with partners to identify and refine new metrics for measuring access to care and will provide the knowledge and expertise to develop a research protocol (including informed consent and data collection/analyses procedures) for submission to VA Central Institutional Review Board and VA Research and Development.

Customer Satisfaction: The program demonstrated clergy, provider and partner satisfaction. Every single workshop participant in fiscal year 2014 responded positively when asked, "Would you recommend this

Office of Rural Health Rural Promising Practice Criteria

Increased Access: The program or strategy demonstrated measurable improvements in access to care and/or services. Examples include reduction in distance traveled to care, reduction in wait times, improved care coordination, and reduction in missed appointments.

Evidence of Clinical Impact: The program or strategy demonstrated positive results on outcomes of importance to rural Veterans based on evaluations conducted during the implementation of the program and at the end of the pilot period.

Customer Satisfaction: The program or strategy demonstrated patient, provider, partner, and/or caregiver satisfaction.

Return on Investment: The program or strategy demonstrated an improvement in health system performance by 1) reducing the per capita costs of health care, and 2) improving or at least maintaining health outcomes, and/ or 3) positively impact the health care delivery system.

Operational Feasibility: The program or strategy demonstrated feasibility of implementation and known barriers and facilitators of success can easily be shared across implementation sites.

Strong Partnerships and/or Working Relationships: The program or strategy included VA and/or non-VA partners to maximize the efficacy of the intervention.

training to other clergy?" Additionally, clergy who participated showed an increased understanding of the complexity of working with Veterans.

Attendees were asked to complete a post-training evaluation. Table 1 shows percentages of respondents who indicated agreement or strong agreement. Comments from participants demonstrate high levels of satisfaction with the training they received:

- "I consider the VA Rural Clergy Training Program as the very best given in this county."
- "I have used this [training] as a door-opener to make my way through Veterans' needs and gain their trust."
- "I loved every bit of the training and ideas that we received... I am so very grateful!"
- "The training provided an excellent overview that I believe will stick with me for years to come."
- "It helped me to understand what was available to vets through the VA. It opened my eyes for things to look for especially with the family members of Vets with PTSD. It helped me to better understand one of our parishioners who has PTSD from the Korean War."

- *“Thank you, very much, for providing such valuable training as the Rural Clergy Training Program...”*

Several viewing events were conducted with positive results to-date. Clergy who completed the post-training evaluation scored all six indices of training effectiveness a 4.5 or higher on a 5-point scale. In the post-training evaluation, one participant commented, “Wonderful, thoughtful, informative and educational material. Discussion and presentation excellent, too! Very helpful toward our rural community.”

Return on Investment: Rural community clinics often struggle to support any kind of specialty care, including mental health services. This training program offers an empowering and cost-effective solution to that barrier to care by encouraging established community leaders to make referrals to existing VA and community resources.

The self-reported average number of Veterans in rural congregations is 24. If completion of a training event provides each of the 4,000 participants with the skills to support and assist half that amount (12 rural Veterans in their congregation or community), the cost of the training program for fiscal years 2012-2015 is just \$24 per Veteran helped. Transitioning sustainability of the training program to partners (the train-the-trainer program) will increase the return on investment with each training session completed.

Operational Feasibility: The training program successfully created a tested and proven curriculum with support materials, and used those resources to evolve from local in-person workshops to moderated viewing events of pre-recorded My VeHU sessions. Results of work in fiscal year 2015 indicate that facilitated My VeHU viewing events are an effective method to deliver training to rural clergy, and that community partners can organize and lead successful events when provided with program guidance, tools and materials.

Major national partners have expressed their commitment to the next stage of operations, a forthcoming train-the-trainer initiative. Transitioning the training program to community partners offers a solution to expand the reach of the program, and a strategy for long-term sustainment of the program.

Strong Partnerships and/or Working Relationships: Since its inception, the training program has established strong partnerships and working relationships with VA and community groups. Curriculum and training development as well as workshop/webinar and communication implementation, involved the National VA Chaplain Service, VA Medical Center Chaplains, VA Mental Health and Chaplaincy Program, National Center for Posttraumatic Stress Disorder, VA Mental Illness Research, Education, and Clinical Centers, VA Office of Informatics and Analytics, VA Returning Veteran Programs, VA Mental Health Service, Vet Centers, Veteran Service Organizations, National Guard Bureau, The U.S. Army Reserves, Dartmouth College, the Evangelical Lutheran Church in America and the Church of God.

“In the sessions I attended at Camp Ripley, my knowledge of Vets issues increased dramatically. After the training, I felt confident to present this knowledge to the Vets in our church.”

-Pastoral Director, Laestadian Lutheran Church, Loretto, Minnesota

Adoption Considerations

Throughout the development and implementation of the training program, several key takeaways solidified among pilot program administrators.

- Rural community clergy are in need of education and training about issues facing combat Veterans and their families, as well as training about how to provide support services and referrals to help Veterans successfully integrate into their rural communities.
- Clergy are more likely to refer members of their religious groups to VA when professional relationships of trust exist between community clergy and VA staff. As a result, the traditional referral process between clergy and VA mental health support should be altered to improve the likelihood of success. Clinicians sometimes distribute their business cards among community resources, including clergy. But too often the cards lacked sufficient explanation for clergy to make accurate referral decisions. Additionally, the personal card reflects only a tiny portion of VA services. Pilot program organizers recommend modifying the referral system based on assumptions that:
 - An inside understanding of the VA system is needed to make knowledgeable referrals,
 - Positive working relationships among VA staff generates results, and
 - Clergy are most comfortable speaking with clergy.

As such, before each event, program administrators recommend that facilitators speak with the Chief of Chaplains at the nearest VA Medical Center and ask him or her if they would be that point of contact for the initial call. (This approach received positive responses in 100 percent of cases to-date). Then, the Chief can pass the clergy member along to an appropriate mental health professional with “a warm handoff.” Anecdotal evidence suggests that clergy will eventually go directly to the mental health professional with whom a trusting relationship now exists.

- Providing online learning opportunities (e.g., webinars, continuing education contact hours) and ongoing

electronic communication (e.g., via mass emails, quarterly newsletters, a website) help to incentivize and maintain the relationship with rural clergy, tapping into rural social networks and growing a Veteran support structure in rural communities.

There are several points that experiences suggest should be taken into consideration when utilizing the training program toolkit to implement local rural clergy training sessions:

- Collaboration with community partners who show strong interest in caring for and supporting Veterans, and who already have a presence in rural communities, tends to produce a more sustained and effective effort. Potential partners should be vetted for commitment to Veterans and their ability to implement and sustain a training effort.
- Mentorship of program administrators as well as post-event communication with community partners and training participants is necessary to long-term sustainment of the program.
- Since the trainings are in the public domain, no contract or legal approvals are necessary for the trainings to be disseminated and adapted.

Conclusion and Next Steps

The training program curriculum demonstrates success in increasing contact between community clergy and VA mental health staff, increasing referrals to VA and community mental health providers, and stimulating increased participation by community clergy in local Veteran-related services. Educating rural community clergy about Veterans can increase access to care for rural Veterans, as well as improve the health and well being of the rural Veteran population.

The next phase of this Rural Promising Practice is the implementation of a train-the-trainer model with community partners, further empowering local champions to educate other community leaders about Veterans' health needs. Providing partners with the skills and resources to educate their own rural clergy will strengthen community support networks and result in an even greater number of rural Veterans served.

Table 1. Participant evaluation results

Percentages represent the number of participants who responded positively.

Evaluation Questions	2012 (n=214)	2013 (n=214)	2014 (n=182)	2015 (n=143)
Were the stated goals of the training achieved?	99.4%	98.9%	98.5%	96.6%
Were the presenters knowledgeable and effective in delivery?	98.9%	97.8%	97.7%	97.6%
Did the training increase your understanding of the potential needs for assistance among those returning from war?	96.6%	97.8%	98.5%	96.4%
Did the training increase your understanding of the challenges of re-integration into family and community after war?	98.3%	95.2%	97.7%	94.4%
Did you gain knowledge that improves your pastoral care skills to better serve Veterans, service members and their families?	94.9%	96.2%	100.0%	94.5%
Did you gain knowledge that improves your ability to identify ministry opportunities in your community?	93.3%	90.3%	86.6%	84.6%
Did you gain knowledge that improves your ability to refer Veterans to a Veterans Affairs facility?	96.6%	95.6%	95.3%	84.6%
Did you gain knowledge that improves your ability to refer Veterans and their families to a community mental health provider for mental health support? (not assessed in fiscal year 2010)?	88.7%	85.8%	89.8%	84.6%
Would you recommend this training to other clergy?	100.0%	97.3%	100.0%	94.1%

Available Resources

To access Rural Clergy Training Program sessions on demand on My VeHU, visit www.myvehucampus.com and follow the prompts to sign up. Then visit www.vehu.va.gov and search “clergy” under the Search Sessions subheader. Click the blue “On Demand” button next to the session you wish to watch.

Access the Rural Clergy Training Program resources at <http://www.ruralhealth.va.gov/providers/promisingpractices>, including links to the webinar series and registration for The Clergy Connection newsletter. The creators of this Rural Promising Practice will also create additional resources in 2016 to aid additional members of the clergy in implementing this model of care.

Facilitator Implementation Manual

- Detailed planning checklist of tasks for community partners before, during and after the My VeHU viewing event
- Detailed planning checklist for day-off event planning for a moderated My VeHU viewing event

Event support materials:

- Module discussion questions
- Resource readings

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To Learn More

The Promising Practices initiative is overseen by the U.S. Department of Veterans Affairs (VA) Office of Rural Health (ORH) as part of its targeted, solution-driven approach to improving care for the 3 million Veterans living in rural communities who rely on VA for health care. As VA's lead advocate for rural Veterans, ORH works to see that America's Veterans thrive in rural communities. To accomplish this, ORH leverages its resources to increase rural Veterans' access to care and services. To discuss implementing a Promising Practice at your facility or to learn more, visit www.ruralhealth.va.gov or email rural.health.inquiry@va.gov.



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