

Rural Promising Practice: Community Clergy Training to Support Rural Veterans' Mental Health

This model of care shows promise to increase rural Veterans' access to care and services, and is recommended for replication at other facilities.

Medical Issue

For some Veterans, military service may lead to one or more mental health issues. Reintegration back to civilian life may cause distress for Veterans. They may feel caught between military and civilian cultures, and alienated from family and friends. The transition to civilian life may cause stress, anxiety or depression which can create or intensify underlying mental health concerns such as post-traumatic stress disorder (PTSD). Struggles returning to "normal" combined with a mental health condition and issues such as moral injury, military sexual trauma, or substance abuse can lead to a behavioral health crisis. While rural life provides many benefits, rural Veterans have a higher risk of suicide than their urban counterpartsⁱ.

Access Challenge

There are too few mental health providers in rural areas. More than 85 percent of rural residents live in a mental health professional shortage areaⁱⁱ.

Solution

Most rural communities have clergy-led faith groups, and research shows that one-in-four individuals who seek help for mental health problems do so from clergyⁱⁱⁱ. However, clergy are often unfamiliar with:

- Reintegration and transition challenges
- Post-service mental health-related issues
- Military culture and mental health stigma
- Differences between PTSD and traumatic brain injury
- How to build community partnerships to support Veterans and their families

To increase rural clergy's ability to identify and support rural Veterans with mental health issues, the U.S. Department of Veterans Affairs' Office of Rural Health and Chaplain Center developed a national clergy training program. Through a train-the-trainer model, participants access a training guide and toolkits on topics such as:

- Military culture and the wounds of war
- Pastoral care for Veterans and their families
- Mental health services and referrals
- Building community partnerships

Participants may also subscribe to a quarterly newsletter and attend free webinars that expand on the training curriculum.

Since 2010, more than 4,000 clergy, chaplains, behavioral health professionals and others who support rural Veterans were trained. According to fiscal year 2015 data, 96 percent of those trained reported an increased understanding of potential assistance needs among those returning from war.

To Learn More

The U.S. Department of Veterans Affairs' (VA) Office of Rural Health (ORH) implements a targeted, solution-driven approach to increase access to 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 study, innovate and spread enterprise-wide initiatives through partnerships.

To discuss implementing a Rural Promising Practice at your facility or to learn more, visit www.ruralhealth.va.gov or email rural.health.inquiry@va.gov.

ⁱCenters for Disease Control and Prevention; 2015

QuickStats: Age-Adjusted Rates for Suicide by Urbanization of County of Residence—United States, 2004 and 2013

ⁱⁱSmalley et al. (2010), Rural mental health and psychological treatment: a review for practitioners. *J. Clin. Psychol.*, 66: 479-489

ⁱⁱⁱWang, P. S., Berglund, P. A., & Kessler, R. C. (2003), Patterns and correlates of contacting clergy for mental disorders in the United States, *Health Services Research*, 38(2), 647-673