MENTAL ILLNESS & SUBSTANCE ABUSE

Amazing New Results in Prevention and Treatment
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The UAMS Journal is published twice a year by the Office of Communications & Marketing, University of Arkansas for Medical Sciences, 4301 W. Markham St. #890, Little Rock, AR 72205.

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The Pew Versus the Couch

The first and second meetings between local clergy and mental health providers in Russellville did not go well. Motivated by the suicide of a local veteran, they had gathered for lunch, invited by Chaplain Steve Sullivan from the Central Arkansas Veterans Healthcare System (CAVHS) and UAMS mental health researchers.

By the second meeting, a mental health social worker said she didn’t plan on referring patients to the pastors she didn’t know or trust. At the same time, a pastor complained that he went to visit a parishioner in the hospital’s intensive care unit and wasn’t allowed in the room.

The meetings were an outgrowth of the “VA/Clergy Partnership for Rural Veterans” project, a U.S. Department of Veterans Affairs-supported effort to increase communication and understanding between local clergy and mental health providers.

“Mental health providers tend to shy away from spirituality matters even though that integrates with mental health,” said Jeffrey Pyne, M.D., a professor of psychiatry and researcher for UAMS and CAVHS. “And the clergy tend to be suspicious of psychotropic medications as being the solution to what ails you.”

Despite the rocky start, the project that started four years ago in El Dorado, Pine Bluff, Searcy and Russellville has been deemed by the VA’s Office of Rural Health as its most successful project, said John Fortney, Ph.D., who leads the Division of Health Services Research in the Department of Psychiatry in the UAMS College of Medicine and also has a research leadership position at CAVHS. It is now being replicated in five other states.

“Eventually, Arkansas will be the hub resource for VA clergy partnerships that will then begin to spread to other parts of the country,” said Sullivan, also a member of the UAMS Translational Research Institute’s Community Advisory Board.

When the project wasn’t getting much traction with Russellville clergy, Sullivan gathered five local clergy and five mental health providers. The meetings began to bear fruit after a veteran told the mental health social worker that his post-traumatic stress disorder (PTSD) was a spiritual matter and he wanted to speak to a pastor.

“She was able to look around the room and identify two or three pastors who she felt could help,” Sullivan said.

About the same time, a pastor skeptical of the mental health community confided that a family member was battling depression, and he developed a trusting relationship with the same mental health social worker.

The project was strengthened when Pyne spoke to the group, Sullivan said.

Pyne noted that many veterans aren’t experiencing fear-based PTSD, but rather guilt and shame. The concept known as moral injury is a result of experiences or things veterans may have done that are not consistent with their moral upbringing and the way they understand the world.

“Dr. Pyne said, ‘Look, we’re frustrated; we’re seeing a lot of guilt and shame and our PTSD interventions are not touching this. You guys are the experts on these kinds of things. Can you help us?’”

“That totally changed the dynamic,” Sullivan said. “Pastors said they finally felt respected and they very much appreciated it.”

Local clergy are now becoming vital partners in veterans’ mental health treatment, he said.

The VA/Clergy Partnership project is sponsored and supported by the VA South Central Mental Illness, Research, Education, and Clinical Center (MIRECC). — David Robinson