Case Study of Faith Community Nursing Led Mental Health Fair

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Abstract

Background: There is a growing need in Mingo County, West Virginia, for access to mental health care. For years, Appalachians have suffered from mental health disorders which are made more difficult by skepticism and stereotypes within the community. Faith community nursing initiatives have pursued health promotion strategies that have been known to engage members of the community to address mental health concerns. Due to a lack of knowledge and education on

mental health, as well its isolated geographical location, this topic can be controversial in the Appalachian region.

Purpose: To describe a case study of a community-based mental health promotion project where two local Mingo County Faith Community Nurses hosted a mental health fair.

Outcomes: Despite a number of challenges, the project was successful, as it not only attracted members of the faith community but also people from the surrounding communities. By hosting the health fair, the Faith Community Nurses were able to offer free screenings and make appropriate referrals to mental health services.

Keywords: Appalachia, mental health, mental illness, mental health resources, mental health referrals, Faith Community Nursing (FCN), health promotion, stigma, nurse-led access to care, rural health nursing

Case Study of Faith Community Nursing Led Mental Health Fair

Mingo County is well known for the historical events surrounding the Hatfield–McCoy feud, a notorious vendetta between two local families in the late 1800s. It is located at the southern tip of West Virginia, on the border with Kentucky. The only state fully contained within the Appalachian Region, West Virginia is also the third most rural state in the nation. Its rural nature exacerbates the problems of poor access to care that can be seen across Appalachia. *Rural* refers to areas, communities, or landscapes that are located outside of urban or city environments. Rural areas are typically characterized by lower population density, larger expanses of open land, and a focus on agriculture, natural resources, and traditional ways of life. These regions often have fewer developed infrastructures, fewer amenities, and a more close-knit and interconnected community.

Mental illness is increasingly common in the United States, with at least one in five Americans now living with a self-reported mental health diagnosis, which may range from mild to

severe (National Institute of Mental Health, n.d.). Dealing with mental health issues such as depression or anxiety can either directly or indirectly lead to physical ailments, including cardiovascular and respiratory problems or even diabetes mellitus (Robson & Gray, 2007). Faith community nurses (FCNs), a subspecialty of nursing, provide holistic care within the setting of faith communities or organizations. Faith community nurses intervene by participating in different roles in the community, focusing on health promotion, preventative care, and the relationship between faith and holistic health (Kruse-Diehr et al., 2021).

Understanding Mental Health and its Challenges

Mental health is defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) as "emotional, psychological, and social well-being" (n.d., para. 1). Common disorders of mental health include anxiety and depression. Anxiety is a category of disorders that deal with fear and excessive worrying beyond the normal stresses of everyday life (Chand & Marwaha, n.d.). The most prevalent of these are specific phobias (12.1%) and social anxiety disorders (7.4%). Anxiety is notably more prevalent and diagnosed in females (Chand & Marwaha, n.d.).

Depression is another common mental health problem that can be subdivided into several disorders, all of which are characterized by sadness, anhedonia, emptiness, irritability, and a loss of daily function. Depression currently affects nearly 17 million Americans, with the prevalence rate for major depression disorder (MDD) at 7% (Chand & Arif, n.d.).

There is a significant stigma associated with mental illness and, subsequently, mental health care, which leads to substantial underreporting of mental health issues. The estimated underreporting rate may be as high as 0.365, compared with the underreporting rates for physical

ailments such as cardiovascular disease or diabetes mellitus, 0.178 and 0.117, respectively (Bharadwaj et al., 2017).

Faith Community Nursing

FCNs are trained to deliver spiritual, mental, physical, and social care across different faith backgrounds (Balint & George, 2015). Even before nursing became a recognized profession, the role of the nurse has been well documented throughout history. The role of the faith community nurse was further defined in 1984 when Lutheran minister Granger Westberg founded the parish nursing movement in Illinois, which spread the belief that healing is greater in the context of community, more so than within the traditional medical model (Kruse-Diehr et al., 2021). Interventions and roles that might be fulfilled by FCNs include, but are not limited to, advocacy, education, health counseling, and referral advice (Centracare, n.d.).

The Intersection of Mental Health and Faith Community Nursing

Mental health within faith communities is a role that FCNs are in a unique position to address. An FCN supports community members of all ages and provides advocacy for those transitioning through crises or different stages of life, which might include marriage, divorce, birth, death, or illness (Anaebere & DeLilly, 2012). According to Anaebere and DeLilly, "the emotional tolls of family separations due to wars, unexpected life events, or planned transitions are pivotal time-points for the implementation of FCN interventions to support mental health" (p. 338). As individuals go through various life transitions, FCNs can support their health to enable them to cope. As they are focused on the whole mind, body, and spirit, such nurses are often among the first points of contact when a mental health crisis occurs for a member of the faith community.

It is vital that community members feel supported, heard, and trusted. Mental health should be discussed throughout all age groups, and communities should not suppress its importance to the

individual. Better integration of mental health care into the community can provide opportunities for FCNs to deliver education as well as referrals for mental health resources. By implementing education programs among the youth of the community, issues related to mental health can be addressed sooner. Addressing concerns early can also prevent dangerous risk-taking behaviors such as smoking, drug and alcohol abuse, and unintentional pregnancy. These interventions can allow individuals to better develop strategies for coping with mental health issues.

There are many challenges and considerations when providing mental health support within faith communities. Vulnerable populations such as the LGBTQIA+ community often face unique struggles with their mental health that are rarely addressed. These individuals, especially adolescents, may face isolation and rejection, which can further exacerbate their need for support. "The rate of suicide attempts is four times greater for LGBTQIA+ youth and two times greater for questioning youth than that of heterosexual youth" (Division of Diversity and Health Equity, 2017, p. 3). The FCN is in a unique position to provide support to this vulnerable group and provide education to faith community members on the unique needs of vulnerable people such as members of the LGBTQIA+ community.

Faith Community Nursing Interventions for Mental Health

Early detection of mental health disorders can lead to earlier treatment. Screenings are used in primary care settings; however, this method can also be used in community settings. In a study by Mulvaney-Day et al. (2018), the Patient Health Questionnaire (PHQ-9), Patient Health Questionnaire (PHQ-15), and the General Anxiety Disorder Scale (GAD-7) were all highly specific and sensitive for several of the DSM-V disorders (p. 338). Short questionnaires that screen for multiple disorders could be used within the faith community to identify potential mental health

concerns, for example, which could easily be accomplished by monthly check-ins. The FCN can then make referrals to psychiatric support or have an emergency activation plan.

Part of the FCN's role is to provide emotional and spiritual support to those with mental health challenges. Options available to them include developing a resource and referral plan for when mental health emergencies arise. Community support is also essential. FCNs can nurture local networks of collaborating psychiatrists to whom members of the faith community can be referred. Above all, the FCN can help provide an open line of communication for those with mental health issues. "Social support provides physical and psychological advantages for people faced with stressful physical and psychosocial events and is considered as a factor reducing the psychological distress when faced with stressful events" (Harandi et al., 2017, p. 5,212). Counseling centers, too, can assist FCNs with training workshops that teach practical strategies for receiving social support which "prevent[s] the incidence of psychological problems and other behavioral disorders and emotional inconsistencies" (p. 5,218).

Collaboration with different professional services can provide a wide range of resources for those suffering from mental health disorders, not only improving patient outcomes but also addressing their needs from a holistic point of view. It is important, therefore, for FCNs to consult with healthcare professionals within the community to adequately address mental health conditions. Interprofessional collaborations may include the patient, the FCN, healthcare professionals, chaplain services, and members of the faith community.

The sensitive nature of mental health conditions makes the need for confidentiality highly important. One option for community members working with an FCN is to create a written plan for how they would like to receive support. If a community member would like someone from

within the faith community, such as the pastor, to be involved in their support, they can make the contact themselves.

Educational programs can be targeted to specific vulnerable groups, such as minorities or those affected by recent life crises (divorce, death, etc.). In addition, adolescents should have programs that address coping strategies as well as resources for counseling services. Incorporating mental health activities into monthly health promotion programs is an essential part of this:

> Health promotion strategies, in general, include implementing health-enhancing public policy (employment opportunities, anti-discriminatory laws), creating supportive environments (parenting interventions), strengthening community action (participatory research, media campaigns), developing personal skills (resilience), and reorienting health services (postpartum depression screening) to enhance health. (Kobau et al., 2011, p. 1)

Empowering resources that demonstrate positive mental health benefits those within the faith community. Improving the general mental health of the wider population can be assisted by also encouraging participation in these activities by those outside of the faith community. Resources need to be developed prior to executing a program, and continually assessed, as further management of mental health issues could be needed. Promotion strategies offer new ways of thinking about mental health, lessen the stigma associated with mental illness, offer ways to deliver mental health screenings, and encourage interventions that optimize mental health outcomes (Kobau et al., 2011).

Faith Community Nursing Challenges in Rural Appalachia

Appalachian culture dictates a spirit of skepticism, which can be aggravated by community outsiders. The importance of having an FCN who has strong ties to the community cannot be

overstressed. Appalachians tend to voice their preference for a care provider to whom they can relate from a cultural standpoint. In addition, the stigma surrounding mental health in Appalachia has been shown to decrease the chances of community members seeking supportive care for issues such as depression or anxiety. Furthermore, mental health diagnoses often correlate with substance abuse disorders, making many faith communities reluctant to become involved with people with such conditions or behaviors to avoid being accused or judged of it themselves (Ramírez-Vielma et al., 2023).

These challenges produce many boundaries for the faith community and FCNs, but also opportunities. People may not want to seek help from the church per se, but if they know someone in their church, it can help ease dilemmas and allow entry into the healthcare system more quickly and easily. People tend to bring all their problems to nurses, including mental health issues. Having a presence in the community helps people to trust FCNs, even more so if they were born and reared in the community.

If someone in a congregation needs help, the church is likely the first place they will seek it. Help may not be so easily available for those outside a faith-based community. Individuals may want to help but also fear being judged by others in a congregation for reaching out to a group they do not condone, not realizing that this may be the only way to help them. Given their role as educators, community health nurses therefore need to educate people that helping others with healthcare disparities, especially mental health conditions, can not only help the entire community but also bring more people into the church. It is therefore in the church's interest to do more to support these people, and important for nurses to share their faith but also let patients know they are not there to judge but to help. Education is sometimes a barrier that FCNs must find ways to

overcome. Nurses can do this by caring for the people in their local congregations and working with various mental healthcare agencies to provide education from the church.

Topography can create unexpected boundaries to mental health care in some remote parts of West Virginia. What may look like only a few miles from point A to point B on a map may involve an hour of travel time. Many people in these areas cannot afford the time or money needed to obtain mental health support. In addition, the places that offer mental health care services may be few and far between, leaving FCNs to try to take care of the people who need it. This requires nurses to work as closely as possible with local healthcare departments and other local resources to provide appropriate care to those in need.

Case Study: Faith Community Nurses Host Mental Health Fair in Mingo County, WV

Mingo County, West Virginia, is an area often underserved by healthcare facilities, particularly in the area of mental health. Recognizing the necessity for FCNs, Jennys Creek Gospel Church, a rural church in Mingo County, decided to host a health fair focused on mental health.

Methods

Faith community nurses in Mingo County planned and implemented a mental health focused community health fair. The fair was held at the church but was open to surrounding community members. The faith community nurses provided education and resource information for local, state and national organizations that support mental health needs. Community members were provided with verbal education, and paper copies of resource lists.

Problem

Mingo County has struggled with high rates of depression, anxiety, and substance abuse disorders for years, often exacerbated by a lack of access to mental health services and the stigma associated with mental health in the community. Jim and Nancy (fake names), the FCNs at Jennys

Creek Gospel identified the need for a comprehensive program to educate the community, offer

basic mental health screenings, and connect individuals with mental health resources.

Planning and Execution

Conducting a mental health fair takes a lot of planning. Table 1 provides steps to consider in

process of planning through evaluation and follow-up.

Table 1

Steps to a Mental Health Fair

Steps	Description
1: Assess Community Needs	Conduct a community needs assessment to identify mental health issues and concerns.
2: Determine Objectives	Define clear objectives and goals for the Mental Health Fair, aligning them with community needs.
3: Secure Venue and Date	Identify and secure a suitable venue for the fair and determine the date for the event.
4: Recruit and Organize a Planning Committee	Assemble a committee of volunteers to assist with planning, organization, and logistics.
5: Identify and Engage Relevant Partners and Stakeholders	Collaborate with local mental health organizations, healthcare providers, and community leaders.
6: Plan Fair Activities and Workshops	Develop a schedule of activities, workshops, and presentations addressing various mental health topics.
7: Arrange for Speakers and Presenters	Invite mental health professionals, experts, and community members to speak at the fair.
8: Promote the Mental Health Fair	Develop a promotional plan, including flyers, social media posts, and announcements at faith community events.
9: Coordinate Volunteers	Recruit and coordinate volunteers to assist with event setup, registration, and support during the fair.
10: Secure Funding and Resources	Seek financial support from sponsors, community organizations, or grants to cover fair expenses.
11: Set Up Fair Logistics	Arrange for necessary equipment, signage, and materials for workshops, booths, and displays.

Steps	Description
12: Conduct the Mental Health Fair	Ensure all logistics are in place, supervise fair activities, and oversee a smooth operation.
13: Evaluate the Fair	Gather feedback from attendees, volunteers, and presenters to assess the fair's success and areas for improvement.
14: Follow-Up and Provide Resources	Distribute resources, handouts, and referrals for ongoing mental health support and care.

Jim and Nancy used their connections within the community to gather support and resources for the health fair. They reached out to local mental health professionals, asking for their participation in offering free consultations with referrals being sent after the health fair. They also partnered with mental health support organizations, which provided educational materials and resources to distribute at the fair. Multiple organizations can provide information about mental health resources. Some well-known resources may be seen in Table 2.

Table 2

Mental Health Support Organizations

Organization Name	Description	Website
National Alliance on Mental Illness (NAMI)	Provides education, support, and advocacy for individuals and families affected by mental illness.	www.nami.org
Substance Abuse and Mental Health Services Administration (SAMHSA)	Offers resources, treatment locators, and helpline for mental health and substance use disorders.	www.samhsa.gov
Mental Health America (MHA)	Advocates for mental health, offers screening tools, and provides information on mental illnesses.	www.mhanational.org
National Suicide Prevention Lifeline	24/7 hotline providing immediate crisis support and suicide prevention resources.	www.suicidepreventionlifeline.org
Crisis Text Line	Text-based crisis support service available 24/7 for anyone in crisis.	www.crisistextline.org

Organization Name	Description	Website
National Institute of Mental Health (NIMH)	Conducts research on mental health disorders and provides information on treatments and resources.	www.nimh.nih.gov
Depression and Bipolar Support Alliance (DBSA)	Offers peer support groups and resources for individuals with depression and bipolar disorder.	www.dbsalliance.org
American Psychological Association (APA)	Provides information, resources, and professional directories for psychologists and the public.	www.apa.org
National Institute on Drug Abuse (NIDA)	Offers resources on drug addiction, prevention, and treatment for individuals and families.	www.drugabuse.gov
National Child Traumatic Stress Network (NCTSN)	Provides resources and support for children and families affected by traumatic events.	www.nctsn.org

Jim and Nancy designed a program that included sessions on recognizing mental health issues in oneself and others, navigating mental health care, and understanding the importance of mental wellness. To ensure accessibility, Jim and Nancy worked with community members to offer free transportation to and from the fair for those who needed it. They also made sure that the event was family-friendly, with activities for children and food provided by local businesses. In addition, community-dwelling adolescents were incorporated into the planning and utilized as volunteers on the day of the event. The goal was to facilitate a culture of support for coming-of-age community members from within the county.

Overcoming Challenges

Stigma was a significant challenge that Jim and Nancy faced while organizing the fair. Many individuals in the community were reluctant to attend an event centered around mental health. To address this, they initiated a community-wide campaign, emphasizing the importance of mental

health and the universality of mental health issues. They also enlisted the support of church leaders, who integrated messages of acceptance and understanding into their sermons and helped to create a safe, nonjudgmental space for community members.

Results and Impact

The mental health fair was a significant success, attracting not only community members who attend the church but also community members who do not. Educational sessions led to individuals agreeing to utilize resources and referrals for further treatment. The workshops proved extremely popular, providing attendees with new strategies for managing stress and mental health concerns. Importantly, the fair also sparked conversations about mental health within the community, leading to increased understanding and decreased stigma. A total of 24 community members attended and participated.

Case Study Conclusion

Jim and Nancy's faith community health fair in Mingo County showcased how FCNs can leverage their unique position in their communities to bridge gaps in health care, particularly in mental health services. It also highlighted the role of community initiatives in breaking down the stigma surrounding mental health and underscored the importance of providing accessible resources for individuals struggling with mental health issues. This initiative can serve as a model for similar communities struggling with limited access to mental healthcare services.

General Conclusion

The role of the FCN in mental health care is paramount and evolving. As the need for mental health support expands, access to the care needed is lacking in many parts of the United States. In rural parts of Appalachia, for example, community members may wait for six months or longer to see a mental health care provider. This includes both counselors and those who prescribe

medications. The FCNs working in rural Appalachia are in a unique position to provide nurse-led access to care points within rural faith communities. These communities serve as access points for members to receive education and referral support related to mental health needs, as can others from outside the congregation. Community-based health fairs, facilitated by FCNs, can facilitate discussion and enhance communication among community members who are struggling with mental health conditions.

Conflicts of Interest

These authors declare no conflicts of interest.

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