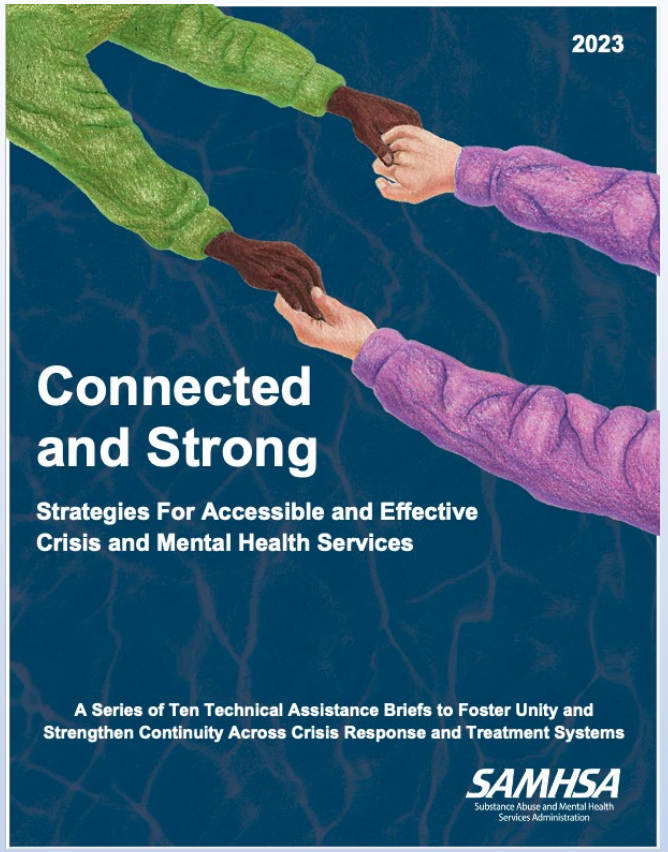
Connected and Strong

Strategies for Accessible and Effective Crisis and Mental Health Services

1. Unity Agenda and Connected and Strong Services
2. Peer Support across the Crisis Continuum
3. Growing and Strengthening BH Workforce
4. Medical Approaches to Mental Health and Substance Use Crisis Encounters
5. Innovative Uses of Technology to Enhance Access to Services within the Crisis Continuum
6. 988 and 911 Interoperability: Leveraging Strengths and Opportunity
7. Facilitating Rapid Access to Outpatient Mental Health and Substance Use Care
8. Increasing Equitable Access to Care for Co-Occurring Mental Health and Substance Use Disorders
9. Intersectionality: Faith, Mental Health, and Community Partnerships
10. Long COVID and Vulnerable Populations



Pinals DA, Schofield GB. Connected and Strong NASMHPD 20203

NASMHPD

Technical Assistance Paper #9: Intersectionality: Faith, Mental Health, and Community Partnerships

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Intersectionality: Faith, Mental Health, and Community Partnerships

Definitions

- *Spirituality* refers to the part of the human experience related to the transcendent, the sacred, or ultimate reality and is related to values, meaning, and purpose in life.
- *Religion* is the system of beliefs and practices related to the sacred or divine followed by a community or social group.

Moreira-Almeida, Sharma, et al. http://religionandpsychiatry.org/main/wpa-position-statement-on-spirituality-and-religion-in-psychiatry/

Intersectionality: Faith, Mental Health, and Community Partnerships

"Many people reach out to faith leaders when struggling with mental health issues for themselves or their loved ones. This is particularly true of the African American community due to distrust in the medical profession and because there are few African American mental health practitioners or resources that represent the African American experience. The long history of African American churches in the United States makes them a logical resource for their communities."

—Pastor Veron Blue,
Family Life International Ministries

Intersectionality: Faith, Mental Health, and Community Partnerships

- **Highlights:**

- Religion is either very important or somewhat important in the lives of 66% of US adults.
- Religion and spirituality offer a protective factor against mental health conditions and suicidality.
- Faith leaders are more often approached about mental health concerns in minoritized communities, including Black/African ancestry, Alaska Native, and American Indian communities, and in rural areas where fewer resources exist.
- Faith leaders hold positions of power and influence in their communities and are well-positioned to engage in stigma-free initiatives and mental health advocacy.
- Faith leaders may require additional training to fully support historically underserved and at-risk groups, such as youth and individuals who identify as lesbian, gay, bisexual, transgender, queer and other identities (LGBTQ+). Faith leaders are well positioned to—and should—engage intersectional identities.

Smith GA: Pew Research Center, 2021. https://www.pewresearch.org/religion/2021/12/14/about-three-in-ten-u-s-adults-are-now-religiously-unaffiliated/
Rosmarin DH, et al https://doi.org/10.1016/S2215-0366(20)30048-1
Wang PS, et al: https://doi.org/10.1111/1475-6773.00138

Intersectionality: Faith, Mental Health, and Community Partnerships

Recommendations for Policymakers:

1. Educate on faith and culture and recognize that faith-based services are an important part of recovery and well-being for many people experiencing mental health conditions. As a component of well-being, individual faith should not be overlooked in designing behavioral health support programs, including crisis services.

2. Foster incorporation of faith and seek funding for initiatives that do this. Such initiatives can include training faith leaders on topics such as:
   - mental health and substance use,
   - suicide prevention, and
   - faith leaders' role in supporting mental health in their communities.

3. Engage faith communities to identify gaps in existing mental health resources and as an opportunity to create connections to mental health services in the community, including in potentially minoritized communities, such as LGBTQIA+ and Black, Indigenous, and people of color (BIPOC) communities.

4. Incorporate faith leaders into the design, implementation, and promotion of the 988 Suicide & Crisis Hotline and the expansion of related crisis-response services, like mobile crisis response, that provide an alternative to law enforcement interactions. As part of this work, faith leaders should encourage community members to serve as crisis counselors at local 988 call centers to ensure that the crisis workforce is representative of the community it serves.

5. Consider the value of qualitative metrics in mental health service and program evaluation and incorporate information from the experiences of faith communities since quantitative evaluation metrics often miss the reasons why community behavioral health services are not utilized by or helpful to historically underserved communities.

6. Work with faith communities to incorporate and expand the availability of peer-to-peer support, which offers a resource for compassion and hope from those with similar beliefs or backgrounds.