MENTAL HEALTH CARE IN RURAL MINISTRY

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THE 10 MINUTES IN 10 SECONDS

1. Touch on some research on clergy life in rural and regional North Carolina

2. Explore some research findings on mental health and life in rural and regional Australia

3. Draw some connections between the two

4. Propose some ways forward for healthy living and ministry

GENERAL OBSERVATIONS

'Research over the past decades has demonstrated that clergy, like many professionals, face a great deal of job-related stress. Studies have shown that clergy often face high demand on their time, a lack of privacy, pressures from frequent relocation, and criticism from church members…Such stressors can lead to physical and mental health problems if clergy do not have sufficient social and personal resources to manage them effectively…understanding the patterns of stressors and resources in pastoral work is an essential first step in creating healthy work environments for clergy' (Miles & Proeschold-Bell, 2012, pp:23-24).

MILES & PROESCHOLD-BELL, 2012

1,373 United Methodist Church clergy in North Carolina

Increases in stress

a. Fewer rural pastors take a day off per week
b. More likely to have responsibility for multiple congregations
c. Shoulder pastoral responsibilities alone
d. More visible and in greater contact with parishioners
e. Salaries lower than non-rural clergy

Decreases in stress

a. Higher levels of social support
b. Feel slightly less lonely in their work
c. More visible and in greater contact with their parishioners
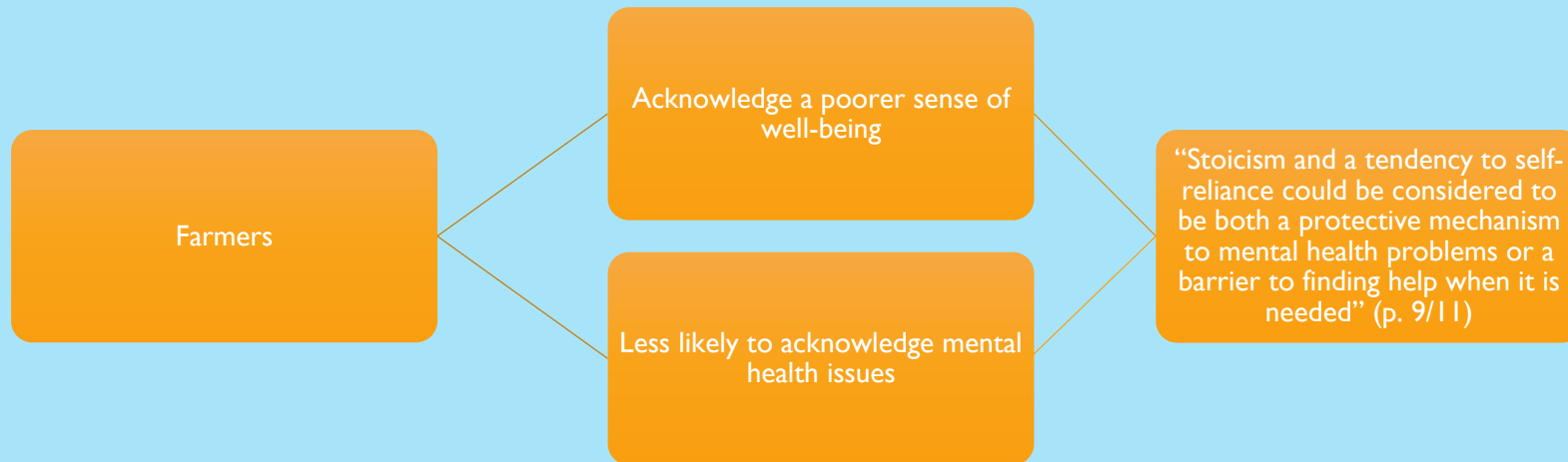
MENTAL HEALTH – REGIONAL, RURAL, & REMOTE

1. Higher rates of death by suicide in rural settings, especially for men (2001 – 2010)

    a. 13.3% lifetime prevalence of suicidal ideation

    b. 3.2% lifetime prevalence of attempted suicide

    c. 12 month: suicidal ideation increases in single people, moderate psychological distress, financial adversity, & history of psychiatric disorders

    d. Lifetime ideation: being single, aged between 45 and 64 yrs of age

2. "strategies to target prevention and early detection of psychiatric disorders are particularly relevant to suicide prevention" (Inder et al, 2014, p: 20)

MENTAL HEALTH – REGIONAL, RURAL, & REMOTE

Brew et al (2016) – *The health and wellbeing of Australian farmers: a longitudinal cohort study*

1. Physical health in rural and remote Australia is, in general, poorer

2. Usage rates of mental health services decreases with increasing remoteness

3. Factors impacting on farmers physical and mental health:

   a. Long hours

   b. Physically demanding work

   c. Social & geographical isolation

   d. Less like to take vacations

   e. Less likely to retire

MENTAL HEALTH – REGIONAL, RURAL, & REMOTE

Farmers

Acknowledge a poorer sense of well-being

Less likely to acknowledge mental health issues

"Stoicism and a tendency to self-reliance could be considered to be both a protective mechanism to mental health problems or a barrier to finding help when it is needed" (p. 9/11)

MENTAL HEALTH – REGIONAL, RURAL, & REMOTE
PROTECTIVE FACTORS

Novello, Stain, Lyle & Kelly (2011) – Psychological distress of rural parents: Family influence and the role of isolation.

- "Research focusing on the mental health of farmers reported that for men being married appeared to be a protective factor, while the opposite was found in the case of women. However, other research has found spousal support to be a protective factor for both male and female farm residents" (p. 27)

MENTAL HEALTH – REGIONAL, RURAL, & REMOTE
PROTECTIVE FACTORS

Kutek, Turnbull, & Fairweather-Schmidt, (2011): Subjective well-being, social support, sense of community, benefits of enhancing informal networks.

- The importance of "informal means of support promoting well-being among rural men" (p. 20)

  a. Social support and a sense of community contribute to a greater sense of well-being

  b. Social support and community reduce the impact of stress on a sense of well-being

  c. Perceived stress mediates the effect of social support and sense of community on well-being.

MENTAL HEALTH – REGIONAL, RURAL, & REMOTE
PROTECTIVE FACTORS

Boyd, Hayes, Wilson, & Bearsley-Smith (2008): *Harnessing the social capital of rural communities for youth mental health: An assess-based community development framework*

"Social capital is fundamentally an ecological characteristic. Its definition includes a host of overlapping constructs, including social trust / reciprocity, social cohesion, sense of community and social participation…social capital is the 'glue' that holds society together" (pp. 189-190)

"Psychological sense of community involves a feeling emotional connection, the belief that one's needs are capable of being met within the community and a sense of belonging or mattering to the community" (p. 190).

"Rural communities have been characterised as socially proximate or 'close knit', and rural people are said to share traditional values of hard work and cooperation" (p. 190)

"Rural youth, particularly women, experience a sense of belonging and connection to community and are convinced of the principles of reciprocal support" (p. 190).

PRACTICAL TIPS

1. Immerse yourself in the context of 'social capital'

   a. E.g., Rotary, Lions, Apex, Probius, bowls

2. Befriend your local GP and organise for three/four monthly appointments

3. 20mins exercise spots three to four times per week

   a. E.g., fast walking, swimming

4. 10 – 15mins mindfulness/contemplation three to four times per week

5. Ensure that clergy and religious know how to cook five or six simple meals

PRACTICAL TIPS

5. Develop good sleep-hygiene practices
   a. Try for the same bed-time each night
   b. Eat three hours before going to bed
   c. Don't work in your bedroom
   d. Have 20mins between TV / work and going to bed
      I. Clean your teeth
      II. Do your mindfulness
      III. Turn the lights off around the house

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