"OH YE OF LITTLE FAITH" Delivery of Culturally Competent Mental Health Care to Evangelical Christians

Rhonda Mattox, MD

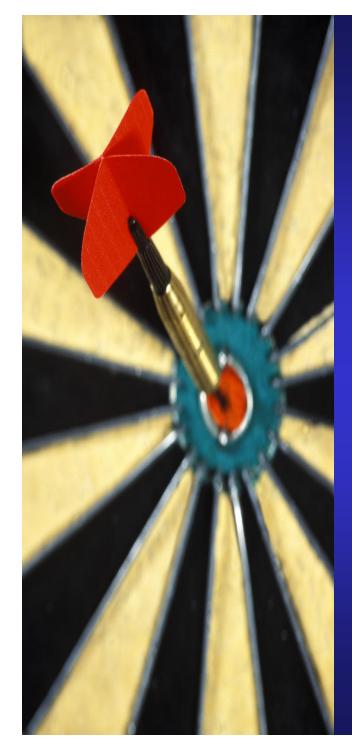
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OBJECTIVES

Explore diff explanatory models (EM) of emotional symptoms in the evangelical community Evaluate the implications of EM as barriers to Rx Describe options to integrate strengths and positive aspects of faith into treatment plan

MENTAL HEALTH: Culture, Race, and Ethnicity (2001)

Call to provide appropriate and accessible mental health services to all regardless of race, ethnicity, culture, religion, sexual pref, etc (Supplement to the Landmark Mental Health: A Report of the Surgeon General 1999) Challenges state mental health agencies to develop culturally competent supports and services to diverse groups

SIGNIFICANCE

- 1/3 individuals believed to need formal mental health treatment receive it (Surgeon General, 2002)
- Individuals are more likely to approach a religious leader to address mental symptoms (Sprangler, 2001)
 FBL play a pivotal role in influencing

health care seeking behaviors UAMS (Campbell, 1999) PSYCHIATR

ONE NATION UNDER GOD

- Evangelical/Born-Again: 35 % (over 102 million people in 2003.) Gallup polls
- 41 percent of the population identifies as Born-Again using a broad definition

Only 8 percent accept all the tenets in a list of strict conservative doctrinal beliefs.

EVANGELICAL CHRISTIAN (FUNDAMENTALIST)

 Not dependent upon church attendance or the denominational affiliation of the church attended.
 Respondents were <u>not</u> asked to describe themselves as "evangelical."



EVANGELICAL CHRISTIAN (FUNDAMENTALIST)

The Bible contains no errors.
The virgin birth of Jesus is literal.
Jesus died on the cross to atone for sin.
The bodily resurrection of Jesus is literal.
Jesus will literally, bodily return to earth.
The Biblical miracles are authentic.

EVANGELICAL CHRISTIAN (FUNDAMENTALIST)

Wide range of beliefs and practices One crude identifying factor may be the client's attitude towards the church, pastor, and Bible. Language may be used that indicates a view of the church and/or pastor as an authority in the client's life.



Religious leaders are viewed as credible although their training in counseling is diverse and frequently is limited.

INSPIRATION

 Clinical practice in the Bible Belt
 Personal encounters in faith communities
 Research findings

SIGNIFICANCE

 Limited information is available about what religious leaders are saying about mental illness.
 Antidotal evidence suggests that differing and conflicting models

explaining MI exist



METHODS

♦400 televised sermons videotaped over 3 months daily except Saturdays during primetime hours on 2 Christian channels ♦100 random sermons were viewed by PI and 1 member of research team





METHODS

♦40 Sermons containing references to physical* or MI* were transcribed After sermons were transcribed, they were entered into Ethnograph, a data management system ♦2 of 4 coders reviewed each sermon transcript UAMS Themes identified

FOR MEDICAL SCIENCES

EXPLANATORY MODEL Exploring the EM of illness increases insight into patients and families (Anthropologist Arthur Kleinman) Ask What, Why, How, and Who questions



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EXPLANATORY MODEL

- > What do you call the problem?
- > What do you think the illness does?
- >What do you think the natural course of the illness is?
- > What do you fear?
- >Why do you think this illness or problem has occurred?
- > How do you think the sickness should be treated?
- > How do want us to help you?
- > Who do you turn to for help?
- > Who should be involved in decision making?



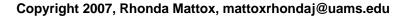
Etiology (relationships, faith, LOC, etc)
 Management (talking, thinking, prayer, etc)
 Attribution of symptoms (sin, temptation, etc)
 Content versus interpretation
 Implications for treatment plan UAMS

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CHIATRY

TREATMENT PLAN

Develop with patient and family* after taking a spiritual history Explore barriers at the onset of treatment and utilize different approaches to minimize barriers ■ When appropriate and desired, integrate strengths and positive elements of faith UAMS Examples



Blessed (happy) is the man that walketh not in the counsel of the ungodly . . . Psalms 1, KJV

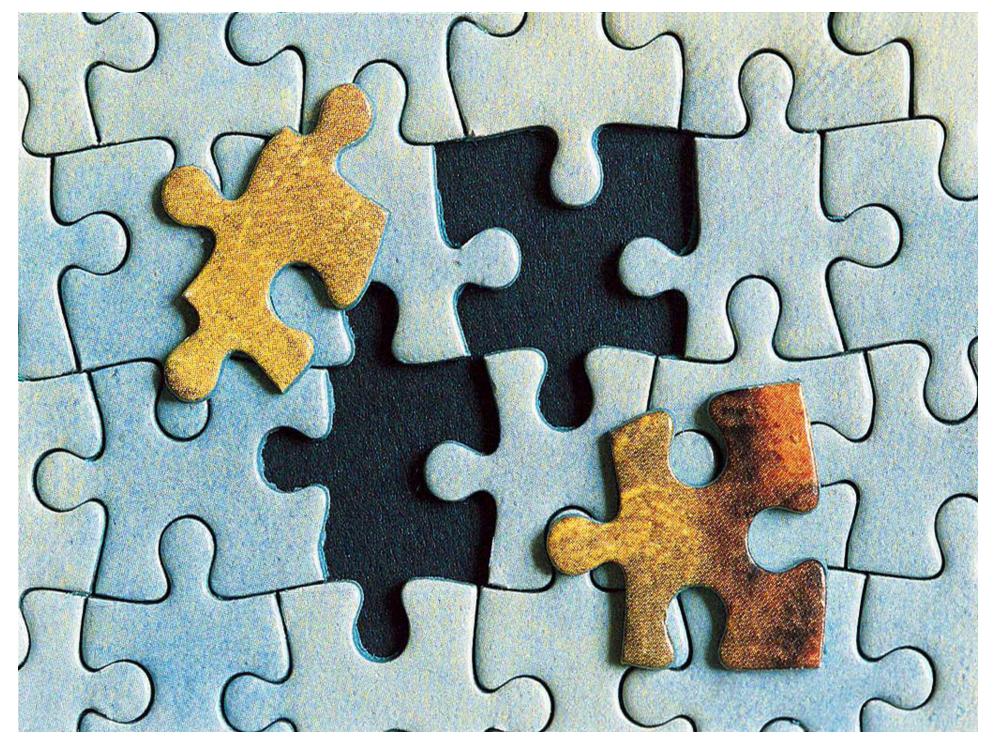
THE UNGODLY

 Psychiatrists were less likely to classify themselves as Protestant or religious and more likely to classify themselves as spiritual but not religious



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