

Building Partnerships With Rural Arkansas Faith Communities to Promote Veterans' Mental Health: Lessons Learned

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What Is the Purpose of This Study?

- To describe the development of a multisite program to partner rural clergy and academics in three Arkansas sites to improve access to formal mental health care for Veterans.
- To describe how a common goal and approach across sites can result in unique local programs when a participatory process is used.
- To assess aspects of the partnerships formed in this way, following Naylor's model.

What Is the Problem?

- Many returning veterans with mental health needs fail to seek formal treatment for their problems. Veterans in rural areas of the South, in particular, may turn to clergy or faith communities for help.
- Clergy and clinicians need to cooperate to serve these veterans.
- A mental health-clergy partnership program could help clergy and clinicians cooperate to serve veterans.

What Are the Findings?

- Significant partnerships were formed at each site.
- Partnerships launched programs to benefit veterans and families, although in some cases the focus on mental health was not emphasized.
- Programs and challenges to the partnership differed at each site.
- The goal of assisting veterans with mental health needs may have been a key to the success of the program in all the sites.

Who Should Care the Most?

- Clergy and mental health providers serving veterans in the rural South.
- Academics seeking to form community partnerships in rural communities.
- Veterans service organizations.

Recommendation for Action

- Many educational programs for community members are developed and delivered in a "top-down" way with the assumption that "one size fits all." Leaders of such programs should consider using a participatory model, which is likely to result in appropriate tailoring of local programs and greater sustainability.