Preventing and Reducing Stigma:
Faith Leaders

Why Does it Matter?
Most Americans are part of a religious institution, which is the first point of contact for those seeking help with a mental health or substance use problem.

Religious institutions offer support for these individuals in an environment that respects their culture and values, with some studies finding that religious involvement is a protective factor for mental health and substance use.

At the same time, religious beliefs about mental illness and substance misuse can lead to stigma, shame, and isolation if the illnesses are viewed as the result of sinful behavior or lack of faith.

The role of religious institutions in supporting individuals with mental health and/or substance use depends on a complex mix of factors related to the population, religious beliefs, severity of distress, and coordination between the religious institution and formal treatment services.

What is the Impact?
- Reinforcement of mental health stigma within some religious institutions creates an obstacle to help-seeking behaviors and is linked with lower use of professional mental health services.
- While faith leaders are sought out frequently for help with mental health and SUDs, they may have little or no training, limiting their ability to recognize and address these issues.
- Inversely, many mental health clinicians lack training in religion and spirituality, which are important in treating members of communities disproportionately affected by mental illness and substance use.
- Lack of coordination between religious institutions and professional services can contribute to inadequate professional care among people who may benefit from it.

What Can We Do?
- Acknowledge the potential of faith-based communities to reach broad populations that may not readily access professional services.
- Create and implement a faith-based mental health literacy intervention. This can build awareness and educate faith communities about mental health and substance use to reduce stigma.
- Consider efforts to train clergy in evidence-based mental health and SUD interventions.
- Train clinicians to value the spiritual practices and support that religious institutions provide, while also recognizing that some religious beliefs may serve as barriers to receiving care.
- Develop partnerships between professional providers and faith communities that will facilitate referrals to professional services, encourage individuals to stay in treatment, and provide better coordination of formal and informal sources of care.
- Ensure that all efforts utilize a community-based participatory approach so that responses are culturally responsive and contextualized for the local community.

www.pttcnetwork.org/greatlakes
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Resources

Online Learning: Addressing Stigma and Substance Use Disorders: A HealtheKnowledge Course

Web page: Great Lakes PTTC, Preventing and Reducing Stigma

Podcast: Spotlight on Stigma Series: Faith Leaders

References


