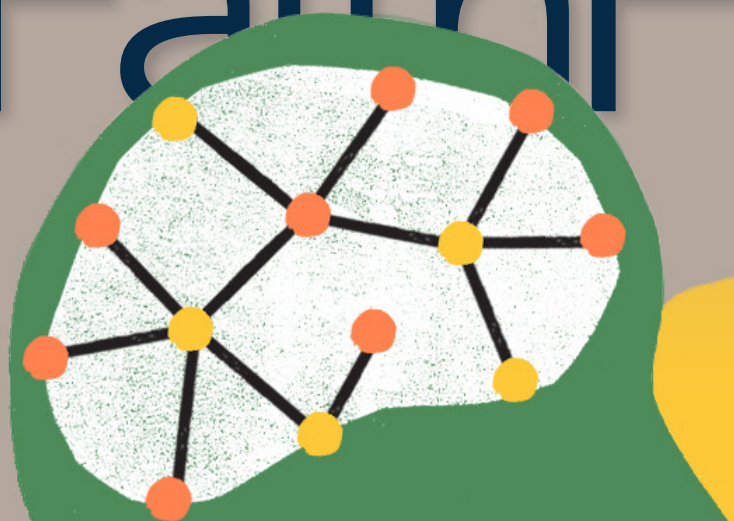


FaithHealth

Spring 2020



pg 4 \ **Mental Health:
How to Help Someone
You Care About**

pg 6 \ The Road to Recovery

pg 8 \ What to Look For

pg 12 \ CareNet Counseling

Examining 'Mental' Health at the Intersection of Faith, Science and Compassion

The Division of FaithHealth lives on what looks like the edge of the millions of square feet in which many thousands of skilled technicians perform what look like miracles every day. Our offices are on the other side of the medical campus from where the ambulances scream into the emergency room and where the helicopters bring in those on the very edge of their last chance. If you look at the old black-and-white pictures of the hospital called "The Baptist," you'll notice that "Old Main"—the very first bricks of what eventually became many millions—sat exactly where we now sit, right by Davis Memorial Chapel.



Rev. Gary R. Gunderson

We will soon celebrate the 100th anniversary of the chartering of this hospital on Dec. 18, 1922. But in this issue, you can see that the past still illuminates our future. What the committees of Baptists were thinking about as they were laying the foundations was the way that their most mature values formed in faith—mercy, compassion and justice—could express themselves through partnership with the constantly emerging science in service of those who need it most. That founding vision—and today's greatest hope—lies at the intersection of faith, science and compassion to prevent and alleviate the heavy burden of suffering of too many of the people God so loves.

This issue explores what we used to think of as "mental" health. We put it over on the edge of the hospital partly because the complexities of emotion, depression, anxiety and the more mysterious conditions of psychiatry defy our understanding. We now understand these ancient paths of suffering to be increasingly common. And far from being separate from the biomedical conditions treated elsewhere in the hospital, we now see that experiences of trauma and emotional shock create patterns of disease, such as diabetes and heart ailments, decades later. We are only now learning the impact of the coronavirus on mental health challenges. Emotional well-being and resilience may be the thread that ties it all together. Linked research is also finding the deep relationship between things we call "mental" and those we call "spiritual" and those we call "social." Truly, we are complex and wonderfully made, as the Psalmist celebrated.

This issue also invites us beyond trying to balance the portfolio of diseases and pathologies. Should we organize ourselves to be more afraid of opioids, diabetes, AIDS, smoking or the latest virus? There is another way, especially for those anywhere near congregations—the way of life. Just as there are leading causes of death, there are leading causes of life. Even in these days when so much drives us apart, that's the balance that works generation after generation.

Shalom. We're open for healing.

Gary Gunderson, MDiv, DMin, DDiv
Vice President, FaithHealth



FaithHealth

Contents \ Spring 2020

- 4

Mental Health: How to Help Someone You Care About with Mental Illness
- 6

The Road to Recovery: The Next Steps
- 7

Breaking Through the Walls of Stigma
- 8

What to Look For
- 9

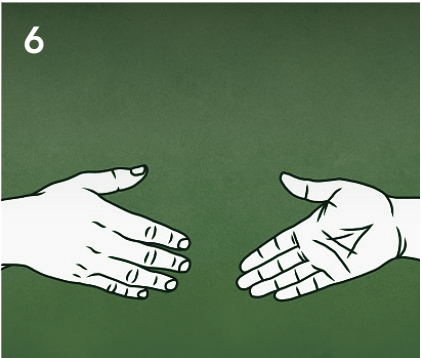
Leading Causes of Life and Optimal Mental Health
- 12

CareNet Counseling: A Community Mental Health Resource for Nearly 50 Years
- 15

CareNet Counselor Profiles
- 17

Shared Medical Appointments equals Shared Knowledge
- 19

FaithHealth is Now a Podcast
-



FaithHealth magazine is published by the Division of FaithHealth, Wake Forest Baptist Health.



WHERE TO START: How to Help Someone You Care About with Mental Illness

BY MELANIE RASKIN

Twenty-something Olivia was feeling flat, off and drinking to feel better—drinking a lot. Lethargic, with memory loss, confusion and no desire to eat, her feelings of hopelessness spiraled into thoughts of self-destruction. She had been depressed for months before anyone realized it. Luckily, her family members figured it out in time. But then came the hard part: *What should they do about it?*

According to NAMI, National Association of Mental Illness, one in five adults in the United States experience mental illness; for one in 25, it's serious. Mental illness costs the nation billions of dollars annually in lost wages, health care expenses and disability. But the human cost to the person with mental illness—and their families and friends—can be devastating.

Bill Lindsey, executive director of NAMI South Carolina, said an important first step in getting loved ones the help they need is to remove the stigma—and that starts with attention and education.

"This is an equal-opportunity illness; it happens to everyone," he said. "It can be difficult to find the right clinician, therapist and medicines, but there is hope. When you hit that right combination of treatments, 85% of people with mental illness have good outcomes and live productive lives. Research and development for diseases of the brain trail a good bit behind work in heart disease and cancer. For some reason, we treat the most important organ in the body differently. We tell people with mood disorders to pick themselves up by the bootstraps, to get well on their own.

We never hear those words when someone goes to the ER with a heart attack. Sometimes, the brain needs help. That stigma's got to go."

He's right. Dealing with the mental illness of a loved one is hard enough without the judgment of society. And it's absolutely mind-boggling the first time you come face-to-face with it. Symptoms can range from dramatic personality changes, erratic behavior and hearing voices to substance abuse, difficulty with daily activities and an inability to get out of bed. It's hard to see someone you care about hurting.

It's even harder to realize you don't have the first clue what to do about it. How can you help? Who can you call? The following tips on how to navigate the mental health system can empower you to provide the support your loved one needs—immediately and for the long term.

It can be difficult to find the right clinician, therapist and medicines, but there is hope.

Actions you take to support your family or friend with a mental illness:

One / Contact your doctor. Your family doctor may be able to recommend resources that can help. Mental health has an impact on overall health: A physical checkup is a vital part of the assessment. Remember, although health care providers can prescribe medication, they can't treat the root cause of the mental illness. For the best results, ask your health care provider to partner with a mental health specialist to design a treatment plan.

Two / Call your health insurance company. Ask for three referrals of mental health professionals in your area who accept your plan. Set up an appointment as soon as you can.

Three / Ask your friends. Most people have only a degree or two of separation from someone with mental illness. Talk to trusted loved ones to get recommendations for professional help.

Four / Call a mental health professional. Find a trustworthy, knowledgeable person trained in mental health care in your county's clinic, the neighborhood hospital, private practice, an inpatient facility, or the loved one's school or college. Set up an appointment as soon as possible, and ask to be placed on the cancellation wait list so you can get in more quickly.

Five / Consult your clergy. Clergy are often widely networked and may be able to suggest additional support. Some are trained to provide counseling that can be of help.

Six / Explore your state's mental health department. The North Carolina Department of Health and Human Services Mental Health Services and the South Carolina Department of Mental Health (contact information below) offer excellent resources for citizens.

Seven / Learn. This should probably be No. 1 on the list. Don't wait for a crisis; research the symptoms and behaviors you are seeing so you have a clear handle on what is going on, how to tackle it and whose support you'll need. Organizations such as NAMI have a wealth of resources, from support groups and mental health walk-in units to housing and community inclusion.

What to do if the person you care about is suicidal:

Eight / Call the National Suicide Prevention Hotline at 1-800-273-8255. Suicide has moved to the second-leading cause of death for children age 10 to 18. Treat it seriously. Trained hotline counselors are available 24/7 to support your loved one in a crisis situation.

Nine / Call 911. If the person you care about has a plan to hurt herself or others, call for intervention. Ask for a

CIT (crisis intervention team) officer, if one is available. Calmly explain what the crisis is, so the police and EMTs have all the information they need to respond appropriately. They can transport your loved one to the hospital for evaluation or check on a person you suddenly can't reach.

Ten / As a last resort, you can take your loved one to the Emergency Department, particularly if they are incoherent, obviously distressed or seem to be a danger to themselves or others. Hospital EDs can be a direct link to both inpatient (long-term) and outpatient (short-term) treatment. Although ED physicians are not specialists in mental health care, they can help in an emergency situation, especially if someone you care about may be on the brink of hurting himself or others. Keep in mind, though, that ED visits are costly and often frightening to someone with an acute mental illness, so this isn't a first choice.

Remember, take a breath and take care of yourself, too. Of course, it's easier to take that breath if you know your loved one is getting the right support.

Virginia Rodillas, MS, CFLE, manager of NAMI North Carolina's Helpline, noted that diagnosing a mental illness isn't straightforward.

"It's not a blood test and can be unique and overlap with other diagnoses; early intervention and treatment are vital, and can deliver the best outcomes," she explained. "While what's happening can be confusing, act. The sooner you get your loved one with mental illness on the path to recovery, the faster and better that recovery may be."

The key takeaway? Everyone is unique: there is no cookie-cutter treatment. Therapy can include any combination of counseling, medication, social support and education. The most important thing you can do is learn as much as you can about mental health and take steps when needed.

THE ROAD TO RECOVERY:
The Next Steps

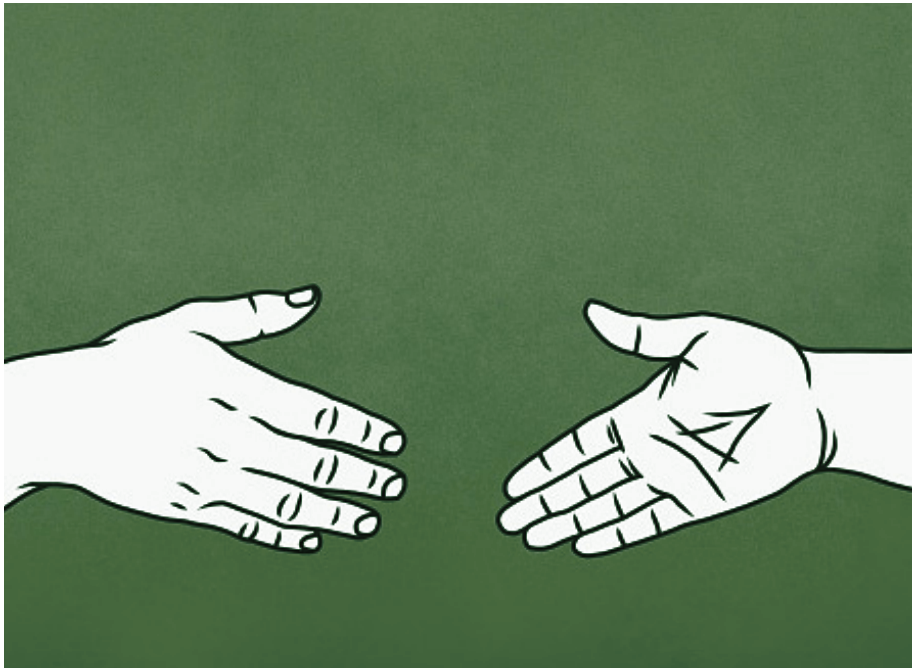
You’ve done your homework: You’ve researched your loved one’s mental illness and you’re finding support—from education to housing, advocacy to support groups. The person you care about is on the road to recovery. *Now what?*

According to Virginia Rodillas, MS, CFLE, and manager of National Alliance on Mental Illness North Carolina’s Helpline (NAMI NC), the next steps along the recovery journey are equally important—for both your loved one and for you.

“It is crucial that you are functioning at a level to be able to be supportive of and an advocate for your loved one,” she said. “Maintaining your own mental health is important. NAMI has resources for families, including evidence-based education classes that are very specialized. Many people are in the sandwich generation—they find themselves taking care of children and parents, plus handling daily life. Compound all that with a loved one experiencing mental illness, and it can be hard. Remember, make sure your needs are being met, too.”

The stress of caring for a loved one with mental illness can show up in different ways, according to NAMI: headaches, low energy, insomnia, stomach problems, aches and pains. There’s a reason that flight attendants advise airline passengers to put on their own oxygen masks first during an emergency: You have to be functioning at 100% before you can help others.

Luckily, there are plenty of self-care strategies that can keep you feeling strong:



- Learn as much as you can about your loved one’s condition. Knowledge is power. And not knowing what you don’t know can be terrifying.
- Exercise and stay active. Whether it’s taking an aerobics class or taking the stairs at work, daily exercise produces stress-busting hormones that boost overall health.
- Commit to healthy eating to fuel your body and stabilize your mood and energy.
- Prioritize the right amount of sleep: seven to nine hours a night. Never doubt the refreshing impact of a 15-minute power nap during a busy day.
- Don’t count on drugs or alcohol to relieve stress—they have the opposite effect.
- Maintain your social activities and network. Now more than ever, you need your girls’ night out, your church, and your pick-up basketball game.
- It’s OK to live your life, too. Pursue

your hobbies, take a bubble bath, read a great book, binge-watch your favorite show.

- Be mindful of your own mental health: Focus on something positive each day, let go of the guilt if you’re having a bad day or feeling negative or resentful, ask for help when you need it ... and even when you don’t.
- Remember, you are not alone. Millions of people in the U.S. are living with mental illness—both the person and their families and friends. You can do this.

According to Rodillas, when you feel strong and supported, you can help the person in your life on a mental health journey feel strong and supported. These tips for walking that path together can help:

- Study up on the condition, so you know what to expect and have strategies for reacting and supporting your loved one.
- Show interest in the treatment plan.

- Encourage your loved one to follow the plan.
- Strive to create an atmosphere of cooperation in the family.
- Listen to each other.
- Resume normal activities and routines.
- Keep everyone safe—your loved one and yourself.
- Prepare a crisis plan, just in case (psychiatric advance directive).
- Express your support out loud ... and often.

Rodillas feels the last tip is the most crucial. “Don’t give up,” she advised. “Yes, it can be hard, but there are resources that can help your loved one and you. Use those resources to stay healthy. And always remind your loved one you are with them and won’t ever give up.”

Resources to Learn More About Mental Illness and Mental Health

NAMI NC:
www.naminc.org
Helpline: 1-800-451-9682

NAMI SC:
www.namisc.org
Helpline: 1-800-788-5131

NAMI National:
www.nami.org
Helpline: 1-800-950-NAMI

North Carolina Department of Health and Human Services Mental Health Services:
www.ncdhhs.gov/divisions/mhddsas

South Carolina Department of Mental Health:
www.scdmh.net

BREAKING THROUGH THE WALLS OF STIGMA

“If only I’d known...” is the lament of family and friends of people with mental illness. Bill Lindsey, executive director of National Alliance on Mental Illness South Carolina (NAMI SC), believes eliminating the stigma around mental illness is a good first step to eliminating those words.

“Unfortunately, as big as NAMI is as an organization and as prevalent as mental illness is in the U.S., with one in five people affected by it, we still have so many who find us only because of a crisis,” he explained. “We need to get the word out on how well treatment can work. Eighty-five percent of people with mental illness go on to live productive lives, with the right treatments. It can be life-changing: the more we learn and share about mental illness, the faster we can remove the stigma.”

NAMI SC has been breaking through the walls of stigma over the last three years with a new education program for middle- and high-schoolers called Ending the Silence. The program exploded in South Carolina, with more than 45,000 students participating to date.

“The reason it’s growing so fast is because students want to know if they or their friends are having symptoms of mental illness or suicidal thoughts,” Lindsey said. “The sooner people can find out, the better off they can be. Today’s suicide rate is extremely high. Children may not tell a parent, teacher or doctor, but they will tell a friend. And if that friend knows what to look for

and how to help, we can turn this whole conversation around on the suicide rate of this age group.”

Suicide is the second-leading cause of death in children ages 10 to 18. Twenty-five percent of mental illness happens by age 14; 75% of it happens by age 22. Lindsey is passionate about breaking the silence.

“It’s unfathomable,” he pointed out. “We’re at about 128 suicides a day in the U.S. right now. Imagine if a jetliner went down every day with 128 people on board. The FAA would shut down that airline immediately and fix the problem. We’re not seeing the same front-page, front-line response, and we should be. This is a huge problem. We have the opportunity to do some good and make a difference. So we are.”

Many factors contribute to the silence about the complex problem of mental illness: the need for more good clinicians and support systems, access to the right medication properly prescribed by the right medical professional, housing and access to work. But Lindsey believes the more people who are willing to speak out, the closer we will come to ending the stigma and changing the story.

“Things don’t improve unless we are involved and advocate for it,” he stated. “As executive director of NAMI SC, I spend a lot of my time at our Statehouse lobbying for legislation that will help. And it’s working because this is not a political issue, it’s an equal-opportunity illness that affects everyone. There are so many stories to tell. We believe the more people who learn and share about mental illness, the more of a difference we can make.”



What to Look For

People can experience different types of mental health problems. These problems can affect your thinking, mood and behavior.

Anxiety Disorders

People with anxiety disorders respond to certain objects or situations with fear and dread. Anxiety disorders can include obsessive-compulsive disorder, panic disorders and phobias.

Behavioral Disorders

Behavioral disorders involve a pattern of disruptive behaviors in children that last for at least six months and cause problems in school, at home and in social situations. Examples of behavioral disorders include attention deficit hyperactive disorder (ADHD), conduct disorder and oppositional-defiant disorder (ODD).

Eating Disorders

Eating disorders involve extreme emotions, attitudes and behaviors involving weight and food. Eating disorders can include anorexia, bulimia and binge eating.

Mental Health and Substance Use Disorders

Mental health problems and substance abuse disorders sometimes occur together.

Mood Disorders

Mood disorders involve persistent feelings of sadness or periods of feeling overly happy, or fluctuating between extreme happiness and extreme sadness. Mood disorders can include depression, bipolar disorder, seasonal affective disorder (SAD) and self-harm.

Obsessive-Compulsive Disorder

If you have OCD, you have repeated, upsetting thoughts called obsessions. You do the same thing over and over again to try to make the thoughts go away. Those repeated actions are called compulsions.

Personality Disorders

People with personality disorders have extreme and inflexible personality traits that are distressing to the person and may cause problems in work, school or social relationships. Personality disorders can include antisocial personality disorder and borderline personality disorder.

Psychotic Disorders

People with psychotic disorders experience a range of symptoms, including hallucinations and delusions. An example of a psychotic disorder is schizophrenia.

Suicidal Behavior

Suicide causes immeasurable pain, suffering and loss to individuals, families and communities nationwide.

Trauma and Stress-Related Disorders

Post-traumatic stress disorder (PTSD) can occur after living through or seeing a traumatic event, such as war, a hurricane, rape, physical abuse or a bad accident. PTSD makes you feel stressed and afraid after the danger is over.

From MentalHealth.gov

Leading Causes of Life and Optimal Mental Health

BY TERESA CUTTS AND GARY GUNDERSON

Before there were moms, dads, kids and neighbors, viruses such as COVID-19 have tried to kill us. Today, armed with astonishing technologies, we humans can detect and monitor viruses around the world in nearly real time. We once stood and watched on a bank of screens at the Centers for Disease Control in Atlanta as concerned epidemiologists zoomed into an African village, reporting a disease outbreak. But we really don't know what viruses such as COVID-19 and any of its likely future mutations will do next in their relentless, constant and deadly innovation. And that's just viruses; there are many other categories of disease and pathology, not to mention the occasional weaknesses that come with being a hairless mammal walking around on two complicated feet and weak knees. The human journey may seem to be a story of death triumphant. But you're probably not reading this article in a cave by firelight. Humans turn out to be quite competitive with all the things trying to kill us. Our ancestors would probably not mind giving up their caves for being trapped on a virus-infected cruise ship for a few weeks.

Viruses breed wildly and mindlessly, occasionally innovating in a deadly manner. Humans have only a few children, born out of something close to love. Yes, hairless and vulnerable, but wrapped by mom, dad, family, neighbors and now vast complex social structures of faith, government and voluntary organizations, all designed to give the next generation a chance to grow. Humans thrive and adapt not so much because we are cleverly hard-wired, but the opposite. Almost nothing is hard-wired in a human; we are wired to learn, change and adapt as a social species. And not just the mother-child dyad, but at every scale from family, neighborhood, congregation, voting precinct, city, state and national government, not to mention the ever-sprawling connective internet phenomenon. That's how we live and find our way.

We live in times that many find toxic, depressing, traumatizing. Only recently have we come to grasp the long-term nature of the social bruising that many of us experience in early childhood. Far from "getting over it," these social wounds or Adverse Childhood Experiences (ACEs) affect us for decades resulting in mysterious patterns of disease and disability. These traumas

damage the heart of our most powerful human capacities to nurture and care for each other, planting weakness exactly at our greatest strength.

Almost nothing is hard-wired in a human; we are wired to learn, change and adapt as a social species.

Bryan Hatcher, our FaithHealth leader of CareNet, recently told the story of Tony, a neighbor who suffered under a poorly equipped single father who only knew the tool of violence and anger. Tony died early of diabetes after a lifetime struggle with alcohol and depression; of course, he did. Once you understand the whole complex life, it is easier to grasp that early death than it is to explain why so many other similarly wounded children do not follow the same trajectory. Early death is much easier to explain than the obvious fact that life goes on even amid traumatizing shocks. Life happens, not just death. Yet we have a far richer and ever-expanding vocabulary for our fears than our strengths. We know too much about death; what causes life?

Leading Causes of Life and Optimal Mental Health (Continued...)

For those living apart from intense daily struggle of life against death, Leading Causes of Life is one more serving of happy talk. But for those finding their way on the bitter streets of racism and poverty, the language touches the thread that holds their lives together, explains why death does not win every time and why a dream of an assassinated preacher still lives a generation after his death. The Leading Causes of Life has now resonated across many other hard streets, including those that knew apartheid in South Africa, the toxic racism of Memphis and the deep South, the atrocities of Afghanistan and radical shocks of the mentally ill in India.

Born out of obvious human suffering, the Leading Causes of Life point us toward the most important possible thing for anyone who loves anyone else—what we have to work with.

The Leading Causes of Life are perhaps most relevant in the context of those traumas we inappropriately call “mental.” Every part of the medical system—from the buildings called hospital, to specialists to insurance companies—have taught us that the category of “mental” is different and apart from the biomedical wounds and diseases. The great gift of the recent research into ACEs has utterly abolished the distinction between biological, psychological, social and, yes, spiritual phenomena. And, when viewed through the lens of the Leading Causes of Life, the ACEs helps us see the constant generative and regenerative phenomena going on among us humans.

It happened that at the very moment we were thinking of the Leading Causes of Life in Memphis, we were being drawn into the mountains of Lesotho at the request of the World Health Organization. The governments of Africa were broken to their knees by what was understood as a viral disease called HIV/AIDS. The WHO asked if religious networks had anything to offer, so a small group of researchers organized by the Carter Center at Emory University and the University of Cape Town went to ground. Our first stop was in the high

ground of Lesotho, where we quickly learned that the biomedical view of life poorly described anything, much less how HIV/AIDS worked (Lesotho had the highest incidence rates in the world). The villagers taught us that in their language it was impossible to distinguish faith from health, or health from faith. For that matter, it was impossible to distinguish people from their expansive social and ecological realities. Disease theory didn’t fit very well in Bophelo, but the Leading Causes of Life sure did.

Five Leading Causes of Life

The five leading causes of life do not recognize the sharp and unhelpful distinction between mental, physical and social wounds. Thus, it is highly relevant to preventing and managing the phenomenon called mental illness, as well as promoting and maintaining the things we call optimal mental health.

Connection has been documented since the early 20th century to be vital to human development and flourishing. Early on, babies in orphanages who were not routinely touched and cuddled were depressed, lethargic, did not thrive and often died prematurely. With advanced technology now, we see that being touched (particularly by a close loved one) when a person is going through testing like an MRI decreases anxiety and fear, regulates heart rate, relieves depression and lowers blood pressure. Social support enhances good mental health and well-being, no matter how much stress a person experiences, providing a buffer against stress. In World War II, children in London who were separated from their parents and families in order to keep them away from the German bombings, wound up being more stressed and had more subsequent mental health problems than children who stayed with their families, despite bombs falling nearby multiple times per day. In terms of the mental health of children experiencing ACEs, we know that any strong, stable relationships or connection (with a teacher, a neighbor, health provider or anyone who cares and understands the child’s triggers for acting out when exposed to toxic stress)

can mitigate against the impacts of ACEs in later life.

Coherence, how people make sense of their lives and experiences, is pivotal to good mental health, particularly in terms of resiliency or the ability to bounce back after problems. Even trauma victims as young as school-age children, in dealing with tragedies and deaths of family members after the 1989 San Francisco-Oakland earthquake, crafted their own narratives that changed to be more and more hopeful years after the quake. Similarly, Mothers Against Drunk Driving started after the tragedy of a traffic fatality, but telling that story gleaned goodness and a useful program from that tragedy. These stories aided in healing, not only individuals, but whole communities who lost loved ones to those driving under the influence. James Pennebaker’s research on self-disclosure (“getting things off your chest”) found that people who shared formerly hidden secrets showed decreases in anxiety, depression and improved immune system functioning—improvements that lasted long after stories/secrets were shared. In fact, post-traumatic growth syndrome (vs. the better known post-traumatic stress disorder or PTSD) is a phenomenon in which persons grow stronger after trauma and tragedy, as they craft their own story of healing (coherence), claim their sense of control (agency) and embrace the challenge of illness or problems as an opportunity for growth.

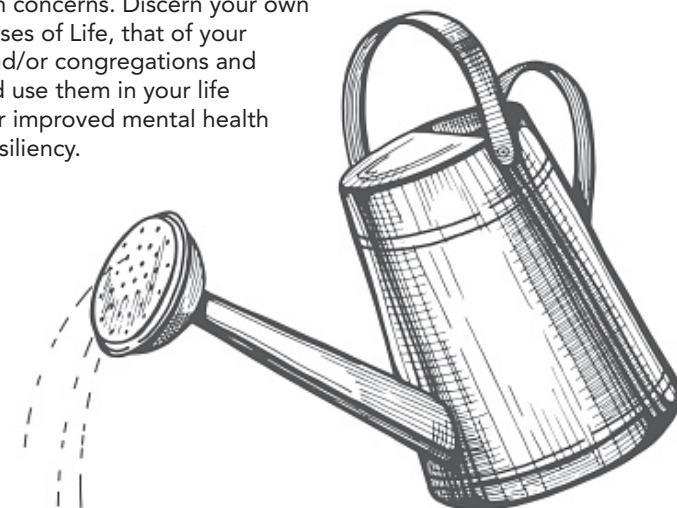
Agency, or the ability to do and act in your environment, is also critical to good mental health. Self-efficacy, or the belief that a person can make a difference in their circumstances, gives people a sense of control, a key component of resiliency. Doing something, even in limited circumstances, improves depression and anxiety levels. We know that many HIV/AIDS orphans, particularly those caring for younger siblings, in sub-Saharan Africa in the 1980s through 2000, often had few resources beyond agency that kept them going and anchored them to the future. Their refusal to be a victim was a part of their role as agents of change in their

own lives. Likewise, prisoners of war who survive often could do little but tap out codes to their adjacent cellmates or reconstruct poems and scripture on scraps of toilet paper, but these shreds of agency helped them remain sane and alive.

Blessing, or intergenerativity, often feels like a “bi-directional dose of love” from generation to generation or simply, from person to person. The Leading Causes of Life help us understand and work with the most obvious and astonishing human reality: generations, the wave of our young. As adults, our work and hope are generational. The test of everything we do with our own lives is whether we make generative choices, not only on behalf of our blood relatives, but for our neighbors and all seven billion who share our tiny blue marble. The science of psycho-neuro-immunology shows how our immune system function can be impacted by every encounter with others; encounters that feel like blessings enhance both physical and mental health. In one study, interventions of visiting and caring for others in visits three times per week decreased loneliness and depression and improved immune system functioning in those who are lonely AND those who make the visits. So, altruism, or doing good, helps both the giver and the “givee.” That effect is so powerful that even watching films of those blessing or caring for others, such as Mother Teresa, can decrease anxiety and depression and enhance immune system functioning.

Hope is a positive move toward the future, not just optimism, and plays a crucial role in good mental health. Study after study shows better cancer, cardiac and surgical treatment outcomes and improved anxiety and depression levels in those persons with higher hope levels. Something as simple as labeling a chemotherapy drug with an acronym called “H.O.P.E.” vs. “E.P.O.H.” improved cancer outcomes significantly. As Jevne puts it, “Hope is an anecdote to fear [anxiety] ... runs through all dimensions of life and is a shared experience, often grounded in community.” Jonas Salk, who figured out how to isolate and defeat the polio virus, found this soft-wiring to be the key to human hope; we could survive because we could be wise. We are not just built to resist death and disease; we are capable of emergent, adaptive life. Maybe even love and joy.

All the Leading Causes of Life make up an ensemble that can be accessed to contribute to both preventing mental health issues or coping with ongoing life stressors, anxiety, depression or other behavioral health concerns. Discern your own top Leading Causes of Life, that of your family, friends and/or congregations and communities and use them in your life journey today for improved mental health and increased resiliency.



Leading Causes of Life

Instead of focusing on deficits, pathology or death, as most medical and behavioral health providers do, let’s focus on strengths or assets and what we call the five Leading Causes of Life:

Connection

The ways people within a community in “a thick weave of relationships” that build and support trust.

Coherence

How we create meaning and purpose in life via our stories or narratives.

Agency

The “human capacity to choose and to do,” when an individual feels some empowerment and ability to affect the world.

Blessing or intergenerativity

How we as individuals sense that we are accountable to those who have come before, those who will follow and those with whom we share the invigorating journey called life.

Hope

Not just “happy talk” but a force that sustains us and enables us to continue our life, work and networking, even in the face of adversity.

Gary Gunderson with Larry Pray, from *Leading Causes of Life*, Abingdon Press

CareNet Counseling:

A Community Mental Health Resource for Nearly 50 Years

BY LES GURA

When CareNet Counseling was created in 1972, it grew out of Wake Forest Baptist Medical Center's Department of Pastoral Care and the ministry of chaplains working with patients and family members.

Today, CareNet is one of the largest hospital-based community counseling services in the nation. Its nearly 100 counselors, social workers, and marriage and family therapists work in 30 offices throughout North Carolina, taking a modernist, trauma-informed approach to mental health care.

Yet CareNet's unique commitment to spirituality as a key component in counseling remains as strong as ever.

Russell Jones, director of CareNet's Residency in Psychotherapy and Spirituality, lays out the philosophy simply.

"In my mind, everybody is spiritual," Jones says. "In the same way that everyone is physical and psychological and social, everyone is spiritual. And it's important in offering care to the whole person that we have some awareness of that dimension of human experience."

This approach is one CareNet is carrying forward nationally.

Bryan Hatcher, CareNet's president, says he is proud that the organization is training therapists in a new curriculum on spiritually integrated counseling developed by Jones, who also last year published a text, *Spirit in Session: Working with Your Client's Spirituality (and Your Own) in Psychotherapy*.

"The curriculum, approved by the Association of Clinical Pastoral Education (now formally known as ACPE: The Standard for Spiritual Care and Education), means that our counselors have the most advanced training to enhance their own life knowledge and skills," Hatcher says. "And because



*Lifting Spirits.
Holding Hope.
Moving Forward.*

the average resident in CareNet is 40 years old, they have a wealth of experience in working with clients of all ages confronting life issues ranging from addiction to anxiety, depression to grief.

"Being able to incorporate spirituality into counseling gives our team members unique skills that are critical in providing trauma-informed care."

A Rich History of Helping

Wake Forest Baptist Medical Center began providing pastoral care—chaplains supporting patients and their family members when they were hospitalized—in 1947, making it the second-oldest clinical pastoral care ministry in the United States.

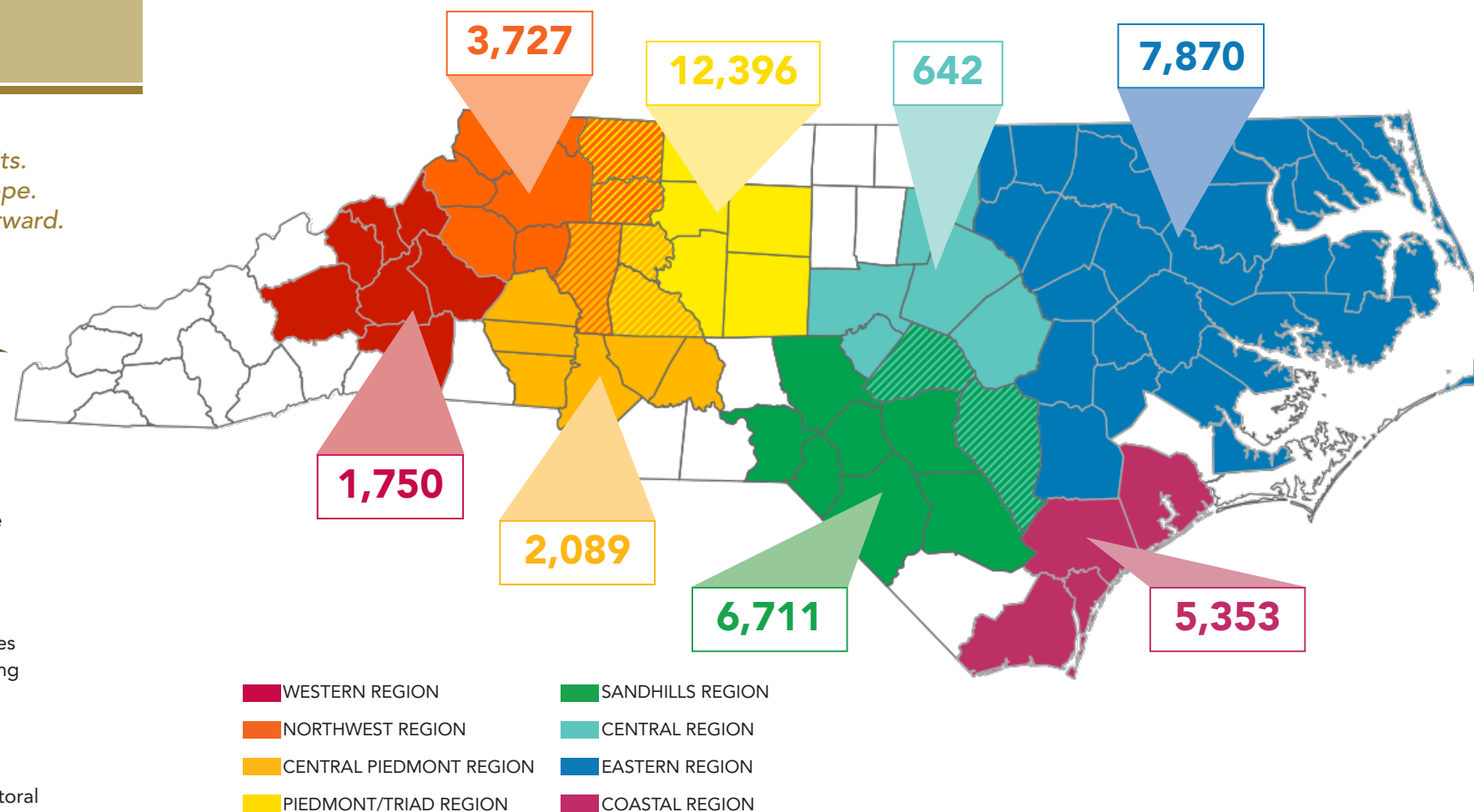
CareNet was formed by Wake Forest Baptist's Department of Pastoral Care in 1972 as a response to a need identified by pastors and faith leaders for a professional counseling organization sensitive to their followers' spiritual needs, in addition to their psychological, social and physical needs—before, during and after hospital stays.

One of CareNet's founding principles is that the organization addresses the mental health needs of the community regardless of a person's race, religion, gender or socioeconomic status.

Today, CareNet is a nonprofit, wholly-owned subsidiary of Wake Forest Baptist. It is supported by the generosity of

CareNet serves **88** North Carolina counties and **4** adjoining states.

Total client visits 2019 calendar year: **40,538**



WESTERN REGION
NORTHWEST REGION
CENTRAL PIEDMONT REGION
PIEDMONT/TRIAD REGION
SANDHILLS REGION
CENTRAL REGION
EASTERN REGION
COASTAL REGION

congregations, corporate partners, program grants and by individuals. In addition to accepting all clients with insurance, donations allow CareNet to provide free or reduced-cost care to those who qualify.

Gary Gunderson, vice president of Wake Forest Baptist's Division of FaithHealth, says when he joined Wake Forest Baptist in 2012, he saw CareNet as a unique strength.

"Traditionally, pastoral counseling occurs inside a hospital's walls. Our vision for the division is to help us recognize the need to keep people healthy outside of the hospital, using all community resources and strengths available," Gunderson says.

"The fact that we already had CareNet providing therapy to thousands of people every year, largely through word-of-mouth and referrals of Wake Forest Baptist's medical and

pastoral care teams, is testament to how well we can work inside and outside hospital walls."

In total, CareNet has about 70 certified counselors and psychotherapists, with a high value placed on integrated interdisciplinary approaches to treatment. The typical counselor has been in professional practice more than 10 years.

CareNet provided about 36,000 hours of outpatient individual, marital, family and group counseling in the 2019 fiscal year, serving clients in 88 North Carolina counties and four adjoining states. Each of its eight regional centers is supported by a local board of directors composed of community, corporate, professional and religious leaders.

Hatcher says one of the CareNet's strengths is its commitment to the communities it serves, as evidenced by the numerous

CareNet Counseling: A Community Mental Health Resource for Nearly 50 Years (Continued...)

free or low-cost educational programs it offers in a given year. For example, CareNet has sponsored training in resiliency to teachers, first responders and others at seminars in recent years. It also has conducted screenings of documentaries on mental health topics such as anxiety and social media use.

"In every way, the CareNet of 2020 remains as committed to the same core values by which we were founded 48 years ago," Hatcher says. "We continue to explore new means to promote mental health and to reduce the stigma of seeking treatment."

At the Counseling Forefront

Jones began a training program for CareNet in 2008, to fill a void created with a decline of traditional pastoral education programs in the 1990s. From the start, the training that he offers to CareNet residents—and frequently other CareNet professionals who join in different courses—has focused on the importance of trauma-informed therapy.

Jones became a trainer in a resiliency training program that has helped dozens of professional and nonprofessional caregivers around North Carolina learn to address clients' needs in a compassionate, comprehensive way. Jones also is a proponent of Internal Family Systems therapy and Sensorimotor Psychotherapy, both newer approaches to treatment for trauma.

"Being trauma informed is foundational for anybody in the field of therapy. I'm delighted that we're using the amazing resources that the therapy world has brought to bear and made available to therapists and thus clients in the last 20 years," Jones says.

Why and how the two issues—trauma and spirituality—intersect is crucial for good therapy, he says.

"Trauma is a disorder of connection and power; it disconnects and isolates us from other people, strips us of a sense of control and agency and damages our basic capacity to trust," Jones says. "Spiritual resources can be a highly significant part of helping restore people to connection, trust and power."

Hatcher says that because spirituality infuses the three other realms therapists address with their clients—physical, emotional and social health—it is a critical way to connect and has been one of the keys to CareNet's success over the years.

"We've found that the life experiences our team members bring to their work and their willingness to continue learning and growing gives us the ability to provide comfort to people of all ages and diversity," Hatcher says.

"And though therapy has changed a lot since we began back in 1972, we believe our team is more effective than ever in meeting clients where they are, providing hope and insight that can help them to a better place."

Meet some of our counselors >>

Cindy Ray *A Lived Life That Informs Counseling*

What path did you take to become a counselor?

In high school, I had always been interested in biological and health sciences. My dad had been in pharmaceutical and medical sales, my stepmom a nurse. Not feeling the call to nursing, I explored dental hygiene and received my associate's degree in 1978. I practiced dental hygiene for more than 25 years. What I loved most about dentistry was the patients—hearing their stories and educating them about overall health practices.

In 1991, our family took a huge hit when my husband lost his job. It rocked me and caused financial issues that resulted in my working more difficult hours. Also, my mom's addiction to alcohol created havoc. I was overwhelmed. After sharing things with my minister, she recommended I see Mary, a visiting pastoral counselor. This was something I was skeptical about because I knew very little about counseling. But after seeing Mary and hearing her encouraging and affirming words, I began to feel better. My husband was working by then, and it seemed to me I needed more education for my future.

I enrolled in the local university and followed a health education track but soon learned that I was making more money as a hygienist. In 1996 while driving home from the university, the thought, rather the "whisper" of the Holy Spirit said to me: "Why don't you do the work that Mary does?" Within a couple of weeks, I learned about an open house at Loyola for its pastoral counseling program. After finishing my bachelor's degree, I began classes at Loyola in the spring of 2000 to become a counselor.

How have you used your past in your work as a counselor?

I graduated in May 2004, and by then, I was a transformed person. The process of pastoral counseling changed my life forever. It is indeed an honor to sit with people who are struggling as I had been in 1991. My early education and many years as a dental hygienist have

been so useful because I have some understanding of pharmacology and overall diseases and major health issues.

In 2010, I returned to graduate school and attended seminary to gain more theological understanding to be more equipped to minister to those in ministry. The dictum of Loyola Pastoral Counseling from Francis deSales is: "There is nothing so strong as gentleness, and nothing so gentle as real strength." There is great compassion and strength in spiritually integrated psychotherapy.

What do you enjoy most about counseling?

Pastoral counseling is a front-row seat to see and experience God at work in other people's lives. The gentleness to hold and contain other's pain and suffering is holy. It is my honor and pleasure to do this work.

Cindy Ray, MS, LPC, is director of CareNet's Central Piedmont regional center. She can be reached at cmray@wakehealth.edu.

Les Gura *It's Always About Story*

What path did you take to become a counselor?

I was a journalist for nearly 30 years, working for newspapers in California, Connecticut and North Carolina. As a lifelong writer and editor, I loved talking with people and understanding their stories or the stories they were part of. During my years as an editor, I grew to specialize in narrative writing and investigative work. When my journalism career ended, I initially went into communications and marketing, but I didn't find that as fulfilling. I wanted to have more of a connection with people and social justice issues.

My father was a key influence in my life. He was a recovering alcoholic who, after closing his longtime business, a dry-cleaning store, became manager at a halfway house. I saw how much he loved that work, and that memory (he died 37 years ago) also influenced my decision to pursue counseling.

How have you used your past in your work as a counselor?

Not surprisingly, I've been drawn to a postmodern theory of counseling

called narrative therapy. This counseling orientation features the identification of what's called a dominant narrative, the issue that has drawn a person to counseling. Once that issue is identified, counselor and client work to better understand everything about that narrative, using a variety of techniques.

One method I've adapted straight from my years as an editor is having clients think of a three-word narrative to describe why they came to counseling. We have a lot of discussion about that narrative, identify past narratives in their lives and develop a preferred narrative. We identify their personal strengths and support networks, as well as obstacles. Slowly, using narrative and other techniques (e.g., cognitive behavioral therapy, mindfulness), we work on means for the client to move toward their preferred narrative and away from the dominant narrative that brought them to counseling.

What do you enjoy most about counseling?

I've found that one of the most dominant, often unstated issues behind peoples' struggle is loneliness. By providing a warm, non-judgmental environment, I'm doing what I can to help provide my clients a safe space for an hour a week. That grows my spirituality, and I'm humbled and grateful that my clients give me this opportunity.

Les Gura works for CareNet's Piedmont Triad regional center out of the Winston-Salem office. He can be reached at lgura@wakehealth.edu.

Denise Merritt *From Serving to Service*

What path did you take to become a counselor?

As I look back now, my earlier life journey, which took me into the military, was a direct result of biblical hermeneutics long before attending seminary. Discovering myself as a marriage and family therapist came about as I transitioned from 23 years of active service. I heard myself give the teenage answer to the question, "What are you going to do now?" My reply: "I don't know."

How have you used your past in your work as a counselor?

Now with master of divinity and doctor of ministry degrees, I figure this time around my zeal is tempered with wisdom. I asked God where I fit in the civilian world and how I could give back to America some tangible expression of appreciation for the opportunity to serve in three branches of the Armed Forces.

This time, the character of God and life observations confirmed my new place of service. In the military, we are always a part of a unit, team, company, etc. My mind paralleled to the concept of a marriage and family therapist, who serves the whole family, family team, etc. So I went back to school for a licensing degree and followed up with the licensing components required to practice, and here I am.

What do you enjoy most about counseling?

I am absolutely enriched, thankful and in awe to observe and participate in the integration of spirituality and psychotherapy in counseling sessions. CareNet provided a nurturing, eye-opening learning incubator for post-graduate associate mental health clinicians to absorb and grow in a comprehensive residency didactic. This environment slowed me down enough to become comfortable with myself and throttle down my performance-based edge. The results have equipped me to hear, be authentically present and become exhilarated about possibilities.

Denise Merritt, DMin, LMFTA, works for CareNet's Sandhills regional center out of the Fayetteville Haymount office. She can be reached at dsmerrit@wakehealth.edu.

Rebecca Setzer

Using the Good and the Bad

What path did you take to become a counselor?

While completing my undergraduate degree in religious studies at Gardner-Webb University, I heard a psychology professor share her memories of the ministry she provided for battered women as a counselor. God used her story to inform my understanding of His calling, and I pursued both an MA/Eds in counseling, and an MDiv from Gardner-Webb University.

Through connections I gained while in divinity school, God led me to CareNet Counseling's residency program in spiritually integrated psychotherapy. This residency program helped guide me as I began my career in providing spiritually integrated mental health care.

How have you used your past in your work as a counselor?

The CareNet residency greatly increased my awareness that all of me—the good and the bad—is present in all my therapy sessions. On good days, my past informs my interactions by increasing compassion, increasing empathetic capacity and keeping me grounded in the overarching truth that God is good and loves my clients.

On not-so-good days, I notice that my past experiences resonate more strongly with what my clients are going through. On these days, I realize that I must be more aware of allowing my clients to explore their own inner world and journey. Whether it is a good or not-so-good day, I am thankful that my past and present constantly remind me what it means to be human. While I will ever strive to be a servant such as Jesus, I celebrate following His model and being just as much a human as the clients I nurture.

What do you enjoy most about counseling?

Oddly enough, my favorite moments could at a glance appear polar opposites in nature, but I trust they are of equal value in each person's journey on Earth. I certainly enjoy celebrating times of victory and freedom with clients. However, sitting with a client who is wrestling with hopelessness is one of the greatest honors I have ever known.

Many people tell me they could not handle the six to eight hours of emotional highs and lows to which I bear witness; however, it is my favorite part. Serving as a witness to the realities of the inner human experience inevitably draws me to the realities of God's intimate work in each of our lives. We are ridiculously finite, and in some odd way, I celebrate having constant reminders of that fact.

Rebecca Setzer works for CareNet's Western regional center in Marion. She can be reached at rsetzer@wakehealth.edu.



For three years in two rural areas of North Carolina—where educating people about chronic illness can be just as crucial as treating it—a novel program has brought diabetes patients together in one setting to learn about nutrition, medication management and mental health at the same time.

The Shared Medical Appointments monthly group support program is being offered by Wake Forest Baptist Health to diabetes patients in North Wilkesboro and in Mount Airy.

After her clinical residency with the U.S. Veterans Administration, Candace Dixon, a clinical pharmacist practitioner for Wake Forest Baptist, began the program in North Wilkesboro. Currently, two monthly support groups are held at her primary practice site, Internal Medicine – Wilkes.

"It's really about emotional support," Dixon said. "I know what diabetics should do, but I don't have diabetes. I don't know how it feels to have the physical pain of checking blood sugars every day and monitoring carbohydrate intake. But everybody around that table knows. It's much more powerful to hear someone who has had success."

In addition to learning about medications and nutrition, the psychological aspect of coping with a chronic disease is an important part of the program. In a group session held before the holiday season, Dixon said, the focus was on coping with the high emotions frequently experienced at that time of year that often lead to poor eating habits.

Chad Brown, president of Wilkes Medical Center and Davie Medical Center for Wake Forest Baptist, said the Shared Medical Appointments program speaks to an important goal.

"I think it's one of those turning points in population health because this is about what we can do outside the four walls of the traditional hospital from a wellness perspective," he said. "It aligns perfectly within that framework, and it's exciting to see that."

Notable results

The program has had notable results in its first two years. At the end of fiscal year 2018, the first year of the program, 72% of patients achieved an A1C (a common blood test used to diagnose and monitor type 1 and type 2 diabetes) goal of less than 8%. Of those, 27% had an A1C less than 7%. This was a notable improvement from 33% and 13% at baseline. In addition, blood pressure and cholesterol levels improved by 18% and 36%, respectively. Hospitalizations were reduced by 62% and primary care physician visits for complications of diabetes were reduced by 100%.

At the end of fiscal year 2019, 50% of patients achieved an A1C goal of less than 8%, and 23% reached an A1C less than 7%. Similarly, blood pressure and cholesterol levels improved by 38% and 42%, respectively. Finally, hospitalizations in the second year of the program were reduced by 60% and primary care visits for diabetes related complications were reduced by 55%.

But people in the Shared Medical Appointments program hardly need numbers to know that the group support is working.

At a recent monthly meeting, several diabetes patients gathered for more than an hour after their blood sugar, blood pressure and other vitals were taken. In an informal setting around a conference table, they munched on cheese cubes and crackers provided by the practice, shared successes and challenges they faced through recent weeks, and listened to each other's thoughts. They did so with humor and compassion.

"I've had diabetes for 20 years," one patient told the group. "I'm still learning about the foods and how they affect me. The thing I learned most recently is the importance of water. I have a daughter, a runner, who gets on us all the time about drinking water and exercising."

After another patient noted that he sometimes has a slip and goes off his intent to have no more than 60 grams of

carbohydrates each meal, he is quickly consoled by fellow patients and the Wake Forest Baptist support team, which is composed of a nutritionist, a pharmacist and a clinical mental health counselor.

"We don't ever say you can't have something," Genelle Hix, a registered dietitian and certified diabetes educator, told the patient. "It's all about moderation. That's the key word. You can eat basically anything, but it's watching those serving sizes."

Changed habits

At one point, Robert Willis, a licensed marital and family therapist with CareNet Counseling who moderated the session, led the patients in a discussion about the hardest foods they have had to give up. Patients identified potatoes, cake, sweets and more.

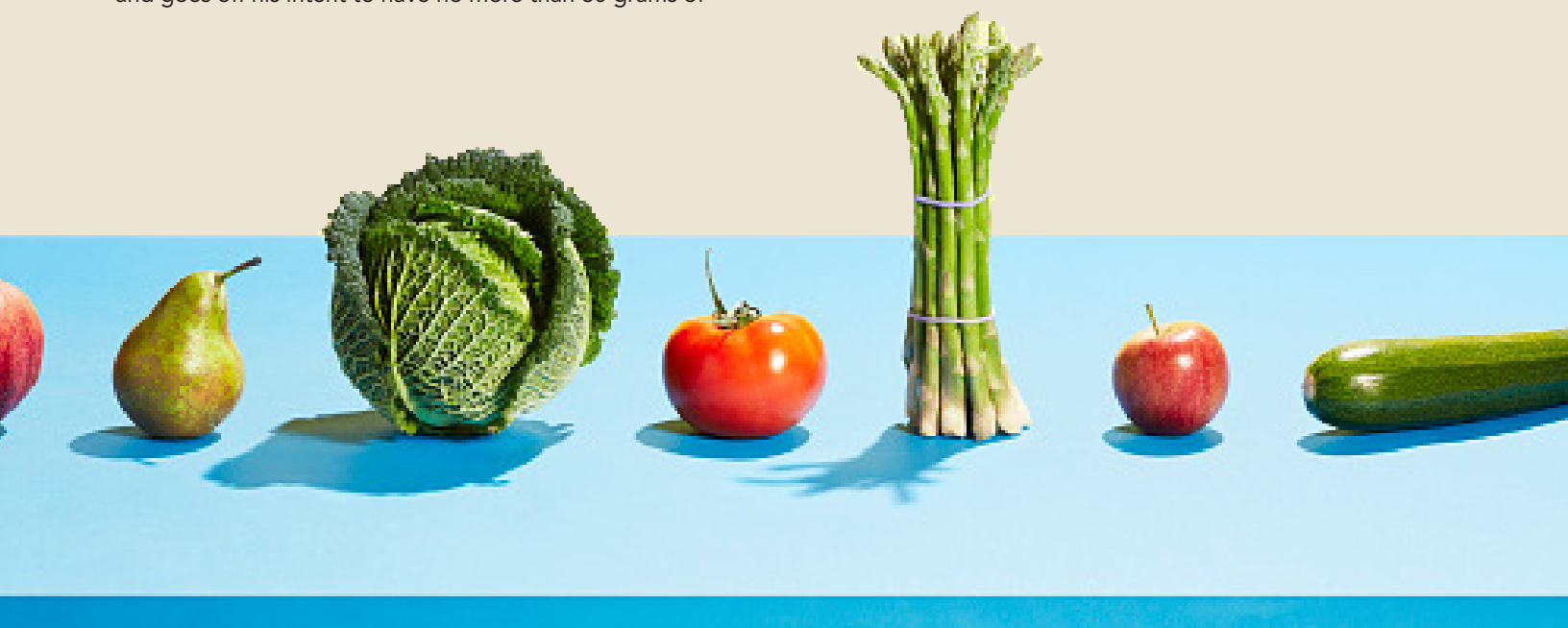
"It's important to recognize that some foods operate in our bodies kind of like an addiction," he said. "One mindful thing you can do is focus on chewing; the other thing you can do to slow yourself is to put your fork down between bites."

Alex Fleury, a pharmacist who attended the session, suggested that changing a habit doesn't take as long as might be imagined. He asked the patients to consider that if they changed their habits for four weeks, the body gets used to a new routine.

Afterward, the patients shared why they enjoy coming to the group sessions.

"It helps us see what other people do for their medications and diabetes," one said. "It gives us a lot of insight in what we aren't doing and what we need to do."

"We've got all kinds of people in here to talk about medications and other issues," another patient said. "If we were just seeing one doctor every six months, we wouldn't get all this information. I think it's a great thing."



FaithHealth is now a Podcast!

Learn more about the FaithHealth movement. How it works, why it matters, and how you can be more involved.

Look for "FaithHealth" wherever you get your podcasts. You can also find all of the episodes at faithhealthnc.org/podcast.

And look for our sister podcast, Stakeholder Health, too!

WAKE FOREST BAPTIST HEALTH

Giving Thanks

MOTHER'S DAY OFFERING

Thank You for Supporting the
2020 Mother's Day Offering

To learn more visit:

<https://mothersdayoffering.org>

CareNet Counseling

An affiliate of
Wake Forest Baptist Health

CareNet is a compassionate, professional, statewide, community-based counseling organization affiliated with Wake Forest Baptist Health. Our team offers a level of highly personalized, spiritually-integrated counseling care that truly sets us apart. And, that's exactly what you'll find when you visit any one of our 34 centers across North Carolina—a friendly, compassionate face ready to listen, ready to help.

34
Centers across
North Carolina

Find a center near you to make an appointment!

CaretNetCounseling.org

Lifting Spirits. Holding Hope. Moving Forward.



FaithHealthNC
Medical Center Boulevard
Winston-Salem, NC 27157

Return Service Requested

Nonprofit Organization
U.S. Postage
PAID
Winston-Salem, NC
Permit #154

faithhealthnc.org \ 336-716-3027

RESOURCES

CareNet Counseling,

a professional, community-based counseling organization, helps clients restore and maintain mental wellness.

carenetcounseling.org

Center for Congregational Health

provides ministry and training for hundreds of churches, clergy and lay leaders each year.

healthychurch.org

Chaplaincy and Education

provides spiritual care for hospitalized patients and their loved ones, and offers accredited programs in Clinical Pastoral Education. For information or to contact a chaplain, call **336-716-4745**.

WakeHealth.edu/Chaplaincy-and-Pastoral-Education

Please send address changes to:

FaithHealthNC
Medical Center Boulevard
Winston-Salem, NC 27157

FaithHealthNC

Make a Difference! Volunteer!



Join us in our effort to create a healthier North Carolina.

Find us on 

facebook.com/faithhealthnc