



deaths in years per 100000 was 7273. The percentages of African Americans with fair or poor health, poor physical health days per month, and poor mental health days per month were 15.2%, 3.6%, and 3.4%, respectively. The high school graduation rate was 81.7%, and 60.2% attended some college. Almost 20% of African American children were living in poverty. The percentages of African Americans with no socioeconomic support or employment were 19.3% and 9.2%, respectively.

The African American percentage of the total county population was the only mediator associated with both SES and health outcome variables (Table 1). The impact indices for all but 1 health outcome were significantly ($\beta \geq 0.1$, 95% CI) associated with the African American population percentage.

The African American total number, the African American county density, the black-white segregation level, and municipal fragmentation were not associated with either SES or county health outcomes.

Poor mental health days had the largest (16.7%) mediating effect with respect to race. The association of SES with poor mental health days was negatively mediated by the population percentage of African Americans. This mediation effect decreased as the population percentage of African Americans increased. Psychiatric nursing assessment of poor mental health in persons coping with comorbid illnesses and problems with education, employment, social support, and poverty should include the social-ecological effects of race.

Christians Seeking Psychiatric Care May Appreciate Special Care

Written by Toni Rizzo

Moderately and very religious Christians often seek psychiatric care from Christian providers. In the United States, 78.4% of the population identify as Christians [US Religious Landscape Survey. Pew Forum on Religion & Public Life. 2008], but there have been no published studies on the reasons Christians seek Christian mental health providers. Additionally, no published studies have addressed cultural competence for Christians receiving psychiatric care. The purpose of this literature review, presented by Melissa Ott, DNP, PMHNP-BC, Vanderbilt University School of Nursing, Nashville, Tennessee, USA, was to determine how the Christian populace would like to receive psychiatric treatment in order to enhance the psychiatric care of these patients.

A literature review of published studies from 2000 to 2013 was conducted using PubMed as the primary search engine. The key search words were faith, Christian, mental

health care, depression, anxiety, and psychiatric illness. Included were Christian adults with psychiatric mood disorders that affected their quality of life, life satisfaction, and perception of God. A total of 48 qualitative and quantitative articles were retrieved.

The analysis showed that Christian patient perception was influenced by the level of the provider's comfort with his or her own religiousness [Baetz M et al. *Can J Psychiatry*. 2004; Baetz M et al. *J Nerv Ment Dis*. 2002]. Men who regularly attended church had a higher likelihood of depression vs those who changed their frequency of attendance [Maselko J, Buka S. *Soc Psychiatr Epidemiol*. 2008]. Another study found that religious males were less likely to commit suicide [Olliffe JL et al. *Soc Sci Med*. 2012]. Gur and colleagues [J Nerv Ment Dis. 2005] reported that maternal Christian faith did not protect offspring from developing depression. A study of an older male adult prison population found that those with an interpersonal relationship with God had better mental health [Allen RS et al. *Gerontologist*. 2008].

Attending religious services was found to decrease depression [Reese AM et al. *J Urban Health*. 2012; Taylor RJ et al. *J Nerv Ment Dis*. 2012; Baetz M et al. *J Nerv Ment Dis*. 2004] and suicide ideation or attempts [Robinson JA et al. *Depress Anxiety*. 2012; Rasic D et al. *J Psychiatr Res*. 2011]. Prolonged trauma may lead to feelings of abandonment by God, as in the case of some people after the LAquila earthquake in Italy [Stratta P et al. *J Affect Disord*. 2012]. Monthly religious attendance was associated with increased tranquility [Ellison CG et al. *Soc Sci Res*. 2009]. Another study reported that a belief in a loving God decreased anxiety, whereas belief in a punitive God increased anxiety and guilt [Rosmarin DH et al. *Cogn Behav Ther*. 2009].

The gaps in the literature include studies on the reasons Christians often see Christian psychiatric providers. Christians receiving psychiatric care often have specific needs, including praying, sharing biblical verses, and having the desire to discuss their faith. These factors help to define cultural competence for this population. More research defining how much religious involvement Christian psychiatric patients wish to receive would be beneficial. Such studies would help both Christian and secular providers better understand how to effectively treat this population.



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