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## NEWS LOCAL

# Religious leaders united in call for help



By Tori Stafford, Kingston Whig-Standard  
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Elliot Ferguson Whig-Standard file photo Imam Sikander Hashmi of the Islamic Society of Kingston said the need for more training in dealing with mental health issues is obvious amongst Imams and other religious leaders.

As Mental Health Week drew to a close over the weekend, religious leaders from the Kingston community took the opportunity to speak out about the need for more training and active outreach regarding mental health issues.

Imam Sikander Hashmi of the Islamic Society of Kingston said the need for more training in dealing with mental health issues is obvious amongst Imams and other religious leaders.

"We are on the frontlines because we're at the mosque, we're the face of our community, if people need help a lot of times they'll contact us for help, and a lot of times people may not come saying they have a mental health issue," Hashmi said, noting that those affected by mental health issues often aren't aware of their own afflictions.

Hashmi said that religious leaders are often sought out by those in their communities who are experiencing issues in their own lives. Without education, Imams and other religious leaders may not know how to identify what they are dealing with, he said.

"When people come in, obviously in order to solve a problem, you've got to pin it down, you've got to figure out what the problem is, and when there's no training, you're not able to identify correctly a lot of times," he said.

Additionally, Hashmi explained that religious leaders who aren't educated in dealing with mental health issues often turn to what they know. This means that leaders will turn to spiritual treatments. Sometimes, he said, this is a good form of therapy, but for those who have a chemical imbalance or other mental health issue that requires medical intervention, it is difficult for an untrained religious leader to know what they are dealing with.

Hashmi, who recently attended an intensive four-day counselling training course in Winnipeg for Muslim North Americans, said there is a real need to address the gap between religious therapies and medical treatments on the part of both sectors.

"Looking at some of the recommendations of the Canadian Mental Health Association strategy, one of them is to reduce the disparity and address diversity in those suffering mental health problems, so I think that's one of the things that probably needs to be looked at," Hashmi explained, noting that religious exercises and treatments are often not acknowledged by the medical community.

"We need to look at bridging the gap between the two, so when a person comes into a religious leader, whether it's an Imam or anyone else, they can look at it and say 'Ok, what is the problem here? Is it a mental health issue or something that can only be treated by medication? Is it something that can be treated spiritually? Or can it be treated with a combination of both?' " he said.

"That's something that we have like zero training in. And it's very difficult."

Similarly, Bishop Michael Oulton of the Anglican Diocese of Ontario said that his organization has also reviewed the CMHA strategy recommendations, and is taking steps to ensure the church knows how to deal with different issues that may arise.

"It seems to me that the 'New Direction' for Canada's Mental Health Strategy is encouraging the broad engagement of individuals, agencies and institutions in society. Faith communities must rise to the challenge of being part of the solution," Oulton said in an email to the Whig-Standard.

"Perhaps the time has come for public, private and faith-based institutions who have a heart for mission to the marginalized in our society, to draw together around the need to design a holistic health care regimen that supports the person, family and caregiver long before the situation becomes acute."

Oulton expressed that Rev. Dr. Neil Elford, who is the director for Spiritual Care, Mission and Ethics with Providence Care, has spoken to the Training and Development Committee at the Diocese. Elford has recently worked with a group he formed to examine "spiritual health" as part of a "holistic approach" to dealing with mental health issues within the clergy. Elford hopes to build that work into training program for religious leaders, Oulton explained.

"I am looking forward to the result of this work, which will provide me with an educational opportunity for future and current clergy," Oulton expressed.

Both religious leaders said the No. 1 obstacle is to remove stigma from mental health issues so that those in their communities feel comfortable approaching their religious leaders with such issues.

"I would be overjoyed to know that should a clergy person or pastoral care worker be in a situation where mental illness is affecting the life of a person, their family and friends, a response mechanism would be in place to provide that often illusive next step," Oulton said.

Similarly, Hashmi said he is working to ensure those in his community are comfortable coming to him with any issues they might have.

"A lot of times, people just don't want to approach others because they're not sure what sort of response they're going to get," said Hashmi.

"I feel very strongly about that, about making sure we have a comfortable enough environment where... people know there's a place to go, and there's someone they can trust who will keep their confidence and will try their best to help them and direct them to the right resources."

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