

Mental Health Summary

Report of five surveys sent to Presbyterian Church (U.S.A.) members, church leaders, ministers, mid council leaders, and seminaries



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■ Process

Research Services works with clients to determine the purpose of the work, who should be surveyed, and timeline.

- Preliminary meetings were held with Mental Health Initiative (MHI) staff leadership to discuss the work
- Five surveys were designed
- Research Services supplied mid council, church leaders, and members contacts
- MHI staff provided the seminary contacts
- Surveys were approved by MHI leadership
- Surveys were sent to ministers in September
- Surveys were sent to mid council leaders, church leaders, seminaries, and church members in October
- Links to all surveys were on the MHI website
- The survey process included an invitation to participate, two reminders, and an immediate thank you upon completion of the survey
- Surveys closed on November 1 for mid council leaders, church leaders, church members, and seminaries
- The ministers survey closed on November 15

The surveys were designed to ask several of the same questions to each of the different audiences. This was done to obtain insight from all perspectives of PC(USA). Doing this allows us to see how well aligned or misaligned members are to ministers, church leadership to presbyteries, and seminaries to ministers.



Mental Health - Surveys

Five similar, yet distinct, surveys were designed for this study



Research Services used its Person in the Pew, Church on the Corner, and Mid Council databases for survey distribution. The first comprehensive PC(USA) Minister survey included the minister specific mental health questions. Mental Health Initiative staff sent letters to seminaries with survey links and provided email information for the seminary survey.

Surveys were sent via Survey Gizmo, the online survey software used by Research Services. Interested parties could access the links via the Mental Health Initiative website and from links that were included in news stories.

1. **Person in the Pew** survey focuses on the member's perspective of their local church and community. N=1309
2. **Church on the Corner** survey focuses on the local church leaders' perspective for their church and community. N=752
3. **Mid Council Leaders** survey focuses on presbytery leadership in support of their ministers and congregations. N=57
4. **Minister** survey focuses on the minister's capabilities for effective mental health ministry and their own mental health. N=3,838
5. **Seminary** survey focuses on mental health training. N=12



Mental Health



Comments

- PC(USA) members, leaders, and ministers want to address the issues of mental health and mental illness in their communities and churches but do not know what to do, or what resources are available to them and, in general are unprepared to act. Discussions around mental health are challenging. Members and leaders alike are looking for direction as how to start these conversations.
- Church leaders and members have agreement that they are *not* equipped to welcome individuals with significant mental health issues into the daily life of the church.
- Training positively impacts the ability to conduct mental health ministry.
- Most respondents to the Person in the Pew and Church on the Corner surveys are white, 56-75 years old, and are politically, socially, and theologically moderate.



Mental Health



Key findings

- 54% of church leaders indicated that their church is interested in learning more about mental health ministry, yet only 30% indicate that they are equipped for such ministry.
- 73% of church leaders say that their church is open to calling a minister with a history of mental health illness.
- 89% of members and 92% of church leaders correctly identified common indicators of mental health concerns or mental health illnesses
- Members and church leaders rank these as the top two barriers to adequate mental health treatment and services in their communities:
 - Individuals may not know that they are eligible for services
 - Information about services is not widely shared.



Mental Health – Why Survey the Church?



Presbyterian Church (U.S.A.) Mental Health Initiative for 2019–20

*In recognition of the continued relevance of mental health and the need to advance and expand mental health ministries, the 223rd General Assembly (2018) adopted a two-year Mental Health Initiative (Item 10–11) on the 10th anniversary of Comfort My People: A Policy Statement on Serious Mental Illness (2008). The Compassion, Peace & Justice Ministry within the Presbyterian Mission Agency (PMA) of the Presbyterian Church (U.S.A.) is responsible for facilitating implementation and reporting back to the next General Assembly (in 2020). **

To report on the state of mental health awareness, training, advocacy, and ministry that has occurred and is occurring, one must ask. In order to be comprehensive, surveys were designed for multiple audiences.

The surveys also inform recipients about the initiative, its grant program, and the *Comfort My People* policy statement.

* <https://www.presbyterianmission.org/ministries/compassion-peace-justice/mental-health-ministry/>



Mental Health – Person in the Pew n= 1309



Galatians 6:2 instructs Christians to “carry each other’s burdens.” -that is, to walk along side people during difficult and challenging times.

Members/Family/Community Members

- Most (97%) members recognize many of the commonly known warning signs of mental illness. They want to engage these individuals, but they may not know how to respond to mental health concerns. Nor is the church equipped to welcome people with significant mental health concerns into their fellowship (49%).
- Yet, 97% of members know someone who has or previously had a mental health concern
- 60% offer meeting space for some community support groups
- Within the previous 18 months, 18% of members report a church-sponsored mental health event or training session. Of these, 41% included National Alliance on Mental Health (NAMI) materials.
- 35% of members report large-scale acts of violence have occurred in the communities where their church is located. Of these, 3% of members they or their family members were harmed and 14% know people who were harmed.
- Most members (90%) are not aware of funds, information, or resources that are available to churches for mental health ministries.
- Most members do not know if their church’s staff have asked for additional training related to mental health ministry.



Mental Health – Person in the Pew continued



When members were asked if their church is equipped to respond to ministers who are facing mental health concerns:

- 32% said that they are *well equipped* (5%) or *somewhat equipped* (28%)
- 60% do not have a process in place to assist their ministers
- 40% do not offer any access to confidential counseling for its ministers
- 45% do not offer any access to confidential counseling for its ministers' families
- 29% included mental health services in the minister's insurance coverage



Mental Health - Church on the Corner n = 716



Clerks of Session (53%) primarily responded to the Church on the Corner survey. Survey questions address caring for the church's ministers, equipping its members to engage in mental health ministry, the barriers to services in their community, and the mental health services that the church currently provides.

Most (73%) are open to calling a minister with a history of mental health illness.

Many (41%) churches provide care for their ministers' and ministers' families with insurance plans that include mental health coverage. However, another 20% do not provide any medical coverage for their staff.

Much of the work of the local church is carried out by the members. What resources does the church provide to equip them? In the last 18 months, 17% report having sponsored an event on mental health. Another 35% maintain a church based mental health resource directory that is available to members.

Members and leaders alike indicate that they do not know how to best engage individuals and families about mental health concerns. Of these, 40% *moderately agree* that they are interested in learning more about mental health ministries.

While many churches do provide education and services, 51% do not provide any information on mental health to its members and do not engage in any form of mental health ministry.

When discussing their current ability to engage in mental health ministry, the response is equally split between 28% that report they are equipped and 28% that are not equipped.



Mental Health – Mid Councils n=58



A function of mid council ministry is to support and equip their ministers and, in turn, local congregations for ministry. Sometimes this support is to assist a minister who is facing a mental health concern. Only 4% of responding mid council leaders say that their mid council is *extremely well equipped* to respond to a minister who is facing such a challenge. Some (38%) have a process for assisting ministers facing mental health challenges, with 44% offering or providing confidential counseling. A little more than half (54%) offer some of these services to the minister's family.

82% of mid council leaders say that their churches are open to calling a minister with a history of mental illness

When ranking hinderances to mental health ministry in their mid council, leaders ranked these as the top two hinderances:

1. Lack of knowledge by church leaders about mental health issues
2. Not knowing how to respond to an individual who is showing signs of a mental health condition

For those seeking community and individual training on mental health, the National Alliance on Mental Health (NAMI) offers training and materials. NAMI offers training in most areas of the U.S. In the past 18 months, 26% of the mid councils offered mental health training and of those 53% used NAMI materials

Many mid council leaders are unsure of the number of congregations that are affiliated with NAMI or who include NAMI materials.

Four mid council leaders reported maintaining a mental health resource directory. Of these, only two respondents say that this directory is shared with each congregation in their mid council. Only one routinely shared with ministers new to their presbytery.



Mental Health – Ministers n=3,838



The first comprehensive survey of Presbyterian ministers of the Word and Sacrament (ministers) occurred in Fall 2019 with nearly 5000 responses. One section of this landmark survey focuses on mental health: awareness, training, ministry, and self-care.

Ministers rate their capabilities for responding to different mental health concerns such as responding to a person considering suicide or responding to community-wide crisis. Overall, 46% said that they are less than capable of responding to these mental health concerns.

Several ministers contacted Research Services about the confidentiality of the survey responses. They expressed concern that if they were honest about their own mental health struggles that it would be reported to their church or mid council and that they would lose their job. Research Services explained that we relied on news stories, word of mouth, Board of Pensions' Call to Health incentives, and postcards to advertise the study. The same survey link was used for all respondents; the links were not unique to an individual. Even if identities were known, it would be unethical to share the personal data without written permission from each person. After this explanation, some said that they would complete the survey while others were still not convinced. Whether they did or did not complete the survey will not be known as it is anonymous.

Many (44%) ministers have not been trained to recognize mental health concerns or how to minister to those individuals and families who face them. Training has been on the job (22%) with less than 20% having had enrolled in a training course either in seminary or as a part of continuing education. For those who have sought training, 61% say that the training has been effective.

Ministers facing mental health concerns may not share their story out of fear of repercussions. More training is wanted and warranted.



Mental Health – Seminars n=12



In the early conversations at the Mental Health gathering, in February 2018, survey participation by Presbyterian seminaries was discussed. At that time, there was no seminary participation in the volunteer mental health initiative planning group. Involving seminaries is essential yet challenging. Several efforts were made by Mental Health Initiative staff to engage seminaries and to identify the best faculty or administrators who could speak about mental health training at their respective seminaries. A total of 12 participants responded to the survey; however, only 5 completed it. In some cases, only 3 responded.

Questions focused on mental health topics offered and what material is required for which students.

- One seminary offers classes devoted to mental health
- Two offer mental health topics as a part of other classes
- Two do not cover any mental health issues
- Two seminaries require M.Div. students to have general knowledge of mental health topics
- Three seminaries expect M.Div. students to participate in both personal counseling or therapy and peer support or personal growth group
- Four seminaries agree that all ministers serving congregations should be encouraged to enlist a trained consultant for regular confidential discussions related to congregational ministry
- Seminaries would like to strengthen their training of ministerial self-care instruction and preaching/teaching skills related to mental health



Mental Health – Report Logistics



Each report has a unique icon to assist the reader. The icons are found in the lower right corner of each page. As several questions are duplicated across the surveys, it helpful to have a very clear anchor that identifies each unique report.



MID COUNCIL



Each report stands on its own merit and can be shared independently of others.

Questions that are repeated across surveys are presented in the same format for ease of comparison.