



MENTAL ILLNESS FINDINGS FROM THE FEBRUARY 2006 SURVEY

The Presbyterian Panel consists of three nationally representative samples of groups affiliated with the Presbyterian Church (U.S.A.): members, elders serving on session (lay leaders), and ordained ministers. For most analyses, ministers are split into two groups based on current call: *pastors*, serving congregations, and *specialized clergy*, serving elsewhere. New samples are drawn every three years. These pages summarize major findings from the second survey completed by the 2006-2008 Panel, sampled in the fall of 2005.

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CHURCH MINISTRIES

Congregational Activities

- ✓ Few elders and pastors report that, in the last two years, their congregations did any of the following activities related to persons with mental illness:
 - organized or provided space for a support group for persons in the community with mental illness (elders, 16%; pastors, 28%)
 - had a sermon with mental illness as a significant focus (7%; 20%)
 - organized or provided space for family members or caregivers of persons with mental illness (7%; 19%)
 - organized or provided space for a support group for persons in the congregation with mental illness (8%; 19%)
 - held a prayer or healing service that focused on mental illness (10%; 18%)
 - had a class or study group on mental illness (5%; 17%)
 - organized or provided space for persons with mental illness to socialize together (7%; 10%)
 - advocated for public policy on behalf of persons with mental illness (4%; 10%)

Evaluating Congregational Support

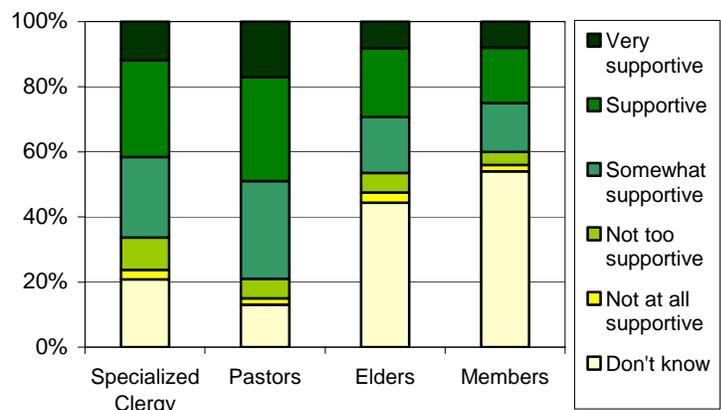
- ✓ A majority of members (54%) and many elders (44%) “don’t know” how “supportive [their] congregation has been of ministry with persons who have mental illness.” Of those with opinions, more report their congregation is supportive (combined “very supportive,” “supportive,” and “somewhat supportive”: members, 40%; elders, 47%) than unsupportive (combined “not too supportive” and “not at all supportive”: 6%; 9%).

- ✓ Among ministers, relatively few “don’t know” how supportive their congregation is “of ministry with persons who have mental illness” (pastors, 13%; specialized clergy, 21%). Of those with opinions, more say their congregation is supportive (79%; 67%) than unsupportive (8%; 13%).

Presbytery and Synod

- ✓ When asked “how much attention has been given to ministry with persons who have mental illness by your presbytery,” most pastors respond “hardly any” (32%), “none” (24%), or “don’t know” (21%). Less than 0.5% respond “a lot,” and only 2%, “a fair amount.”
- ✓ Asked the same question about their synod, most pastors respond “don’t know” (69%). Of the rest, most respond “hardly any” (11%) or “none” (14%); no one responds “a lot,” and only 1%, “a fair amount.”

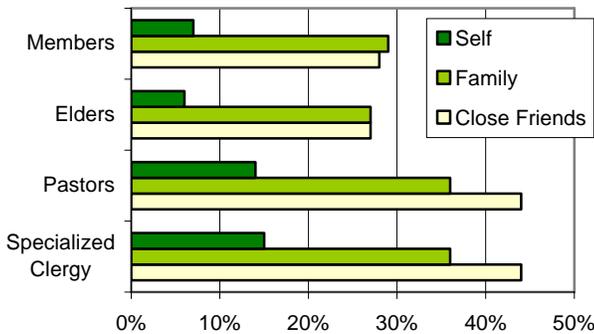
Figure 1. Opinions on How Supportive One’s Congregation Has Been of Ministry with Persons Who Have Mental Illness



Personal Experience

- ✓ Relatively few panelists report having “been diagnosed or treated for a mental illness in the previous year” (members, 7%; elders, 6%; pastors 14%; specialized clergy, 15%). Similarly, among married panelists, relatively few report a spouse who was diagnosed or treated over the same period (6%; 8%; 11%; 12%).
- ✓ Overall, three in ten laity and four in ten ministers have themselves been or had a close relative or spouse diagnosed with or treated for mental illness in the previous year (members, 33%; elders, 29%; pastors, 41%; specialized clergy, 41%).

Figure 2. Prevalence of Mental Illness among Panelists, their Families, and Close Friends



Estimating Mental Illness in the United States

- ✓ The median estimate (half are lower, half are higher) of the “percentage of the United States population . . . living with a mental illness” is 25% in each of the four Panel groups.

Causes of Mental Illness

- ✓ Large majorities find two factors to be “very important” or “important” as “causes of mental illness”: “genetic factors” (members, 85%; elders, 80%; pastors, 88%; specialized clergy, 91%) and “a chemical imbalance in the brain” (91%; 90%; 95%; 96%).
- ✓ Around half view “bad parenting” as a “very important” or “important” cause of mental illness (members, 44%; elders, 44%; pastors, 49%; specialized clergy, 51%), and around one-third or less, “socioeconomic conditions” (25%; 28%; 32%; 37%). Fewer than one in four view any of the remaining factors as “very important” or “important” causes of mental illness:
 - spiritual weakness (25%; 24%; 15%; 11%)
 - lack of individual willpower (22%; 19%; 10%; 9%)
 - demon possession (11%; 11%; 12%; 7%)

Familiarity with Organizations and Resources

- ✓ Familiarity with mental illness-related organizations varies widely, with most familiar to some extent with the National Institute of Mental Health (members, 56%; elders, 58%; pastors, 74%; and specialized clergy, 75%), but relatively fewer—especially among laity—familiar with the National Alliance on Mental Illness (23%; 26%; 44%; 54%) or the Presbyterian Serious Mental Illness Network (4%; 9%; 33%; 34%).
- ✓ Less than half of Presbyterians are familiar to any extent with either “Mental Health: A Report of the U.S. Surgeon General” (members, 38%; elders, 35%; pastors, 33%; specialized clergy, 45%) or “The Church and Serious Mental Illness” (report and General Assembly resolution) (5%; 8%; 32%; 31%).
- ✓ Regarding future resources, in all groups interest is greatest in obtaining guides for ministry with:
 - families of people who are living with mental illness (among members, 68% express an interest; among elders, 68%; pastors, 82%; specialized clergy, 85%)
 - people in congregations who are living with mental illness (50%; 55%; 72%; 78%)
- ✓ A majority of ministers but fewer laity are also interested in these other possible resources:
 - a Bible study on mental illness (members, 39%; elders, 44%; pastors, 55%; specialized clergy, 56%)
 - a guide for ministry with people in the community who are living with mental illness (39%; 48%; 54%; 61%)
 - a guide for setting up a support group for persons living with mental illness (32%; 36%; 53%; 55%)

Willingness to Relate

- ✓ Half or more in every Panel group are willing to:
 - spend an evening socializing with someone living with a serious mental illness (such as schizophrenia, major depression, Alzheimer’s disease) (members, 73% “definitely willing” or “probably willing”; elders, 76%; pastors, 90%; specialized clergy, 88%)
 - work closely on a job with someone who has a serious mental illness (51%; 59%; 72%; 75%)
 - have a group home for persons with serious mental illness open in their neighborhood (50%; 60%; 89%; 84%)
- ✓ However, relatively fewer, especially among laity, are “definitely willing” or “probably willing” to:
 - have a pastor with a serious mental illness (members, 21%; elders, 18%; pastors, 32%; specialized clergy, 40%)
 - have someone with a serious mental illness marry into their family (26%; 28%; 47%; 48%)

Seriousness of Specific Conditions

- ✓ Most view each of eight “conditions and symptoms” as either “very serious” or “serious,” and majorities in at least three groups view these three as “very serious”:
 - bipolar disorder (members, 58%; elders, 52%; pastors, 60%; specialized clergy, 64%)
 - depression (52%; 49%; 55%; 57%)
 - hearing voices that no one else can hear (52%; 49%; 51%; 59%)
- ✓ The “very serious” response totals for the other conditions and symptoms are:
 - eating disorders (members, 50%; elders, 42%; pastors, 48%; specialized clergy, 53%)
 - paranoid thoughts (31%; 31%; 35%; 43%)
 - obsessions/compulsions (18%; 18%; 19%; 23%)
 - panic attacks (18%; 15%; 19%; 22%)
 - phobias/abnormal fears (15%; 13%; 16%; 20%)

Mental Illness and Congregations

- ✓ Half of laity and most ministers “strongly agree” or “agree” that “I’d like my congregation to do more to integrate persons with mental illness” (members, 49%; elders, 51%; pastors, 74%; specialized clergy, 76%).
- ✓ Few panelists “strongly agree” or “agree” that “there are limits to how welcoming congregations should be to people with mental illness” (members, 19%; elders, 21%; pastors, 21%; specialized clergy, 23%).
- ✓ Most “strongly agree” or “agree” that “participating in a congregation will usually provide additional help in coping” for someone “receiving medical treatment/therapy for mental illness” (members, 74%; elders, 80%; pastors, 85%; specialized clergy, 82%). Even higher percentages “strongly agree” or “agree” that “persons living with mental illness have gifts to bring to the church” (members, 78%; elders, 84%; pastors, 97%; specialized clergy, 93%).

Health Insurance

- ✓ Large majorities believe that “mental illness should be covered to the same extent as physical illness on health insurance policies” (members, 90%; elders, 94%; pastors, 96%; specialized clergy, 91%).

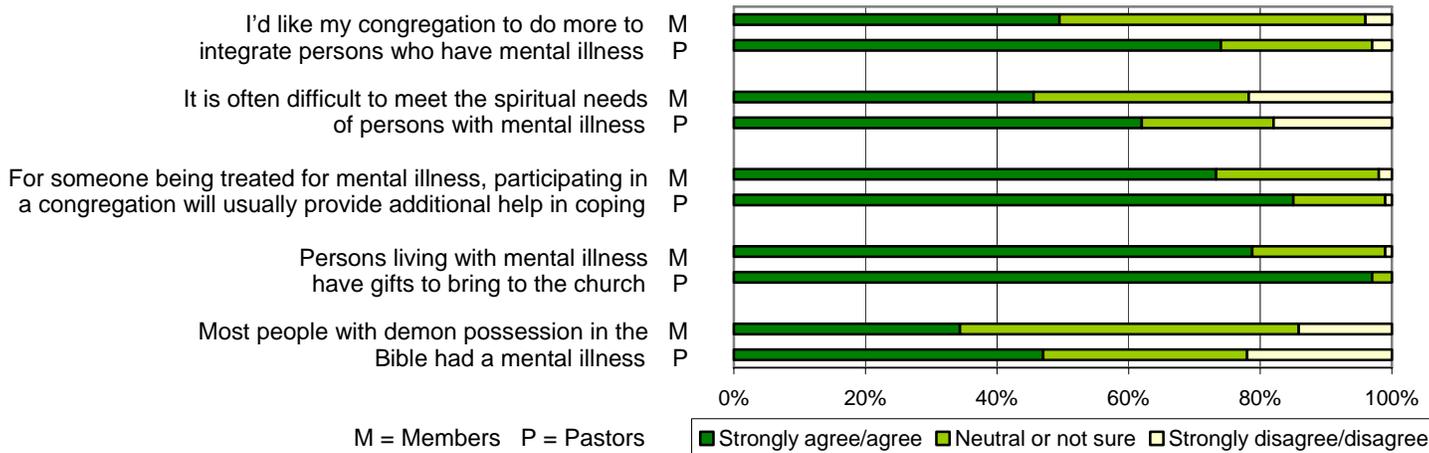
Mental Illness and Faith

- ✓ Half of laity (members, 51%; elders, 49%) and one-third of ministers (pastors, 31%; specialized clergy, 30%) respond “neutral or not sure” to the statement, “Most people with demon possession in the Bible had a mental illness.” Of the rest, more “strongly agree” or “agree” (34%; 37%; 47%; 56%) than “strongly disagree” or “disagree” (14%; 14%; 22%; 15%).
- ✓ Around half of members (46%), elders (47%), and specialized clergy (53%), but more than six in ten pastors (62%), “strongly agree” or “agree” that “it is often difficult to meet the spiritual needs of persons with mental illness.”
- ✓ Hardly anyone “strongly agrees” or “agrees” that “persons living with mental illness cannot be in relationship with God as deeply as persons without mental illness” (members, 4%; elders, 3%; pastors, 4%; specialized clergy, 4%). Similarly, relatively few “strongly agree” or “agree” that “use of psychiatric medications affects one personality and hence one’s faith” (7%; 5%; 12%; 14%).

Church Advocacy

- ✓ To the statement “the church should take an advocacy position on behalf of persons with mental illness,” majorities in every group respond “strongly agree” or “agree”: members, 62%; elders, 69%; pastors, 87%; specialized clergy, 89%.

Figure 3. Opinions on Faith, Congregations, and Mental Illness



MENTAL HEALTH SERVICES IN COMMUNITY AND CHURCH

Services in the Community

- ✓ Almost no one rates “the quality of services offered in your community for persons with mental illness” as “outstanding” (members, 4%; elders, 3%; pastors, 4%; specialized clergy, 4%). More frequently, these services are described as either “solid” or “adequate” (51%; 45%; 54%; 49%), although many choose “insufficient” or “completely lacking” (24%; 31%; 35%; 39%).
- ✓ Large majorities of ministers are “aware of other professionals or agencies” in the community to whom they could refer someone with mental illness for specific services:
 - social services (pastors, 92%; specialized clergy, 85%)
 - inpatient care/hospitalization (90%; 89%)
 - psychotherapy, in general (90%; 88%)
 - crisis intervention (85%; 87%)
 - family support (81%; 77%)
 - faith-based psychotherapy (81%; 72%)
 - vocational counseling/services (76%; 80%)
 - medication management (76%; 80%)
- ✓ Many ministers have referred someone to such agencies in the last two years. At the low end, 41% of pastors aware of “vocational counseling/training” services have referred someone to them. At the high end, 64% of pastors aware of providers of “psychotherapy, in general” have referred someone to such a provider.

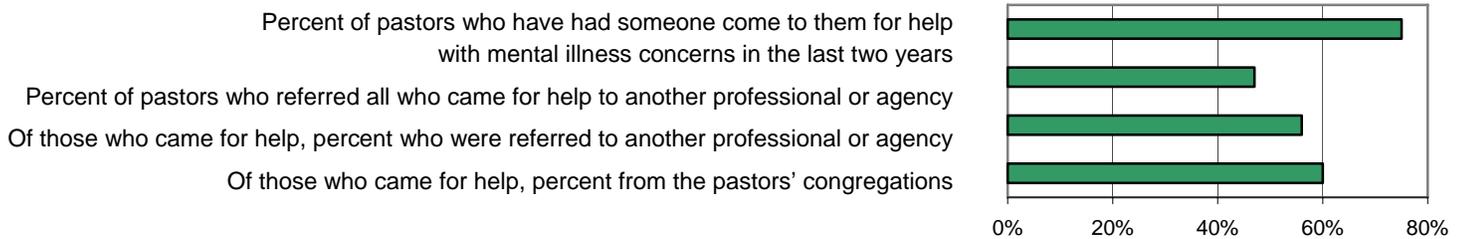
Pastors as Counselors

- ✓ Three in four pastors report that, in the prior two years, someone came to them seeking help for their own or another family member’s mental illness (75%). The median number of persons coming for help was three.
- ✓ Around half of pastors (47%) referred all of those who came to them with mental illness concerns to another professional or agency, and most of the rest (27% overall) referred half or more. 17% did not refer anyone.
- ✓ Of those coming to pastors for mental-illness-related issues, 60% were from the same congregations as the pastors.

Seminary Training

- ✓ Most ministers respond “not too well” or “not well at all” when asked how well their seminary trained them for several mental-illness-related skills:
 - developing church programs for people with mental illness (pastors, 92%; specialized clergy, 91%)
 - providing therapy to persons . . . living with a mental illness (77%; 75%)
 - understanding mental illness (66%; 66%)
 - responding to trauma in the community (63%; 63%)
 - relating to those living with a mental illness (61%; 63%)
 - recognizing mental illness and making an appropriate referral for therapy (52%; 52%)

Figure 4. Pastors as Mental Illness Counselors



	Members	Elders	Ordained Ministers
Number of surveys mailed	1,101	1,171	1,470
Number returned	594	718	973‡
Response rate	53%	61%	66%

‡Of the 973 returned surveys, 649 came from pastors and 322 from specialized clergy; 2 were not classifiable.

The survey was mailed in February 2006, with returns accepted through late April 2006. Results are subject to sampling and other errors. Small differences should be interpreted cautiously. As a general rule, differences of less than 8% between samples are not statistically meaningful.

For more numbers and interpretation of these results, a longer report with more charts is available for free on the Web (www.pcusa.org/research/panel) or for \$15 from PDS (1-800-524-2612; order PDS# 65100-06291). It includes tables showing percentage responses to each survey question separately for members, elders, pastors, and specialized clergy.

For more information on mental health ministries in the PC(USA) contact Pat Gleich (pgleich@ctr.pcusa.org; 888-728-7228 ext. 5793).

LISTENING TO PRESBYTERIANS SINCE 1973

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