ITEM E.102
FOR ACTION

FOR PRESBYTERIAN MISSION AGENCY EXECUTIVE DIRECTOR'S OFFICE USE ONLY					
	A. **Resource Allocation & Stewardship**		D. **Coordinating Committee**		G. **Outreach to the World**
	B. **Personnel & Nominating**		E. **Mid-Councils**		H. **Ministerial Teams**
	C. **Property/Legal**		F. **Nurture the Body**		P. **Plenary**

Subject: On Furthering Mental Health Ministry in the Presbyterian Church (U.S.A.)

Recommendations:

The Presbyterian Mission Agency Board recommends that the 224th General Assembly (2020):

1. **Commend to ministers, congregations and members, mid-councils, and seminaries, capacity-building in the skills of mental health first aid and suicide prevention.**

2. **Commend to ministers, congregations and members, mid-councils, and seminaries, capacity-building in trauma-informed responses to mental distress and trauma-informed pastoral care.**

3. **Commend to ministers, congregations and members, mid-councils, and seminaries capacity-building in the skills of 'companioning,' in order to better walk side by side with people affected by mental health conditions and their loved ones.**

4. **Commend to ministers, congregations and members, mid-councils, and seminaries capacity-building in mental health awareness and understanding, advocating *with* and for people with lived experience of mental health conditions to create safe and stigma-free communities for all.**

5. **Commend to mid-councils and seminaries, capacity-building in resilience and the prevention of compassion fatigue for ministers and other church leaders, working in collaboration established programs of Presbyterian Disaster Assistance in the Presbyterian Mission Agency.**

6. **Commend the work of grass roots leaders instrumental in forming the churchwide Presbyterian Mental Health Network that will promote and support mental health ministry across the denomination, and commend to ministers, congregations and members, mid-councils, and seminaries, active participation and networking with others engaged in mental health ministry.**

7. **In order to consolidate the foundation that has been laid, extend funding for staffing of Mental Health Ministry for an additional two years, and extend funding for mental health ministry grants, prioritizing creative and innovative projects focused on capacity-building in the areas of Items 1 - 4.**

8. **Direct that a new 'primary resource' be created by the Presbyterian Mission Agency for inspiring and equipping congregations, mid-councils, and seminaries to engage in mental health ministry. Where excellent capacity-building models/programs already exist (as with Items 1 – 3, 5), these should be lifted-up.**

Rationale

This report with recommendations is a final response to the following referrals:

2018 Referral: Item 10-11. On Establishing a Grant to Develop Resources to Educate Entities Regarding Serious Mental Illnesses. Recommendation 2. Establish a $250,000 Grant to Be Used to Implement the Provisions of This Overture. The Funds Will Be Used to Develop Plans of Action and Resources That Will Be Used by Presbyteries, Congregations, and Seminaries of the PC(USA) to Further Educate These Entities Within PC(USA) Regarding Serious Mental Illness Issues with the Intent to Provide a Foundation for Action within the Denomination, and That the Materials Developed Include Help for Congregations Interfacing with Mental Illness Found in the Homeless Population Surrounding the Church—From the Presbytery of Mission (*Minutes,* 2018, Part I, pp. 28, 32, 292–93 of the print copy, pp. 831–38 of the electronic copy).

2018 Referral: Item 10-11. On Establishing a Grant to Develop Resources to Educate Entities Regarding Serious Mental Illnesses. Recommendation 4. Conduct a Review and Evaluation of the Actions That Have Been Taken Since the Policy Statement Was Approved, with a Report to Be Presented at the 224th General Assembly (2020)—From the Presbytery of Mission (*Minutes,* 2018, Part I, pp. 28, 32, 292–93 of the print copy, pp. 831–38 of the electronic copy).

2018 Referral: Item 10-11. On Establishing a Grant to Develop Resources to Educate Entities Regarding Serious Mental Illnesses. Recommendation 5. Review, Update, and Present a Second Edition of "Comfort My People" for Approval at the 224th General Assembly (2020). This Review and Update Would Examine Terminology, Facts, Findings, Hyperlinks, and Add Any Additional Resources (i.e. Websites, Books, Movies) Published Since 2008 That Would Add Value to the Statement—From the Presbytery of Mission (*Minutes,* 2018, Part I, pp. 28, 32, 292–93 of the print copy, pp. 831–38 of the electronic copy).

Current backdrop for mental health ministry in the PC(USA). According to the National Institute for Mental Health, one in five people in the United States has a diagnosable mental health condition during any given year. For perspective, that translates into 264,000 PC(USA) members and 3,848 Presbyterian ministers facing mental health challenges at any given time. Over the past decade, the rate of suicide has increased significantly, particularly among youth, older adults, and veterans. In 2017, 70,000 people died from drug overdoses and 47,000 died by suicide, 24,000 of these involving guns. A growing number of people have been directly affected by the trauma of mass shootings, hate crimes, natural disasters, and many are affected by the trauma of domestic violence. Many children are growing up in the shadow of gun violence and active shooter drills. Thousands of families are living with the trauma of being separated at the border, and many people live with the impact of structural racism, chronic poverty, and homelessness on their mental health. Altogether, this forms the backdrop for ministry in PC(USA) congregations at this point in history.

The call to mental health ministry. Against this backdrop, the church is called to ministry—to intervene like the good Samaritan, and, following Matthew 25, to accord to people who have been stigmatized as 'the least of these,' the same dignity and welcome and care that would be given to Jesus or a member of his family. These recommendations invite Presbyterians to build their capacity to engage in this kind of ministry, which has the potential to transform and save lives.

Assessing the state of mental health ministry in PC(USA). On the tenth anniversary of *Comfort My People—A Policy Statement on Serious Mental Illness,* the 223rd General Assembly (2018) adopted a new mental health initiative. This initiative called for the establishment of a new $250,000 mental health ministry grant program and the launch of a new churchwide mental health network. It also called for a churchwide study on the state of mental health ministry ten years on from the original *Comfort My People* document with a report back to the 224th General Assembly (2020) containing recommendations for specific actions designed to focus and enhance the mental health initiatives of congregations, mid-councils, and seminaries going forward.

Need for capacity-building. The mental health study found that, although progress has been made since the original *Comfort My People* document, significant capacity-building is still needed in specific areas. The above recommendations are aimed at expanding the capacity of PC(USA) members and ministers, congregations, mid-councils, and seminaries to engage in mental health ministry in ways appropriate to each role, so that persons affected by mental health challenges and their loved ones—especially those affected by serious mental health conditions—are welcomed, supported, accepted, respected, and valued, and are fully included in the life of PC(USA) congregations.

Need for staffing and funds to support moving forward. While a solid foundation has been laid with the recent launch of the mental health ministry grant program, website, and Presbyterian Mental Health Network (PMHN), this work is still nascent and in need of support. To provide oversight for the awarding of grants, to create a new 'primary resource' for mental health ministry that will address existing gaps, and to help the new Presbyterian Mental Health Network reach its full maturity as a self-sustaining ministry network, additional staff time and funding are needed.

Background

The mental health initiative set into motion by the adoption of Item 10-11: 2, 4, and 5 has several components: 1) $250,000 grant program, 2) launch of a churchwide Presbyterian Mental Health Network, 3) Churchwide study of mental health ministry, 4) *Comfort My People* Second Edition, 5) Report to next GA (2020).   The initiative was designed to assess the current state of mental health ministry across the PC(USA), re-ignite interest, energy, and engagement, and lay a foundation for moving forward. The PMA, through the Director's Office of Compassion, Peace and Justice Ministry has responded to these referrals in the following way:

- **"Mental Health Summit" held in February 2019**
  Co-led by Compassion, Peace and Justice (CPJ) staff and grass roots mental health leaders instrumental in passage of Item 10-11, seventeen grass roots leaders gathered from across the church in Louisville, KY to discuss next steps for moving the Comfort My People (CMP) mental health initiative forward.

- **Two-year full-time Associate for Mental Health Ministry hired by CPJ**
  By May 2019, Donna Miller (PsychD) was in place to staff implementation of the initiative. A collaborative and productive partnership uniting the complementary contributions of staff and grass roots leaders was forged between the staff associate and the CMP core leadership team.

- **$250,000 PMA Mental Health Ministry Grant Program established**
  The top priority was getting the new grant program written, approved and functioning. The $250, 000 grant program was launched on August 3rd at a sold-out "Mental Health Matters" Breakfast hosted by CPJ at Big Tent. Congregations, mid-councils and seminaries can apply for 'seed'
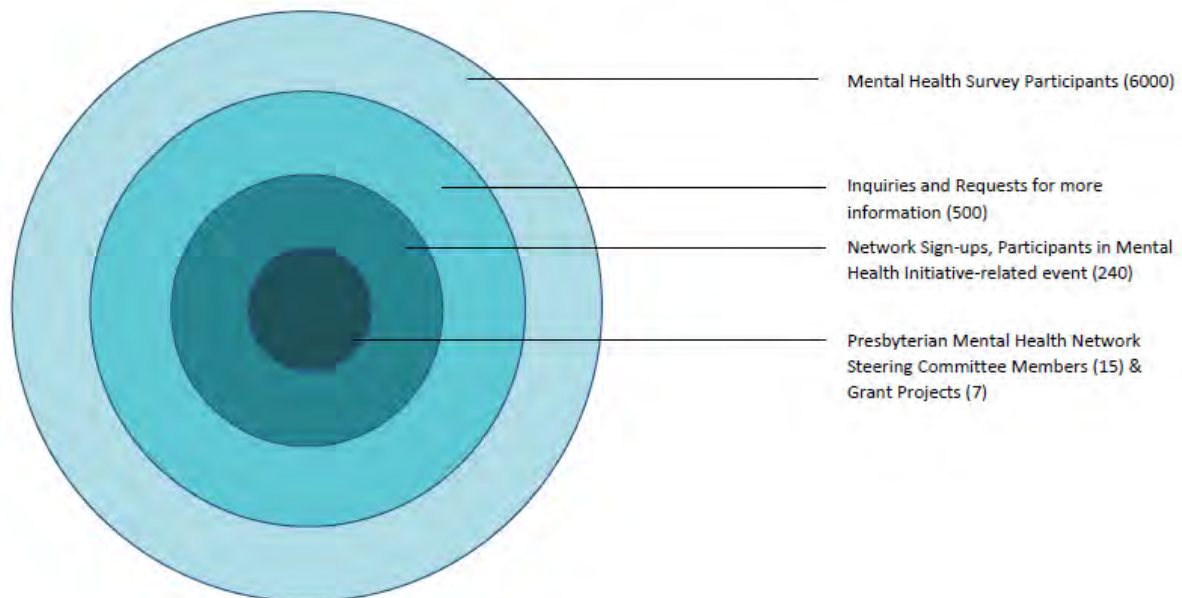
grants to initiate or advance creative models of mental health ministry. The first cycle of grants, totaling $68,500, was awarded in September 2019 to an impressive and diverse array of projects that can be viewed at www.pcusa.org/mentalhealth. The next cycle will be awarded in January 2020.

- **Presbyterian Mental Health Ministry Website**: www.pcusa.org/mentalhealth
  The Associate developed content for mental health pages on the PMA website to introduce the mental health initiative across the church. Thanks to a very able Communications team, it was 'live' by August 2019 and features:
  1) *Grant Program* information, application materials, list of grant projects
  2) *Resources Section* with downloadable resources and an annotated list of hyperlinks to websites with high quality mental health resources
  3) *Presbyterian Mental Health Network (PMHN)* sign-up form
  4) *Churchwide Mental Health Survey* with link to findings
  5) *Second Edition Comfort My People* link to download First Edition and click to leave input/suggestions for Second Edition.

Reach and Depth of Engagement with Mental Health Initiative Components

Mental Health Survey Participants (6000)

Inquiries and Requests for more information (500)

Network Sign-ups, Participants in Mental Health Initiative-related event (240)

Presbyterian Mental Health Network Steering Committee Members (15) & Grant Projects (7)

- **Launch of churchwide Presbyterian Mental Health Network (PMHN)**
  At the heart of the mental health initiative is a rapidly growing network of committed individuals and entities expressing interest and stepping forward to become part of expanding and deepening mental health ministry in the PC(USA). Between May and October, the scaffolding of a nascent Presbyterian Mental Health Network was put into place.

Steering Committee and Structure
A leadership team of 15 individuals has been strategically recruited from across the PC(USA). All bring mental health experience-- lived, professional or both. The team includes 5 persons of color. Different geographical regions and roles in the denomination are represented. A mission statement and bylaws were adopted, and officers were elected in October 2019. Mission Presbytery, acting as fiduciary agent, has received a Mental Health Ministry Grant and a generous anonymous donation of $10,000 to help with start-up costs.

Presbyterian Mental Health Network visibility and presence-- Logo and Website
Plans for a website are underway, and PMHN will have an exhibition booth and host a lunch at General Assembly. An artist who advocates for the National Alliance on Mental Illness was commissioned to create a logo. The forms and colors convey community, faith, openness, and vitality.

Network Membership
Since the website launch in August, 120 individuals have signed up "to hear about and from" the newly forming Presbyterian Mental Health Network (PMHN), with an unexpectedly large number expressing interest in future volunteer possibilities—many citing professional credentials in mental health. Three options were presented for which people could indicate interest in future volunteer roles:

- **Volunteer Consultant**—those with expertise in an area who would be willing to respond to mental health ministry-related inquiries and requests from congregations, mid-councils, seminaries (e.g., serving as speaker or workshop leader, offering guidance or consultation on issues of mental health ministry)
- **Virtual Village of Voices**—those interested in increasing the diversity of voices helping to shape mental health ministry who are comfortable sharing the 'lens' or 'voice' they bring and open to being called upon, as needed, to be part of a focus group, review existing resources, help 'crowdsource' new resources, or comment on early stage drafts.
- **Network Supporters**—willing to assist in the development and maintenance of ongoing activities of the Presbyterian Mental Health Network.

Sixty indicated interest in the 'Virtual Village of Voices', and 52 in being volunteer consultants. Twenty-two have offered to help with the Network. The strength of this response has outpaced the existing capacity of the single PMA Mental Health Ministry

Associate and nascent Presbyterian Mental Health Network Steering Committee to follow-up with these potential volunteers. The most immediate challenge going forward is developing the capacity for integrating these and future volunteers (e.g., vetting, orienting, training/equipping, placing, supporting/supervising), so that their gifts and energy can be well-used across the church.

Presbyterian Mental Health Network Sign-ups and Grant Projects
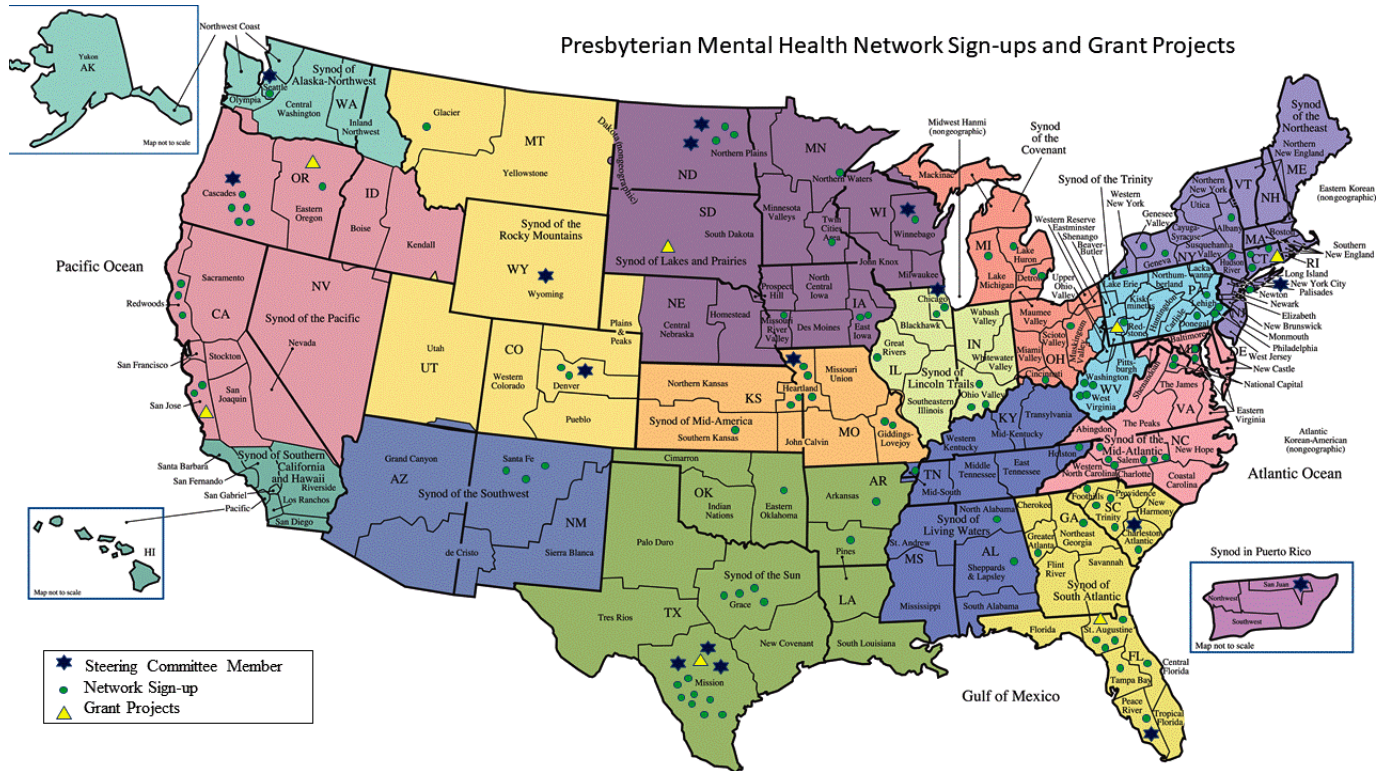
- **Review of** *Comfort My People—A Policy Paper on Serious Mental Illness*
  The mental health initiative called for a review and update of this paper, first adopted in 2008, which is a profound statement of affirmation and hope for persons, families, and communities living with mental illnesses. A review has been underway. The first edition has been available for download at www.pcusa.org/mentalhealth with an invitation to give input for the next edition. Input has also been received from the PMHN Steering Committee and beyond, including grass roots leaders instrumental in framing this part of Item 10-11. The review efforts of CPJ and the PMHN have revealed that what is most deeply needed is not an updated policy statement, but rather, a new 'primary resource' for mental health ministry in the church informed by deep listening to a diverse range of voices and a focus on capacity-building rather than policy.

- **Churchwide Mental Health Survey fielded in October 2019**
  CPJ commissioned Research Services to conduct a churchwide survey on the state of mental health ministry across the PC(USA), and CPJ is grateful for the work of dedicated RS staff. The survey has yielded rich results. A Summary prepared by Research Services is included in the Appendix. Full reports on each of the demographic groups are available for viewing at www.pcusa.org/mentalhealth.

Study Design
The Associate for Mental Health Ministry collaborated with the Director of Research Services on survey design, seeking input from others within tight time constraints. Questions were designed to assess responses to the substance of *Comfort My People* recommendations, ignite conversation about mental health, and inform participants of available resources and opportunities. Five demographic groups were surveyed, each with its own set of questions:

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

Results
There were 6,000 responses with nearly 4000 responses from ministers, and the surveys generated requests from 400 individuals for additional information about mental health resources. A full one-third (34%) mid-councils participated, and 8% of congregations were represented. Response from the twelve Presbyterian-related seminaries was limited despite considerable effort to enlist their participation. Over 2,000 individual comments were added, many expressing gratitude for the survey and the attention being paid to mental health by the PC(USA):

> *I have a family member with mental illness, have been affiliated with NAMI for 14 years, and am glad the larger church is finally getting on board to start talking about mental health issues!*

> *Thank you for conducting this survey! Mental health and mental illness are important issues to me, and I am glad that they are important to the church as well.*

> *As someone with a history of severe depressive episodes and suicidality, I am grateful to the PC (USA) for recognizing the importance of mental health.*

Key Findings

- *Experience and basic knowledge.* 97% of Person-in-the-Pew respondents knew someone with mental illness or significant mental health concerns. Members and church leaders have an abundant understanding of the warning signs of mental illness and most can correctly identify myths about mental illness as false.

- *Community backdrop for mental health ministry.* Nearly all members and church leaders reported having some type of mental health services in their town or county. However, many gaps were identified in comments on the ministers' survey, especially in rural areas.

  Some 35% of members reported having experienced a large-scale act of violence in their communities:
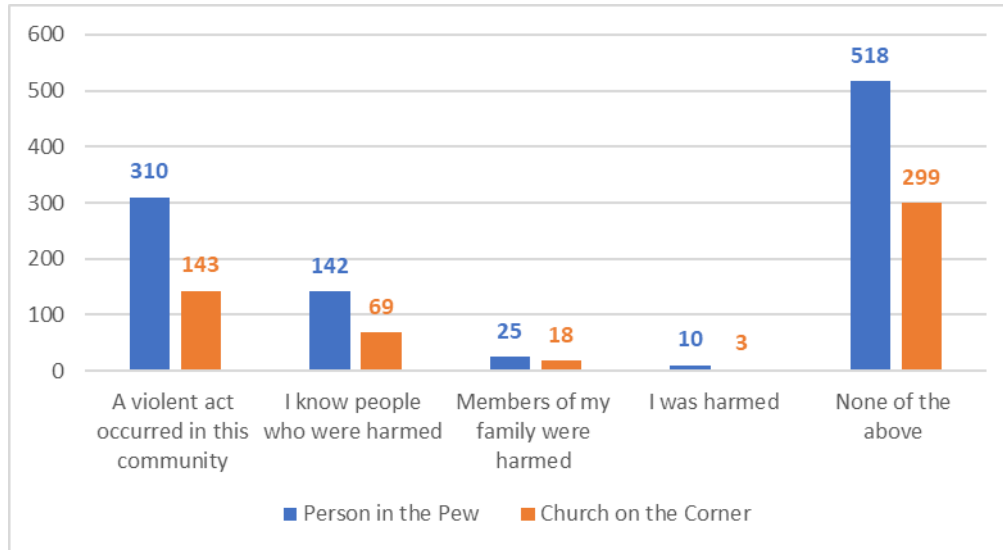
- *Interest in learning more about mental health ministry*. More than half (54%) of members (Person-in-Pew) and church leaders (Church-on-Corner) agree that their congregations are interested in learning more about mental health ministry, and many ministers expressed the need for additional training.

- *Current Congregational Engagement in Mental Health Ministry*
 The nature of engagement over the past 12 -18 months is shown in the following two charts:
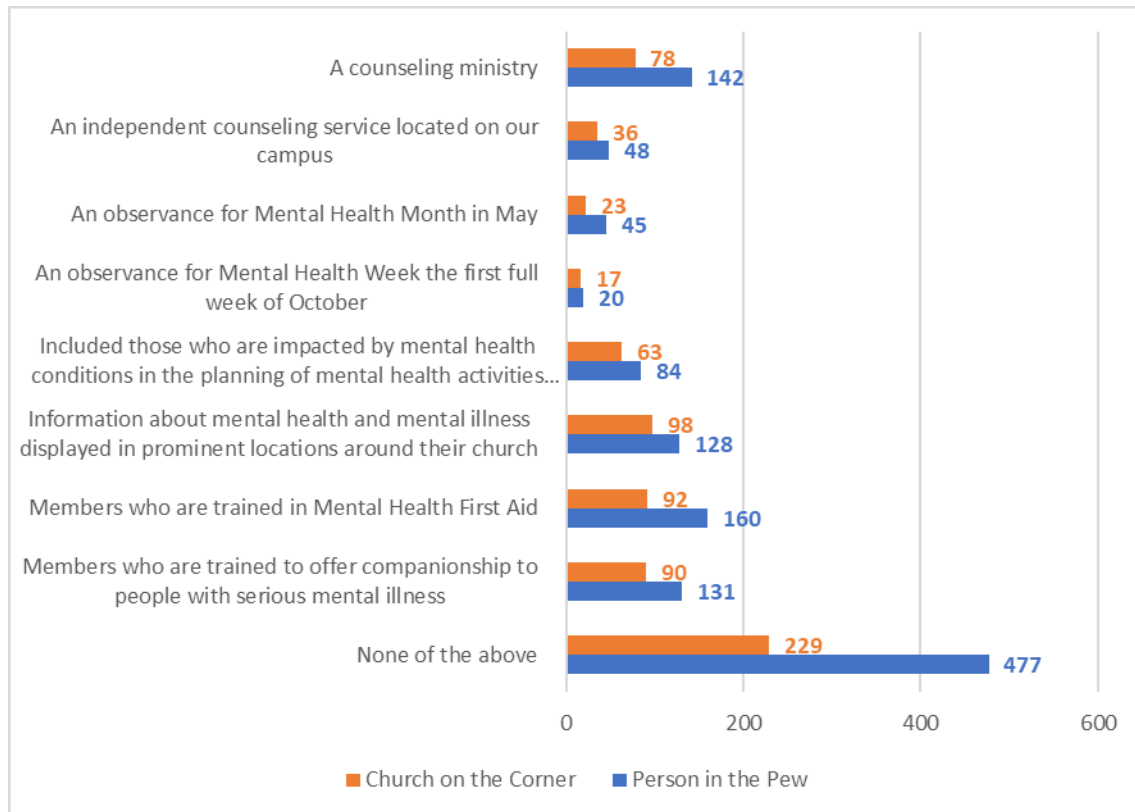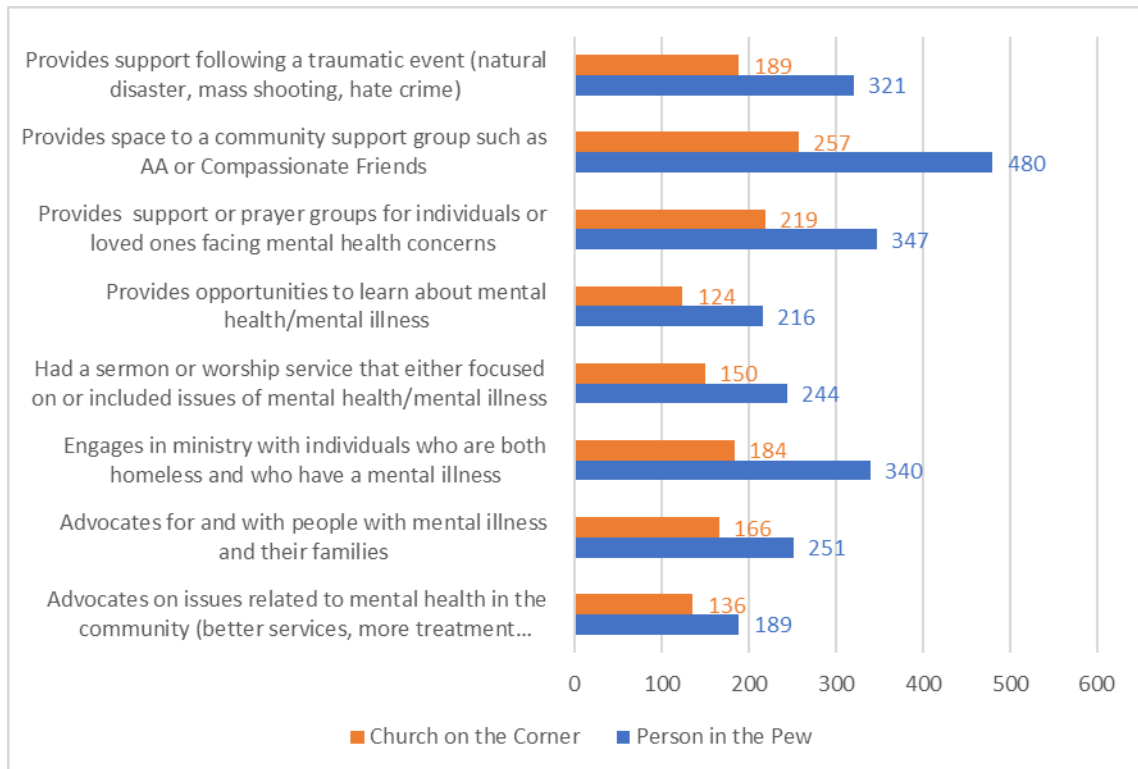
- *Perceptions of preparedness for mental health ministry* – Nearly half of members (49%) and church leaders (48%) say that their church is "not" or "probably not" equipped to welcome individuals with significant mental health issues into the daily life of the church, with 20% reporting that they "are" equipped, and about 20% reporting they "are equipped and have done so." The following comment points to the need for more understanding of specific mental health conditions and an opportunity to learn from the congregations most fully equipped in their capacity to be safe and welcoming communities for everyone.

  > *I think the welcoming issue depends totally on the kind of mental health challenges. We have people with depression, bi-polar and schizophrenia in the congregations but would struggle with severe autism or Turrets syndrome in which people 'acted out' uncontrollably.*

- *Barriers to mental health ministry* – The top two ranked barriers for members, church leaders, and mid-council leaders were "*not knowing how to respond to an individual showing signs of a mental health condition*" and "*lack of knowledge about mental health issues.*"

- *Role of ministers* – Ministers were given examples of mental health situations that can arise in ministry and asked to rank them in terms of their own capability handling the situation. Many ministers expressed a need for more training, including knowing when and how to refer. The following chart shows the percentage of ministers who rated themselves as less than capable in response to specific situations:
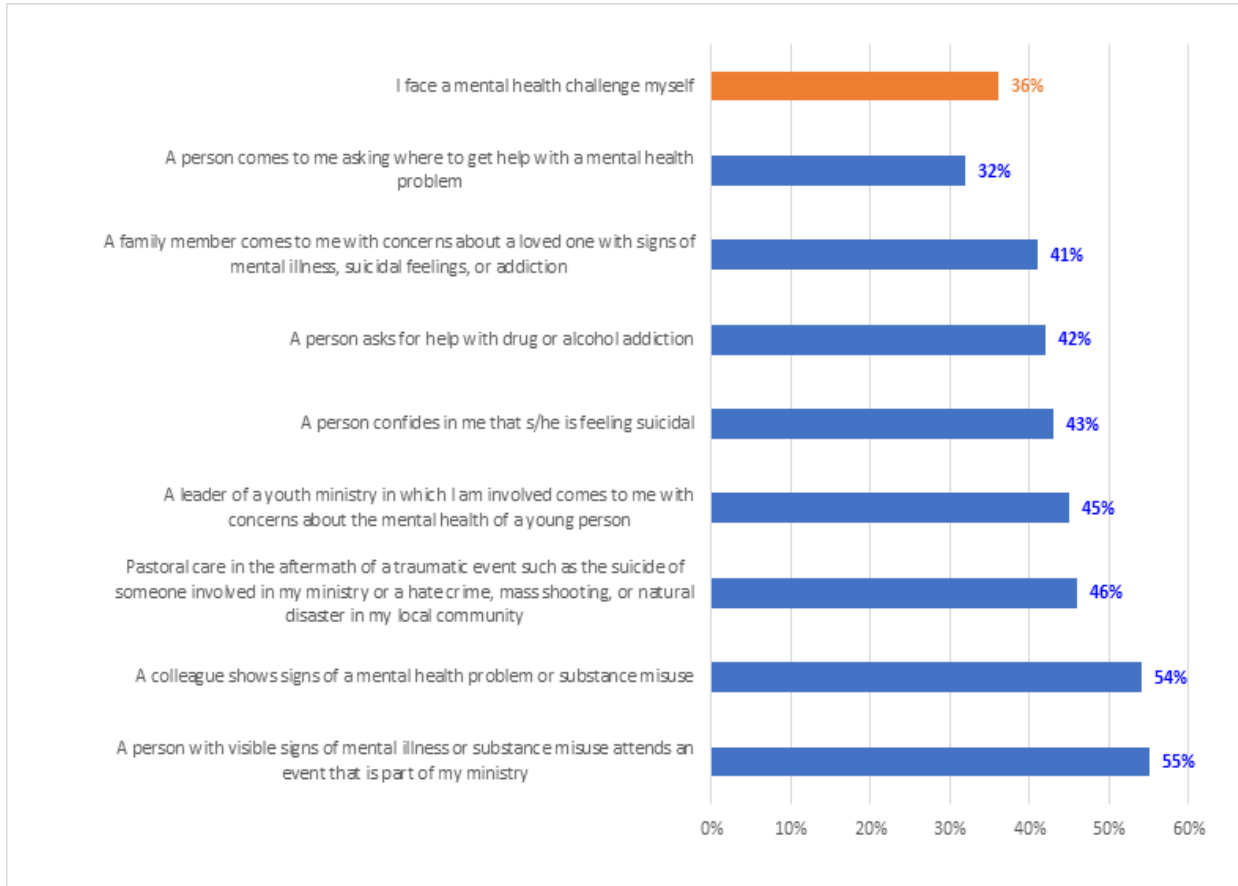
- *Priorities for resources*— The level of awareness about available resources such as the *Comfort My People* policy paper, grant program, NAMI, and Mental Health First Aid training was higher among mid-council leaders, but low in general. The surveys generated 400 requests from respondents for more information. Ministers ranked a list of resources in terms of potential helpfulness and added their own suggestions. The need for resources that are culturally-attuned to specific constituencies (e.g., race, ethnicity, LGBTQ+) was cited by ministers. Their responses have informed Recommendations 1 – 5. Continuing to raise awareness of excellent existing resources is just as important as developing new resources where gaps are identified.
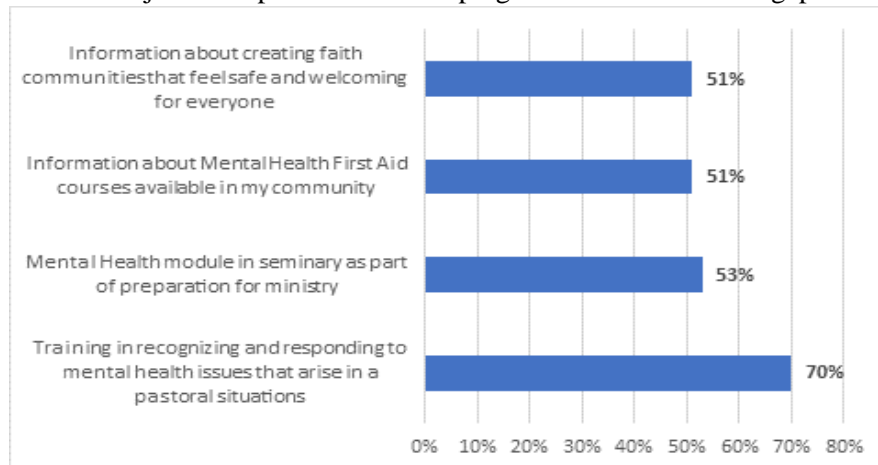
- *Mental health of ministers*—The roles of ministers (as pastor or specialized minister) can be emotionally demanding and oftentimes also isolating, increasing risk of burnout and compassion fatigue. More than 90% of ministers described their mental health as good, very good or excellent, only 9% describing their mental health as fair to poor. Given concerns expressed about stigma in the minster's survey, it's difficult to interpret these numbers.

- *Stigma –* There is considerable evidence that stigma around mental health continues to weigh heavily, especially on ministers with a history of mental illness as shown by the following chart that shows responses to a question asking how true it is that their congregation/s are open to calling a minister with a history of mental illness.
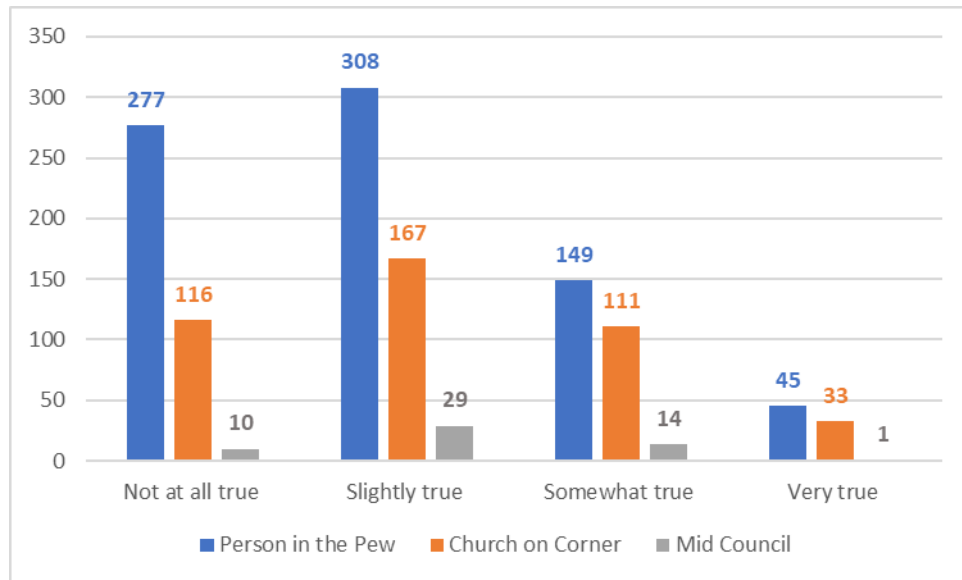
- ***Role of mid-councils***—Central to their connectional function, mid-councils both support congregations in their ministries and nurture the mental health of ministers. In relation to congregations, in the past 18 months, 26% of the mid-councils offered mental health training, and of these, over half used National Alliance on Mental Illness (NAMI) materials. Compared to members and church leaders, mid-council leaders are more aware of denominational resources such as the grant program, website, and *Comfort My People* policy paper.

  In relation to the mental health of ministers, a majority of mid-councils (60%) described themselves as "somewhat equipped," with 7% describing themselves as "not at all equipped" to respond to ministers who are facing mental health challenges. Just 38% have a process for assisting ministers facing mental health challenges, and 44% offer or providing confidential counseling to ministers.

- ***Role of seminaries***—Five responses were received from the twelve PC(USA)-related seminaries (12 began but did not submit and only 3 completed the survey). Rather than an online survey, engaging seminaries in a relational way--possibly in one-on-one interviews or focus groups with pastoral care faculty—might be more fruitful.

**Capacity-building Activities to Focus and Enhance Mental Health Initiatives
in Congregations, Mid-Councils and Seminaries**

The aim of the mental health initiative is to increase the capacity of PC(USA) members and ministers, congregations, mid-councils, and seminaries to engage in mental health ministry in ways appropriate to each part of the church, so that persons affected by mental health challenges and their loved ones—especially those affected by serious mental health conditions—are welcomed, supported, accepted, respected, valued, and fully included in the life of PC(USA) congregations.

While some progress has been made since the adoption in 2008 of the *Comfort My People* Policy Paper, much work remains to fully live into this vision. The newly launched grant program, mental health ministry website, Presbyterian Mental Health Network, and churchwide mental health survey have succeeded in re-igniting interest and conversation about mental health ministry and have put the scaffolding into place on which to build further capacity.

Core 'capacities' of mental health ministry can be grouped into several categories.

Congregations

- *'First responder' capacity* – the capacity for ministers and members to engage in a role-appropriate and helpful way when someone shows signs of a mental illness, is in mental health distress or crisis, or has concerns about the mental health of a loved one. Skills include assessing for risk of suicide or harm, listening non-judgmentally, giving reassurance and information, encouraging appropriate professional help, and encouraging self-help and other support strategies.

  Examples of capacity-building activities: training in skills of Mental Health First Aid https://www.mentalhealthfirstaid.org/ for adults and youth, training in QPR (Question, Persuade, Refer) suicide prevention https://qprinstitute.com/, training of pastors and members—including elders, deacons, volunteers working with children and youth, ushers, and church staff—in principles of trauma-informed care and responses to people in distress https://store.samhsa.gov/system/files/sma14-4884.pdf

- *'Companioning capacity'* – skills for 'walking side by side' with people affected by mental illness and their loved ones and to share the journey toward health and wholeness in ways experienced as welcoming, respectful, and supportive. Core 'practices' include hospitality, neighboring (relating as equals), listening, and expanding the circle of care.

  Examples of capacity-building activities: Pathways to Promise Companionship training http://www.pathways2promise.org/companionship-training/ , NAMI training and programs such as Family to Family https://www.nami.org/Find-Support/NAMI-Programs .

- *'Advocacy capacity'* -- Advocacy is often framed as lobbying for certain policies but results of the survey suggest the need for another kind of advocacy within PC(USA) congregations.

    - **Addressing stigma**. 1 of every 5 Americans experiences a diagnosable mental health condition in any given year. That translates into 264,000 Presbyterians and 3,848 Presbyterian ministers facing mental health challenges at any given time. While many mental

health conditions occur early in life, others, such as dementia, typically emerge late in life. Some are visible; most are not—often hidden because of the stigma attached to mental illness and mental health conditions.

Stigma can cost lives and is an obstacle to seeking treatment and recovering. It also inhibits authenticity, which is at the heart of faith communities with a vital spirituality that can foster transformative relationships. Advocacy involves working *with* as well as *for* people who are affected by mental health challenges and their loved ones to make the church a safe place talk about mental health, acknowledge mental health vulnerability, and become a source of companionship and spiritual nourishment 'in sickness and in health'.

- **Changing how we view, think, and talk about mental health and mental illness.** Advocacy can begin with 'taking the mote out of our own eye'. It means moving beyond 'them' and 'us' and focusing on our common humanity-- recognizing that anyone can have a mental illness or condition, and that mental health is on a continuum for everyone and fluctuates over the course of a lifetime. It means taking seriously the voices of those of us with lived experience of mental health diagnoses who insist, "nothing about us without us," and those who challenge us to recognize neurodiversity.

Examples of a capacity-building activities: A next step could be downloading the NAMI handout, *Being a Stigma-Free Faith Community* from the Resource Section at www.pcusa.org/mentalhealth and talking about it in your church.

A step further: The new worshipping community, Sweaty Sheep, in San Jose Presbytery is using a mental health ministry grant to address stigma through 'cross-cultural' recreational retreats that use 'play' to bring together people with serious mental illness (some also homeless) with church people open to mutual sharing, growth and learning across social, economic, and faith barriers. This builds on a model they used previously that focused on moving beyond the stigma of homelessness:
https://www.youtube.com/watch?v=CW0S8EoaioQ&feature=youtu.be

Mid-councils

In their connectional role, mid-councils are positioned to support congregations in building their capacity for mental health ministry. An important step for mid-councils is learning more about what congregations are doing. Presbyteries have a unique role to play in the mental health of ministers. Because mid-councils vary widely in terms of size, structure, available resources, staffing, and thus, ways of engaging with congregations and ministers, it is difficult to generalize but the following could be readily adapted to fit local context.

Examples of activities that can help focus and enhance mental health initiatives at the mid-council level:

- **'G' as in Getting the word out** –mid-councils are well- placed to learn about mental health activities, resources and opportunities for engagement that congregations do not hear about directly and thus, have a key role to play in getting the word out to congregations through their communication channels.

- **'A' as in Appreciating good examples/models** – Mid-councils are also well-placed to recognize and lift-up examples and models of mental health ministry in congregations and to facilitate 'cross-pollination' among congregations.

- **'I' as in Initiate the next step –** Mid-councils can initiate next steps, such as planning a mental health event/training or applying for a mental health ministry seed grant. Five mid-councils already have exciting capacity-building grant projects underway that can become models and springboards for others. A list of these projects can be found at www.pcusa.org/mentalhealth

- **'N' as in Nurture pastors' mental health** – This can be broken into two parts—proactive strategies such as Resilience and Compassion Fatigue Prevention training (available to them through Presbyterian Disaster Assistance), and strategies for responding when pastors are struggling with mental health challenges, an area where there may be a gap in resources and need for additional resourcing.

Seminaries

The key capacity-building role of seminaries involves initial preparation and continuing education of ministers (some serving in churches, others in specialized ministry) and commissioned lay elders. Input from the ministers' survey identified the kinds of mental health situations arising in ministry for which many ministers would like to be better prepared, also the kinds of resources they might find helpful. Results from the ministers' survey will be shared with seminaries. These findings may be of most value to deans, pastoral care faculty, and others involved in the initial preparation and continuing education of ministers and others serving the church.

Example of a capacity-building activity undertaken by a seminary:
Pittsburgh Seminary, partnering with Washington and Upper Ohio Valley presbyteries, has developed a continuing education program for rural congregational leaders designed to equip them to provide spiritual care and mental health resourcing in the rural underserved areas of SW PA, SE OH, and WV. This is being funded by one of the new Mental Health Ministry grants.

PMA Staff Priorities informed by the Survey Results

In order to build something sturdy and lasting on the scaffolding that is now in place, there is a need for continued PMA staffing and close collaboration with the Presbyterian Mental Health Network as it develops its capacity to advance and support mental health ministry across the church. Priorities include:

- Developing systems for responding to inquiries, requests for guidance and support, and for presentations that are being generated as awareness of the mental health initiative grows.
- Developing a strategy and timetable for ongoing visibility, presence, and communications.
- Developing systems for integrating volunteers stepping forward who want to engage—vetting, orienting, training, placing, and providing support and supervision.
    - Volunteer Consultants
    - Virtual Village of Voices
    - Network Supporters
- Developing strategies to facilitate connections and support among individuals/entities engaged in mental health ministry, possibly by region.

- Refining, maintenance, and continued content development for the PMA Mental Health Ministry webpages to promote awareness of the mental health initiative, provide access to mental health resources, and channel energy into the Presbyterian Mental Health Network.
- Resource Development

Mental Health Summary

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

The report has been prepared for:
Donna Miller, PsychD
Associate for Mental Health Ministries
Compassion, Peace and Justice

Prepared by:
Susan Barnett, PhD
Jashalund Royston, MA
Research Services

Person in the Pew

Church on the Corner

MID COUNCIL

■ 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.

Person in the Pew

Church on the Corner

MID COUNCIL

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.

Person in the Pew

Church on the Corner

MID COUNCIL

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/

Person in the Pew

Church on the Corner

MID COUNCIL

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.

Person in the Pew

Mental Health Summary 7

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

Person in the Pew

Mental Health Summary 8

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.

Church on the Corner

Mental Health Summary 9

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.

MID COUNCIL

Mental Health Summary 10

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 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 Summary 11

Mental Health – Seminaries 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 Summary 12

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.

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.