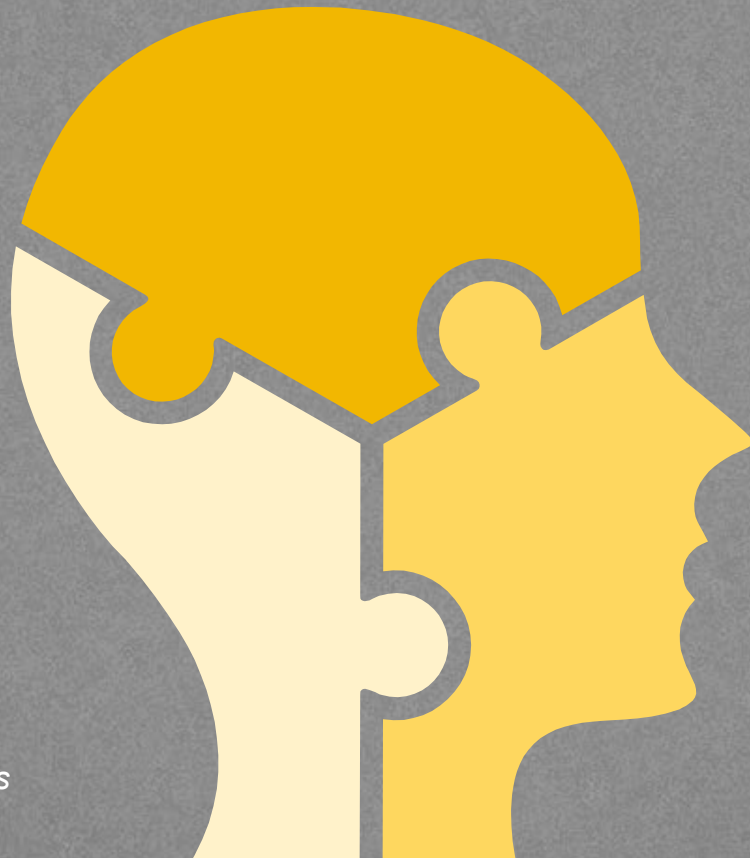# Mid Council: Mental Health

The report has been prepared for:
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Research Services

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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 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

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Key Findings

- Only 4% of mid council leaders say that their mid councils are extremely equipped to respond to ministers who are facing mental health challenges.

- Over half of mid council leaders do not know how many churches in their mid council are affiliated with National Alliance on Mental Illness (NAMI) or use NAMI resources.

- Only 4 mid council leaders out of 57 indicate that their mid council maintains a directory of mental health resources.

84% — Provided space to a community support group such as AA or Compassionate Friends

62% — Provided support following a traumatic event (natural disaster, mass shooting, hate crime)

58% — Engaged in ministry with individuals "who are both homeless and who have a mental illness"

58% — Provided opportunities to learn about mental health/ mental illness

47% — Provided support or prayer groups for individuals or loved ones facing mental health concerns

42% — Advocated on issues related to mental health in the community

36% — Had a sermon or worship service that either focused on or included issues of mental health/ mental illness

35% — Advocated for and with people with mental illness and their families

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The following statements focus on the interest, ability, and engagement in current mental health ministries of congregations in this mid council

	Strongly Disagree	Moderately Disagree	Neither Disagree nor Agree	Moderately Agree	Extremely Agree
Interested in learning more about mental health	2%	6%	38%	**51%**	4%
Equipped to engage in a mental health ministry	7%	**55%**	31%	7%	0%
Engaged in some form of a mental health ministry	9%	29%	**44%**	16%	2%

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In the majority of cases, mid council leaders do not know if services or information is available.

How many churches in this mid council have...

	None	Few	Several	Most	Do Not Know
A counseling ministry	13%	**48%**	33%	2%	4%
An observance for Mental Health Month in May	13%	**33%**	9%	0%	**44%**
An observance for Serious Mental Health Week in October	24%	13%	6%	7%	**50%**
Information about mental health and mental illness displayed in prominent locations around their church	8%	**34%**	30%	6%	23%
Members who are trained in Mental Health First Aid	11%	**32%**	17%	0%	**40%**
Members who are trained to offer companionship to people with serious mental illness	12%	25%	23%	0%	**40%**
Included those who are impacted by mental health conditions in the planning of mental health activities for their church or this mid council	15%	**30%**	6%	0%	**49%**

No mid council leader indicated any listed service being available in all churches in their mid council.

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Mid Council leaders were asked to rank these seven items that hinder mental health ministries in their presbytery.
These are the results:

1 Lack of knowledge by church leaders about mental health issue

2 Not knowing how to respond to an individual who is showing signs of a mental health condition

3 Lack of time

4 Myths, misunderstandings, or stereotypes about mental illness
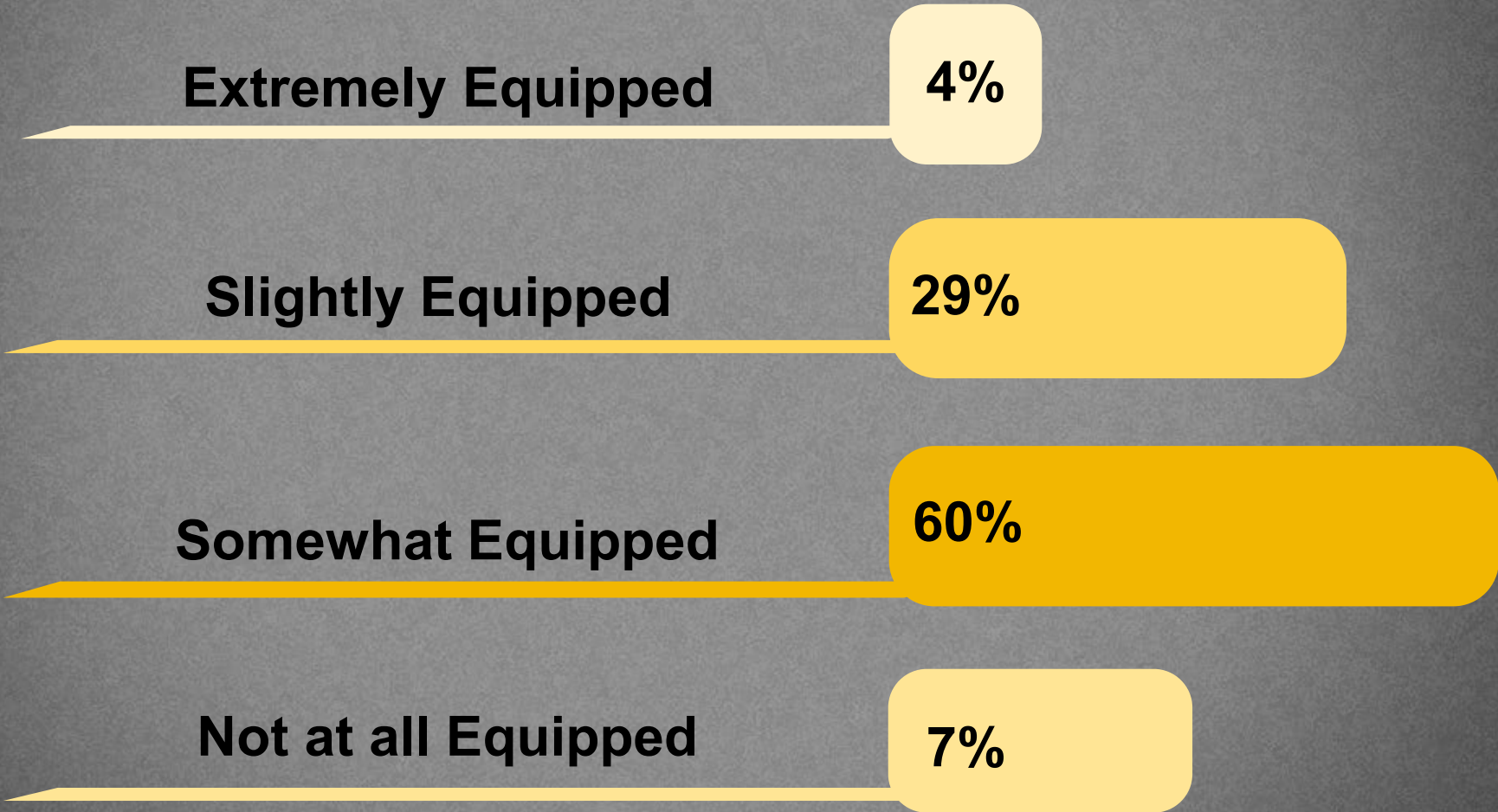
5 Lack of interest by churches and church leaders

6 Fear of mental illness

How well equipped is this mid council to respond to ministers who are facing mental health challenges?

N=55

Extremely Equipped — 4%

Slightly Equipped — 29%

Somewhat Equipped — 60%

Not at all Equipped — 7%

How true are the following statements for the churches in this mid council?

	Not at all True	Slightly True	Somewhat True	Very True
Churches in this mid council are open to calling ministers who have a history of mental illness	19%	**55%**	25%	2%
There is a process in place to assist ministers who are facing mental health challenges	27%	**38%**	27%	7%
This mid council provides access to confidential counseling for its ministers	11%	18%	27%	**44%**
This mid council provides access to confidential counseling for its ministers' families	21%	25%	**28%**	26%
The mid council takes preventive measures to help maintain the mental health of its ministers	24%	**39%**	26%	11%

Mid council leaders were asked about the National Alliance on Mental Illness (NAMI) and mental health training within their churches.

66% Are familiar with NAMI (n=36)

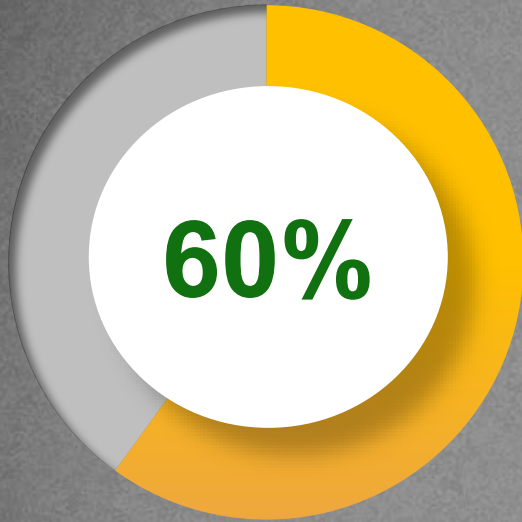**28%** Are aware of individuals within their churches who have NAMI training (n=10)

26% Have sponsored a training event or session about mental health (n=15)
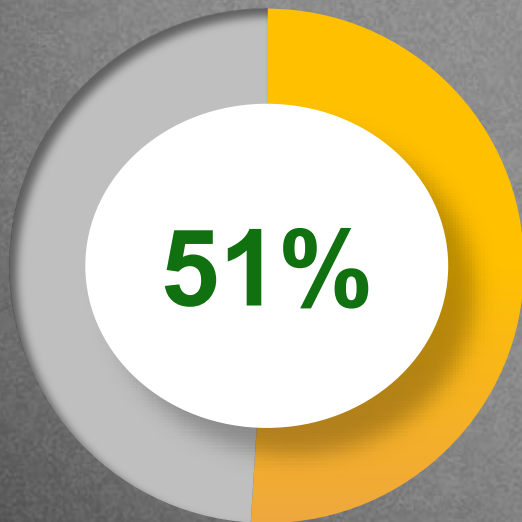
Of these, 53% included NAMI information (n=8)

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Mid council leaders were asked about their knowledge of NAMI affiliation and use of NAMI resources by churches in their mid council.

N=35

60% Do not know how many of their churches are affiliated with NAMI

51% Do not know if their congregations use NAMI resources

One of the roles of the mid council is to offer training to better equip its ministers for life-long ministry. While the seminary provides foundational education and training, there is still much to learn about ministry. Most mid council leaders report that very few, if any, ministers have requested mental health training with the exception of responding to traumatic events.
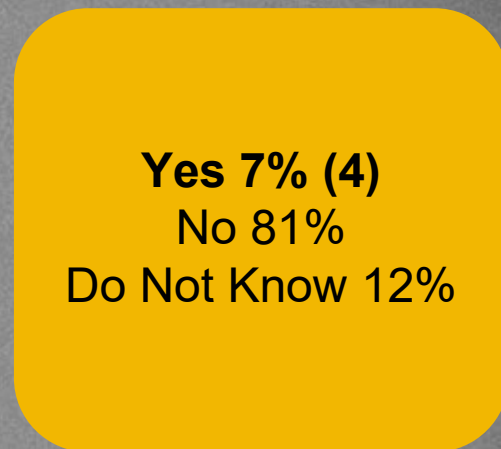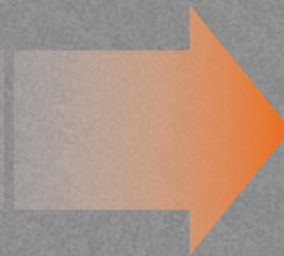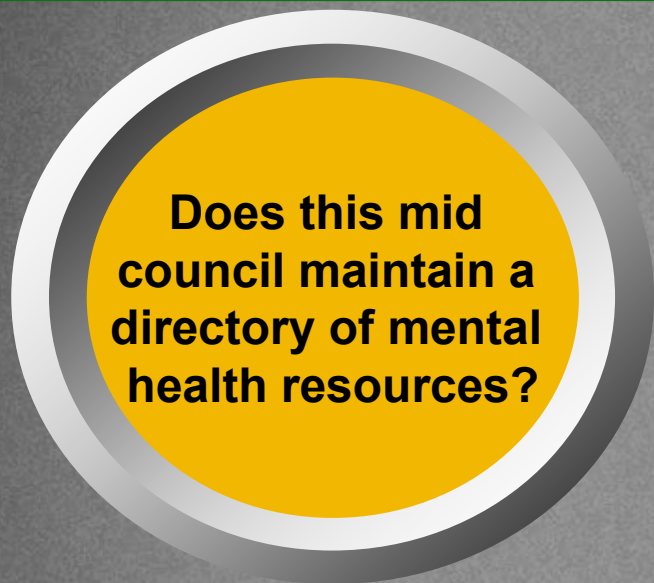
N=55

How many ministers of this mid council have expressed the need for additional training so that they…?

	None	Few	Several	Many	Most	Do not know
Better recognize signs and symptoms of mental illness	**35%**	24%	13%	4%	2%	22%
Make better referrals to mental health professionals	**33%**	21%	15%	8%	2%	21%
Know how to use mental health first aid when someone is expressing suicide feelings, showing signs of serious mental illness, or misusing substances	23%	23%	17%	9%	2%	26%
Are better equipped to respond pastorally to traumatic events in the church or community	14%	23%	**33%**	14%	2%	15%

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Only four mid council leaders (7%) report their mid council maintaining a directory of mental health resources. Of the four mid council leaders who indicate their mid council maintains a directory, only two report this directory being shared with each congregation.

Does this mid council maintain a directory of mental health resources?

Yes 7% (4)
No 81%
Do Not Know 12%

Two mid councils report sharing the directory with each of their congregations. Only one shares its directory with those ministers who are new to their presbytery

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Rank the following barriers to adequate mental health and mental health treatment and services in this mid council.

N=49

 # 1   Information about services is not widely shared

followed by …

#2   Individuals may not know that they are eligible for services

#3   Limited access to resources

#4   Limited treatment options

#5   Lack of trained mental health professionals

#6   No free or low-cost treatment

#7   Inadequate transportation systems to get to and from services

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Are you aware…

41% That the 223rd General Assembly has set aside $250,000 for the purpose of funding grants that empower congregations, mid councils, and seminaries to expand or initiate mental health ministries

55% PC(USA) resource, *Comfort My People Policy Paper on Serious Mental Illness and Study Guide*

37% PC(USA) resource, Mental Health Ministry website: www.pcusa.org/mental health

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