# Study of Acute Mental Illness and Christian Faith

# RESEARCH REPORT



LifeWay RESEARCH
Biblical Solutions for Life

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# Executive Summary

## General Descriptions of the Illnesses

These general descriptions arose during the course of the discussions with mental health experts and are shared because they are likely significant to the specifics described about the interaction of these illnesses and faith. However, these should not be seen as a complete picture of an illness' diagnostic parameters. Experts frequently specified that while the interview covered generalities, when they are in a room with a patient, it becomes very specific to that person.

- Depression
  - Illness most familiar to all of the experts.
  - Depression was mentioned the most often as being directly impacted by situations, personal care, friendships, and spiritual life.
- Bipolar
  - Experts placed a much higher emphasis on the need for medication with patients who are bipolar than those with depression.
  - Bipolar frequently causes a great deal of strain on the patient's closest relationships.
  - Advances in medicine provide a hopeful outlook with a bipolar diagnosis.
  - Those dealing with bipolar face challenges in areas that are their best avenues for making progress:
    - Inconsistency
    - Difficulty getting plugged into groups
    - Trouble making relational connections
    - Difficulty feeling connected to God and others
    - Actions can have strong impact on community of faith
- Schizophrenia
  - Is a brain disease
  - Seen in all faiths, religions
  - Found in all socio-economic strata
  - 1% of population (all over the world)
  - Cuts across people groups
  - Shows no preferential selection or de-selection
  - Has 3 categories of symptoms
    - Positive (adds something to the person's personality)
    - Negative (takes something away from the person's personality)
    - Cognitive (lower functioning than general population)

## Mental Health Experts on Shame & Stigma

- People with mental illness or their families deal with a large amount of shame and social stigma around the illnesses.
    - People assume the person has "done" something to cause it.
- The need for honest conversations that bring clarity to the topic are needed.
- Conversations about mental illness need to change in frequency and in tone.

## Mental Health Experts on the Family

- Parents of children with mental illness deal with a substantial amount of denial and grief.
- Questions about suffering are common.
- To move forward, parents have to learn to dream new dreams for their child and their families.
- Key tools for families
    - Establish realistic time frames
    - Understand illness isn't going to just "disappear"
    - Let go of others' expectations
    - Make room in their lives to deal with the illness
    - Establish boundaries that lead to success
    - Understand that it's not about them

## Mental Health Experts on the Church & Community

- People with mental illness often turn to the church first for help.
- Church has an opportunity to be a place of healing.
- Pastors' reactions to people struggling with mental illness are varied.
- Pastors need to understand their own limitations.
- Walking with the mentally ill can benefit the congregation, not just the individual.
- Prepare for the cyclical nature of it and potential relapses.
- Pastors are most likely to change their view on mental illness once they are personally impacted by it.

## Mental Health Experts on Faith & Maturity

- Patients may forget to tell a mental health provider about struggles with their faith because they are more focused on the surface issues of the illness.
- Labeling a mental illness as only a "spiritual issue" is not helpful, and it can be detrimental.
- Some manic episodes can appear to be signs of devotion or sacrifice.
- Social support and community in the local church is important for personal spiritual growth.
- Be realistic about how much spiritual growth or progress is to be expected of loved ones dealing with mental illness.
- In most cases, the illness needs to be stabilized before spiritual growth will take place.
- Strong faith does not make a mental illness go away. People who deal with mental illness tend to be more honest about their relationship with God.
- Before sharing their illness with others, it is important for the individual to feel they are in a safe church or group.
- Unhealthy faith expressions can actually be a symptom of mental illness. Look for behaviors outside the norm of the group.

## Tools Recommended by Mental Health Experts

- Education is the most needed resource.
- Individuals, families, churches, and pastors all need clarity on:
    - The basics of mental illness
    - Signs of what to look for
    - Knowing how to respond if they suspect someone has a mental illness
    - Ways to be supportive without being overwhelmed

## Pastor's Experience with Acute Mental Illness

- Most pastors indicate they personally know one or more people who have been diagnosed with clinical depression (74%), bipolar disorder (76%), and schizophrenia (45%)
- 59% of pastors have counseled one or more people who were eventually diagnosed with an acute mental illness
- 22% of pastors agree that they are reluctant to get involved with those with acute mental illness because previous experiences strained time and resources
- 38% of pastors strongly agree they feel equipped to identify a person dealing with acute mental illness that may require a referral to a medical professional
- The most frequently used learning resources for pastors have been reading books on counseling (66%) and personal experience with friends or family members (60%).
- 23% of pastors indicate they have personally struggled with mental illness of some kind

## Salvation

- Regarding the eternal salvation of those individuals in a state of psychosis, 45% of pastors believe "Scripture does not say what will happen to those in a state of psychosis, so we cannot say"
- 54% of pastors, 57% of family members, and 40% of individuals with acute mental illness strongly agree that someone who is initiated into the Christian faith and church and later experiences acute mental illness that keeps them from living like a Christian will still receive eternal salvation
- 88% of family members in a household of someone with acute mental illness agree their mentally ill family member is fully able to make a decision to follow Christ and grow in that faith
- 20% of individuals with acute mental illness agree their mental illness made/makes it difficult to understand salvation
- 54% of individuals with acute mental illness believe they will go to heaven because they have accepted Jesus Christ as their savior and 20% say they have no way of knowing what will happen when they die
- However, among those individuals with acute mental illness who attended church regularly as an adult, 65% believe they will go to heaven because they have accepted Jesus Christ as their savior and 12% say they have no way of knowing what will happen when they die.

## Spiritual Development

- 76% of pastors agree that a Christian with an acute mental illness can thrive spiritually regardless of whether or not the illness has been stabilized
- 73% of individuals with acute mental illness and 74% of family members in a household of someone with acute mental illness agree that a Christian with an acute mental illness can thrive spiritually <u>even if the illness has not been stabilized</u>
- 88% of individuals with acute mental illness and 95% of family members in a household of someone with acute mental illness agree that a Christian with an acute mental illness can thrive spiritually <u>after the illness has been stabilized</u>
- 28% of individuals with acute mental illness agree their mental illness hurt/hurts their ability to live like a Christian

## Role of Medication in Treating Acute Mental Illness

- 94% of individuals with acute mental illness say they have been prescribed medication to treat their mental illness
- 93% of family members in a household of someone with acute mental illness say their mentally ill family member has been prescribed medication to treat their mental illness
- 85% of individuals who have been prescribed medication for acute mental illness believe medication has been effective

- 78% of family members in a household of someone with acute mental illness said medication has been effective
- How medication should be used in treating someone with acute mental illness:
    - 40% of pastors, 46% of family members, and 54% of individuals with acute mental illness believe: medications should be used **any time they can ease symptoms** of acute mental illness
    - 47% of pastors, 41% of family members, and 35% of individuals with acute mental illness believe medications should be used **in moderation** to treat acute mental illness
    - 0% of pastors, 0% of family members, and 1% of individuals with acute mental illness believe medications **should never be used** to treat acute mental illness

## Role of Psychological therapy in Treating Acute Mental Illness

- 78% of individuals with acute mental illness say they have received psychological therapy to treat their illness
- 72% of family members in a household of someone with acute mental illness said their mentally ill family member received psychological therapy to treat their illness
- 79% of individuals with acute mental illness who have received psychological therapy believe psychological therapy has been effective
- 75% of family members in a household of someone with acute mental illness said psychological therapy has been effective
- How psychological therapy should be used in treating someone with acute mental illness:
    - 51% of pastors, 40% of family members, and 25% of individuals with acute mental illness believe psychological therapy should be used **after** sharing spiritual principles
    - 20% of pastors, 18% of family members, and 18% of individuals with acute mental illness believe psychological therapy should be used **before** sharing spiritual principles
    - 6% of pastors, 28% of family members, and 34% of individuals with acute mental illness believe psychological therapy should be used **without** sharing spiritual principles
    - 2% of pastors, family members, and individuals with acute mental illness believe psychological therapy should **never** be used to treat acute mental illness

## How Well Churches Are Caring for those with Acute Mental Illness

- The response of people in church to individuals' mental illness caused 18% to break ties with a church and 5% to fail to find a church to attend
- 17% of family members in a household of someone with acute mental illness say their family member's mental illness impacted which church their family chose to attend
- 53% of individuals with acute mental illness say their church has been supportive
- Among individuals with acute mental illness who attended church regularly as an adult 67% say their church has been supportive

- 75% of family members in a household of someone with acute mental illness say their church has been supportive
- 39% of individuals with acute mental illness agree that their local church has specifically helped them think through and live out their faith in the context of their mental illness
- Among individuals with acute mental illness who attended church regularly as an adult 57% agree that their local church has specifically helped them think through and live out their faith in the context of their mental illness.

## Church's Role in Caring for Acute Mental Illness

- 56% of pastors, 46% of family members in a household of someone with acute mental illness, and 39% of individuals with acute mental illness strongly agree that local churches have a responsibility to provide resources and support to individuals with mental illness and their families
- Top areas local churches should assist individuals with acute mental illness: 69% of individuals with acute mental illness indicate churches should help families find local resources for support
- 68% of pastors but only 28% of family members in a household of someone with acute mental illness indicate their church provides care for the mentally ill or their families by maintaining lists of experts to refer people to
- 65% of family members in a household of someone with acute mental illness believe local churches should do more in talking about mental illness openly so that the topic is not so taboo
- 49% of pastors rarely or never speak to their church in sermons or large group messages about acute mental illness
- 70% of individuals with acute mental illness would prefer to have relationships with people in a local church through individuals who get to know them as a friend

## Individuals with Acute Mental Illness and Family Members

- Those surveyed had been diagnosed with these conditions:
    - Moderate Depression 63%
    - Severe Depression 31%
    - Bipolar 24%
    - Schizophrenia 14%
- 20% of individuals with acute mental illness describe the current status of their mental illness as unstable
- Family members of those surveyed had been diagnosed with these conditions:
    - Moderate Depression 50%
    - Severe Depression 26%
    - Bipolar 42%
    - Schizophrenia 21%
- 79% of family members in a household of someone with acute mental illness describe the current status of their family member's mental illness as stable

## Theological Assumptions

- Everyone is created in God's image and remain in their mental condition in God's image.
- Romans 5:12-19 teaches that all of humanity is born depraved – condemned for sin and corrupted by sin. They are corrupted by the sin of Adam.
- Christian salvation is being delivered from sin – its power and penalty.
- God promised to rescue and deliver humanity from sin and eternal death through the life, death, and resurrection of Jesus
- This deliverance is received when sinners confess their need for salvation in repentance and faith, accepting the provision of salvation offered in the person and work of Jesus Christ.
- This gift of salvation produces a life of continued faith, repentance, and obedience toward God

## Theological Insights

- Note: the focus of this theological research was on those in a state of psychosis, people with a severe mental disorder in which thought and emotions are so impaired that contact is lost with external reality.
- Mentally healthy people can be living without faith in God and mentally ill people can have strong faith
- Also, the degree of mental illness of the individual is important.
- For individuals in a state of psychosis two important considerations for this issue are the relationship between mind and brain and the timing of the onset of the illness.
- The relationship between mind and brain is important because it helps understand how a human being communicates with God.
    - Cartesian dualism holds that *mind is beyond the brain.* In this view, some or all of the functions of the mind are completely separate and beyond the brain.
    - Substance dualism holds that *mind is through the brain.* In this view, the mind is still separate and different than the brain but are vitally connected.
    - Property dualism holds that *mind is from brain*. In this view, all the functions of the mind are spawned from the brain.
- There are four commonly held views regarding the question of salvation for those without sufficient mental capability.
    - Universalism: all mental incapables go to heaven
    - Election: some mental incapables are elect, while others are non-elect
    - Universal condemnation: all mental incapables go to hell, and
    - Agnosticism: Scripture does not say, so we cannot say
- Most arguments for universalism are aimed at individuals who lack mental capabilities from birth.
- Mental illnesses may be an *occasion* for sin but they are never the *cause* of sin. The cause of sin resides in the hearts of men (Jas. 4:1). So, a mentally ill person's sin (not weakness) is certainly counted against them.

- God also lovingly sets boundaries on human opportunity so that men and women feel an urgency to respond to his kindness. Peter expounds on this principle in 2 Peter 3:10 where he says "the day of the Lord will come like a thief." In this way, the onset of an incapacitating mental illness is similar to an early death. It can be a fearful and urgent warning to call upon the Lord today (Heb. 3:12–15).
- Mental illness resides on a spectrum, as does cognitive function. So, there are many mentally ill people who, though they retain severe hindrances, can still function to some degree and can receive encouragement in the gospel in relevant and meaningful ways.
- There is a distinction between *sufficiently* understanding the gospel and *totally* understanding the gospel.
- Weaknesses can be occasions for God to work in a person (Rom. 8:26-27).
- The Spirit is at work interceding for those who have all their mental abilities.

# Methodology

The Study of Acute Mental Illness and Christian Faith was conducted by LifeWay Research. Its objectives were: 1) to equip family members and churches to care for loved ones suffering from acute mental illness, by expanding the understanding of what these persons experience, applying what Scripture says about essentials of faith, and sharing positive contributions that can be made in these individual's spiritual lives; 2) to help family members and churches discern the spiritual state of loved ones suffering from mental illness.

Project sponsors were Focus on the Family and the family of a man who endured schizophrenia. The working review team that reviewed and approved the project direction and survey instruments were Jared Pingleton, Psy.D. director counseling services Focus on the Family, David Murray D.Min. professor of Old Testament and practical theology Puritan Reformed Theological Seminary, Kelly Rosati, vice president community outreach Focus on the Family, and Briana Stensrud, director church & community Focus on the Family.

The quantitative survey of Protestant pastors was designed by LifeWay Research and reviewed by the working review team. LifeWay Research conducted 1,000 telephone surveys May 7-31, 2014. The calling list was randomly drawn from a list of all Protestant churches in three size categories. Up to ten calls were made to reach a sampled phone number. Each interview was conducted with the senior pastor, minister or priest of the church called. Responses were weighted to reflect the size and geographic distribution of Protestant churches. The sample provides 95% confidence that the sampling error does not exceed $\pm$3.1%. Margins of error are higher in sub-groups.

The quantitative survey of Protestant individuals who have been diagnosed with an acute mental illness was designed by LifeWay Research and reviewed by the working review team. LifeWay Research conducted 355 online surveys July 4-24, 2014. A large national panel prescreened over 800,000 adults to identify those who suffer from specific ailments or conditions. The prescreening found over 120,000 who suffer from depression, bipolar, or schizophrenia. Invitations were emailed to a random sample of this prescreened group. LifeWay Research then screened respondents to identify Protestant adults who suffer from moderate depression, severe depression, bipolar, or schizophrenia. Quotas were used to ensure responses were received from a mix of illnesses, gender, age, region, and ethnic groups in the United States. The completed sample is 355 adults including 200 who have attended worship services at a Christian church once a month or more as an adult.

The quantitative survey of Protestant family members of those with acute mental illness was designed by LifeWay Research and reviewed by the working review team. LifeWay Research conducted 207 online surveys July 4-20, 2014. A large national panel prescreened over 800,000 adults to identify those who have someone in their household who suffers from specific ailments or conditions. The prescreening found over 95,000 who suffer from depression, bipolar, or schizophrenia. Invitations were emailed to a random sample of this prescreened group. LifeWay

Research then screened respondents to identify Protestant adults who attend religious services at a Christian church on religious holidays or more often who have immediate family members in their household suffering from moderate depression, severe depression, bipolar, or schizophrenia. Quotas were used to ensure responses were received from a mix of illnesses, gender, age, region, and ethnic groups in the United States.

LifeWay Research conducted secondary research on specific theological questions on this topic. LifeWay Research searched published and historical writings that address what mental abilities are needed to have a saving relationship with Christ and whether the lack of these abilities precludes salvation. Relevant biblical passages were also explored in this summary.

LifeWay Research conducted qualitative research among mental health professionals whose practice includes regular treatment of those who have schizophrenia, severe depression, and bipolar disorders. LifeWay Research developed a topic guide for use in these in-depth interviews and submitted it to the working team for approval. The telephone interviews were approximately one hour in length. Interviews were recorded, transcribed, and then analyzed. The mental health professionals were recruited through a combination of networking, referrals, and directory lookups. Recruiting intentionally sought to include professionals experienced with schizophrenia.

15 Interviewees

- Dr. Adrian Warnock, Jubilee Church, London
- Dr. Chuck DeGroat, Associate Professor of Pastoral Care and Counseling at Western Theological Seminary
- Dr. Chuck Hannaford, Executive Director of HeartLife Professional Soul-Care
- Dr. David Jenkins, Coordinator of Ph.D. Clinical Training, Liberty University
- Dr. David Powlison, Executive Director, The Christian Counseling & Education Foundation
- Dr. Eric Achtyes, President Michigan Psychiatric Society, Staff Psychiatrist and Research, Pine Rest Christian Mental Health Services
- Dr. Eric Johnson, Lawrence and Charlotte Hoover Professor of Pastoral Care, The Southern Baptist Theological Seminary
- Dr. Matthew Stanford, Professor of Psychology, Neuroscience and Biomedical Studies, Baylor University
- Dr. Michael Lyles, Lyles and Crawford Clinical Consulting
- Dr. Richard Winter, Professor of Practical Theology and Counseling, Covenant Theological Seminary
- Dr. Sam Williams, Professor of Counseling, Southeastern Baptist Theological Seminary
- Dr. Steve Runner, Licensed Psychologist, Pine Rest Christian Mental Health Services
- Dr. Tim Sisemore, Director of Research and Professor of Counseling and Psychology, Richmont Graduate University
- Dr. Todd Hall, Professor of Psychology, Rosemead School of Psychology, Biola University
- Dr. Warren Kinghorn, Assistant Professor of Psychiatry and Pastoral and Moral Theology, Duke Divinity School

# Quantitative Findings

## Pastor's Experience with Acute Mental Illness

Pastors readily indicate they personally know people who have been diagnosed with clinical depression and bipolar disorder. However, for most it has only been a handful of people they know in each situation. The majority do not know anyone diagnosed with schizophrenia, but a large minority know someone with schizophrenia.

The number of individuals with these illnesses that pastors say they know is relatively small given their frequent contact with family, friends, and church members. Yet, 6 in 10 pastors have counseled someone who was eventually diagnosed with an acute mental illness. Lower percentages of pastors have taken courses in counseling or care for the mentally ill. The most frequently used learning resources for pastors have been reading books on counseling (66%) and personal experience with friends or family members (60%).

Less than 1 in 4 pastors is reluctant to get involved with people with acute mental illness. More than 1 in 5 pastors have personally struggled with mental illness of some kind.

**74% of pastors indicate they personally know one or more people who have been diagnosed with clinical depression**

Table - "How many people do you ***know personally*** (family, friends, church members) who have been diagnosed with clinical depression?"

| | |
|---|---|
| 20+ | 8% |
| 11-20 | 9% |
| 6-10 | 14% |
| 3-5 | 26% |
| 1-2 | 18% |
| None | 18% |
| Don't know | 8% |

Pastors of churches 0-49 (10%) are most likely to select "None." Pastors of churches 250+ (15%) are most likely to select "20+." Pastors age 65+ are most likely to select "None" (28%)

**76% of pastors indicate they personally know one or more people who have been diagnosed with bipolar disorder**

Table - "How many people do you ***know personally*** (family, friends, church members) who have been diagnosed with bipolar disorder?"

| | |
|---|---|
| 20+ | 3% |
| 11-20 | 4% |
| 6-10 | 11% |
| 3-5 | 26% |
| 1-2 | 32% |
| None | 19% |
| Don't know | 5% |

Pastors of churches 0-49 (30%) are most likely to select "None"

**50% of pastors indicate they don't personally know anyone who has been diagnosed with schizophrenia**

Table - "How many people do you ***know personally*** (family, friends, church members) who have been diagnosed with schizophrenia?"

| | |
|---|---|
| 20+ | 1% |
| 11-20 | 1% |
| 6-10 | 2% |
| 3-5 | 11% |
| 1-2 | 31% |
| None | 50% |
| Don't know | 5% |

Pastors of churches 250+ (38%) are least likely to select "None." Black or African-American pastors (6%) are more likely to select "6-10" than white pastors (1%). Black or African-American pastors (6%) are more likely to select "11-20" than white pastors (<1%). Pastors with no college degree (62%) are more likely to select "None" than pastors with a college degree (48%)

**59% of pastors have counseled one or more people who were eventually diagnosed with an acute mental illness**

Table - "How many people have you **counseled** as a pastor who were eventually diagnosed with an acute mental illness such as clinical depression, bipolar, or schizophrenia?"

| | |
|---|---|
| 20+ | 8% |
| 11-20 | 5% |
| 6-10 | 11% |
| 3-5 | 16% |
| 1-2 | 19% |
| None | 31% |
| Don't Provide Counseling | 4% |
| Don't know | 6% |

All comparisons by church size are significant for "None": 0-49 (50%), 50-99 (36%), 100-249 (27%), 250+ (16%). Churches in the South (36%) are most likely to select "None." Pastors with no college degree (41%) are more likely to select "None" than pastors with a college degree (30%)

**41% of pastors strongly disagree that they are reluctant to get involved with those with acute mental illness because previous experiences strained time and resources**

Table - "Please indicate your level of agreement with each of the following statements: I am reluctant to get involved with people with acute mental illness because my previous experiences in these situations put a strain on time and resources."

| | |
|---|---|
| Strongly agree | 5% |
| Somewhat agree | 17% |
| Somewhat disagree | 33% |
| Strongly disagree | 41% |
| Don't Know | 4% |

African-American pastors (51%) are more likely to select "Strongly disagree" than white pastors (39%).

**66% of pastors have read several books on counseling people with acute mental illness while 7% indicate they have used none of these resources**

Table - "Which of the following learning resources, if any, have you used to specifically care for people with acute mental illness?"

| | |
|---|---|
| Read several books on counseling | 66% |
| Personal experience with friends or family members | 60% |
| Utilized websites to research care for the mentally ill | 42% |
| Taken seminary courses on care for the mentally ill | 41% |
| Taken graduate school courses in counseling | 38% |
| Taken continuing education classes on counseling or psychology | 32% |
| Attended conferences on helping the mentally ill | 26% |
| Attended denominational training on helping the mentally ill | 25% |
| Obtained a graduate degree in counseling or psychology | 10% |
| None of these | 7% |
| Not Sure | 1% |

"Personal experience with friends or family members"
Pastors with a college degree (62%) are more likely to select "Yes" than pastors with no college degree (45%)

"Obtained a graduate degree in counseling or psychology"
African-American pastors (21%) are more likely to select "Yes" than white pastors (9%)

"Taken seminary courses on care for the mentally ill"
Evangelical pastors (37%) are less likely to select "Yes" than mainline pastors (55%)

"Read several books on counseling"
Pastors with a college degree (69%) are more likely to select "Yes" than pastors with no college degree (51%). African-American pastors (58%) are less likely to select "Yes" than white pastors (68%)

"Utilized websites to research care for the mentally ill"
Churches 0-49 (27%) are least likely to select "Yes." Pastors age 65+ (30%) are least likely to select "Yes." African-American pastors (30%) are less likely to select "Yes" than white pastors (45%). Pastors with a college degree (44%) are more likely to select "Yes" than pastors with no college degree (31%).

"Attended denominational training on helping the mentally ill"

Evangelical pastors (23%) are less likely to select "Yes" than mainline pastors (37%)

"Attended conferences on helping the mentally ill"
Pastors age 18-44 (14%) are least likely to select "Yes." African-American pastors (40%) are more likely to select "Yes" than white pastors (25%)

"Continuing education classes on counseling or psychology"
Pastors in the West (24%) are least likely to select "Yes." African-American pastors (47%) are more likely to select "Yes" than white pastors (30%). Evangelical pastors (28%) are less likely to select "Yes" than mainline pastors (41%). Pastors with a college degree (34%) are more likely to select "Yes" than pastors with no college degree (19%)

"None of these"
Pastors with a college degree (5%) are less likely to select "Yes" than pastors with no college degree (19%)

Since many pastors provide counseling and all pastors shepherd a flock that functions as a social network, they may see and hear symptoms of acute mental illness. While 8 in 10 pastors agree they feel equipped to identify when a medical professional may be required to help someone with an acute mental illness, less than 4 in 10 strongly agree. Stated differently, the majority of pastors indicate they could be more equipped to identify when to refer people to medical professionals.

**38% of pastors strongly agree they feel equipped to identify a person dealing with acute mental illness that may require a referral to a medical professional**

Table - "Please indicate your level of agreement with each of the following statements: I feel equipped to identify when a person is dealing with acute mental illness that may require a referral to a medical professional."

| | |
|---|---|
| Strongly agree | 38% |
| Somewhat agree | 43% |
| Somewhat disagree | 12% |
| Strongly disagree | 5% |
| Don't Know | 2% |

Pastors 65+ (47%) are most likely to select "Strongly agree." African-American pastors (54%) are more likely to "Strongly agree" than white pastors (35%).

**23% of pastors indicate they have personally struggled with mental illness of some kind**

Table - "Have you ever personally struggled with mental illness of any kind?"

| | |
|---|---|
| Yes, and it was diagnosed | 12% |
| Yes, but it was never diagnosed | 11% |
| No | 76% |
| Not Sure | 1% |

Pastors of churches 0-49 (19%) are most likely to select "Yes, and it was diagnosed." Pastors in the Midwest (14%) are more likely to select "Yes, but it was never diagnosed" than pastors in the Northeast (7%). Pastors age 65+ (6%) are less likely to select "Yes, but it was never diagnosed" than pastors age 18-44 (16%) and 45-54 (13%). Pastors age 65+ (84%) are more likely to select "No" than pastors age 18-44 (73%) and 45-54 (73%)

## Salvation

While all of the surveys conducted of individuals and family members focus on those with acute mental illness (moderate or severe depression, bipolar, or schizophrenia), only 20% of individuals and family members describe the current condition as unstable including 2% indicating very unstable.

**88% of family members in a household of someone with acute mental illness agree their mentally ill family member is fully able to make a decision to follow Christ and grow in that faith**

Table - "Do you believe your mentally ill family member is fully able to make a decision to follow Christ and grow in that faith?"

| | |
|---|---|
| Strongly agree | 62% |
| Somewhat agree | 27% |
| Somewhat disagree | 6% |
| Strongly disagree | 2% |
| Don't Know | 3% |

Family members in the Northeast (83%) are more likely to strongly agree than people in the South (55%) and West (59%). White people are more likely to strongly agree (73% v 42%) and less likely to somewhat agree (19% v 39%). Those with a family member diagnosed with schizophrenia are less likely to strongly agree (32% v 70%), more likely to somewhat agree (41% v 23%), and more likely to somewhat disagree (4% v 14%)

**20% of individuals with acute mental illness agree their mental illness made/makes it difficult to understand salvation**

Table - "My mental illness made/makes it difficult to understand salvation."

| | |
|---|---|
| Strongly agree | 5% |
| Somewhat agree | 15% |
| Somewhat disagree | 15% |
| Strongly disagree | 60% |
| Don't Know | 5% |

Those diagnosed with schizophrenia are more likely to somewhat agree (27% v 13%), more likely to somewhat disagree (25% v 13%), and less likely to strongly disagree (35% v 64%). Those diagnosed with moderate depression are more likely to strongly disagree (66% v 50%)

**54% of individuals with acute mental illness believe they will go to heaven because they have accepted Jesus Christ as their savior**

Table - "Which of the following best describes your beliefs about life after death?"

| | |
|---|---|
| Go to Heaven because you have tried your best to be a good person and live a good life | 14% |
| Go to Heaven because God loves everyone and we will all be in Heaven with Him | 6% |
| Go to Heaven because you have confessed your sins and accepted Jesus Christ as your savior | 54% |
| Go to Heaven because you have read the Bible, been involved in church, & tried to live as God wants you to live | 3% |
| You will go to Hell | 0% |
| When you die, you will return in another life form | 1% |
| You have no way of knowing what will happen when you die | 20% |
| There is no life after death | 2% |

Among individuals with acute mental illness who attended church regularly as an adult, 65% believe they will go to heaven because they have accepted Jesus Christ as their savior and 12% have no way of knowing what will happen when they die.

**The majority of pastors and family members and 40% of individuals with acute mental illness strongly agree that someone who is initiated into the Christian faith and church and later experiences acute mental illness that keeps them from living like a Christian will still receive eternal salvation**

Table - "I believe someone who is initiated into the Christian faith and church and later experiences acute mental illness that keeps them from living like a Christian will still receive eternal salvation."

| | Pastors | Family Members | Individuals with Acute Mental Illness |
|---|---|---|---|
| Strongly agree | 54% | 57% | 40% |
| Somewhat agree | 28% | 27% | 22% |
| Somewhat disagree | 4% | 4% | 8% |
| Strongly disagree | 2% | 4% | 9% |
| Don't Know | 13% | 8% | 21% |

Among those individuals with acute mental illness who have attended church regularly as an adult, 47% strongly agree that a Christian who later experiences acute mental illness that keeps them from living like a Christian will still receive eternal salvation.

White family members are more likely to strongly agree (66% v 41%) and less likely to somewhat agree (21% v 37%) or somewhat disagree (2% v 9%)

## Spiritual Development

Most pastors, family members, and individuals with acute mental illness agree that Christians with acute mental illness can thrive spiritually. For 15-20% of family members and individuals with mental illness, they only agree if and when the illness is stabilized. Furthermore, 28% of individuals agree that their mental illness has hurt their ability to live like a Christian.

These differing perspectives indicate that some people with acute mental illness may be able to press-through and continue to develop spiritually during difficult times with their illness. However, it also indicates that some individuals' spiritual development will get derailed by their acute mental illness at least until the symptoms are stabilized.

**3 in 4 pastors, individuals with acute mental illness, and family members in a household of someone with acute mental illness agree that a Christian with an acute mental illness can thrive spiritually regardless of whether or not the illness has been stabilized**

Table - "I believe a Christian with an acute mental illness can thrive spiritually even if the illness has not been stabilized." (*Pastor wording: "I believe a Christian with an acute mental illness can thrive spiritually regardless of whether or not the illness has been stabilized."

| | Pastors* | Family Members | Individuals with Acute Mental Illness |
|---|---|---|---|
| Strongly agree | 35% | 38% | 29% |
| Somewhat agree | 41% | 36% | 44% |
| Somewhat disagree | 13% | 18% | 12% |
| Strongly disagree | 4% | 4% | 6% |
| Don't Know | 7% | 4% | 10% |

Family members in the South (29%) are less likely to strongly agree than people in the West (48%). Those age 50+ are less likely to strongly agree (31% v 49%). White family members are less likely to strongly disagree (2% v 9%). Those with a family member diagnosed with schizophrenia are less likely to strongly agree (23% v 42%) and more likely to strongly disagree (14% v 2%)

Pastors of churches in the Northeast (23%) are least likely to select "Strongly agree"
Pastors age 65+ (9%) are more likely to select "Strongly disagree" compared to pastors age 18-44 (2%) and 55-64 (3%). Black or African-American pastors (10%) are more likely to select "Strongly disagree" than white pastors (4%).

**88% of individuals with acute mental illness and 95% of family members in a household of someone with acute mental illness agree that a Christian with an acute mental illness can thrive spiritually after the illness has been stabilized**

Table - “I believe a Christian with an acute mental illness can thrive spiritually after the illness has been stabilized.”

| | Family Members | Individuals with Acute Mental Illness |
|---|---|---|
| Strongly agree | 73% | 57% |
| Somewhat agree | 21% | 31% |
| Somewhat disagree | 3% | 3% |
| Strongly disagree | 1% | 3% |
| Don’t Know | 1% | 6% |

Those individuals with acute mental illness who are currently attending worship services more than once a week (66%), about once a week (62%), and once or twice a month (70%) are more likely to strongly agree than those attending rarely (43%)

**28% of individuals with acute mental illness agree their mental illness hurt/hurts their ability to live like a Christian**

Table – “My mental illness hurt/hurts my ability to live like a Christian.”

| | |
|---|---|
| Strongly agree | 6% |
| Somewhat agree | 21% |
| Somewhat disagree | 20% |
| Strongly disagree | 49% |
| Don’t Know | 4% |

Women are more likely to strongly disagree (56% v 40%). Those diagnosed with schizophrenia are more likely to strongly agree (21% v 4%) and less likely to strongly disagree (31% v 52%). Those diagnosed with moderate depression are more likely to strongly disagree (53% v 42%). Those diagnosed with severe depression are more likely to strongly agree (10% v 4%).

## Role of Medication in Treating Acute Mental Illness

More than 9 in 10 individuals with acute mental illness have been prescribed medication to treat their mental illness and about 8 in 10 consider it effective. Attitudes toward medication among pastors, family members, and individuals with acute mental illness are similar. The largest attitudes are either to use medication any time it can ease symptoms or to use medication in moderation. More individuals with mental illness lean toward the former and pastors more toward the latter. However, it is a rare exception for any of these groups to consider medication something to be avoided.

**40% of pastors, 46% of family members in a household of someone with acute mental illness, and 54% of individuals with acute mental illness believe medications should be used any time they can ease symptoms of acute mental illness**

Table - "Which of the following best reflects your opinions on how prescription drugs should be used to treat acute mental illness?"

| | Pastors | Family Members | Individuals with Acute Mental Illness |
|---|---|---|---|
| Medications should never be used to treat acute mental illness | 0% | 0% | 1% |
| Medications should be used as a last resort to treat acute mental illness | 7% | 12% | 7% |
| Medications should be used in moderation to treat acute mental illness | 47% | 41% | 35% |
| Medications should be used any time they can ease symptoms of acute mental illness | 40% | 46% | 54% |
| Don't Know | 5% | 1% | 3% |

Those individuals with acute mental illness age 50+ are more likely to select "Medications should be used any time they can ease symptoms of acute mental illness" (60% v 46%). White people are more likely to select "Medications should be used any time they can ease symptoms of acute mental illness" (59% v 46%)

Family members in the Northeast (25%) are less likely to select "Medications should be used any time they can ease symptoms of acute mental illness" than people in the Midwest (52%). Those age 50+ are less likely to select "Medications should be used as a last resort" (5% v 23%) and more likely to select "Medications should be used any time they can ease symptoms of acute mental illness" (53% v 35%)

Pastors of churches 0-49 (13%) are most likely to select "Medications should be used as a last resort." Pastors 18-44 (57%) are more likely to select "Medications should be used in moderation" than pastors 45-54 (44%) and 55-64 (42%). Pastors 18-44 (30%) are less likely to select "Medications should be used any time they can ease symptoms" than pastors 45-54 (40%) and 55-64 (49%). Evangelical pastors (36%) are less likely to select "Medications should be used any time they can ease symptoms" than mainline pastors (50%). Pastors with a college degree (6%) are less likely to select "Medications should be used as a last resort" than pastors with no college degree (12%).

**94% of individuals with acute mental illness say they have been prescribed medication to treat their mental illness**

Table - "Have you been prescribed medication to treat your mental illness?"

| | |
|---|---|
| Yes | 94% |
| No | 6% |
| Don't Know | 1% |

Those from the West (92%) are less likely to select "Yes" than those from the Midwest (99%). Those diagnosed with severe depression are more likely to select "Yes" (99% v 92%)

**93% of family members in a household of someone with acute mental illness say their mentally ill family member has been prescribed medication to treat their mental illness**

Table - "Has your mentally ill family member been prescribed medication to treat their mental illness?"

| | |
|---|---|
| Yes | 93% |
| No | 6% |
| Don't Know | 1% |

**85% of individuals who have been prescribed medication for acute mental illness believe medication has been effective**

Table - “In your opinion, how effective has prescribed medication been in helping you improve?”

| | |
|---|---|
| Very Effective | 40% |
| Somewhat Effective | 45% |
| Somewhat Ineffective | 9% |
| Very Ineffective | 5% |
| Don’t Know | 1% |

Among those individuals with acute mental illness who have attended church regularly as an adult, 90% believe medication has been effective.

Those in the West (10%) are more likely to select “Very ineffective” than those in the South (3%)

**78% of family members in a household of someone with acute mental illness said medication has been effective**

Table - “In your opinion, how effective has prescribed medication been in helping your mentally ill family member improve?”

| | |
|---|---|
| Very Effective | 39% |
| Somewhat Effective | 39% |
| Somewhat Ineffective | 14% |
| Very Ineffective | 6% |
| Don’t Know | 2% |

Those in the Northeast (17%) are more likely to select “Very ineffective” than those in the South (2%) and West (2%). Those with a family member diagnosed as bipolar are less likely to select “Very effective” (28% v 47%) and more likely to select “Somewhat effective” (49% v 31%)

## Role of Psychological Therapy in Treating Acute Mental Illness

More than 3 in 4 individuals with acute mental illness have received psychological therapy to treat their mental illness and a similar number consider it effective. The largest opinion of pastors and family members want psychological therapy to be used after sharing spiritual principles. Among individuals with acute mental illness the largest opinion is to use psychological therapy without sharing spiritual principles.

1 in 5 pastors and individuals with acute mental illness and fewer family members don't know what the role of psychological therapy should be. Considering the widespread use of psychological therapy, there is clearly room for informing pastors and families about the role of psychological therapy in a treatment plant. Furthermore, there is some confusion or uncertainty about how the advice and actions prescribed in psychological therapy may or may not fit with spiritual counsel. Yet, only a handful (2%) in any of these groups considers psychological therapy something to be avoided.

**6% of pastors, 28% of family members in a household of someone with acute mental illness, and 34% of individuals with acute mental illness believe psychological therapy should be used without sharing spiritual principles**

Table - "Which of the following best reflects your opinions on how psychological therapy should be used in treating someone with acute mental illness?"

| | Pastors | Family Members | Individuals with Acute Mental Illness |
|---|---|---|---|
| Psychological therapy should never be used to treat acute mental illness | 2% | 2% | 2% |
| Psychological therapy should be used after sharing spiritual principles | 51% | 40% | 25% |
| Psychological therapy should be used before sharing spiritual principles | 20% | 18% | 18% |
| Psychological therapy should be used without sharing spiritual principles | 6% | 28% | 34% |
| Don't Know | 20% | 12% | 22% |

Those individuals with acute mental illness in the Northeast (9%) are less likely to select "Psychological therapy should be used before sharing spiritual principles" than those in the West (23%). Those who attend more than once a week (50%) and about once a week (33%) are more likely to select "Psychological therapy should be used after sharing spiritual principles" than those attending once or twice a month (15%) or rarely (19%)

Those family members with a college degree are less likely to select "Psychological therapy should be used after sharing spiritual principles" (33% v 51%). Men are more likely to select "Psychological therapy should be used before sharing spiritual principles" (24% v 11%) and less likely to select "Don't know" (7% v 16%). Those with a family member diagnosed with severe depression are more likely to select "Psychological therapy should be used after sharing spiritual principles" (55% v 35%)

Pastors of churches 0-49 (7%) are most likely to select "Psychological therapy should never be used…" Evangelical pastors (59%) are more likely to select "Psychological therapy should be used after sharing spiritual principles" than mainline pastors (29%). Evangelical pastors (2%) are less likely to select "Psychological therapy should be used without sharing spiritual principles" than mainline pastors (14%).

**78% of individuals with acute mental illness say they have received psychological therapy to treat their illness**

Table - "Have you received psychological therapy to treat your illness?"

| | |
|---|---|
| Yes | 78% |
| No | 21% |
| Don't Know | 1% |

White people are less likely to select "Yes" (73% v 86%). Those attending more than once a week (94%) are more likely to select "Yes" than those attending about once a week (74%) and never (69%). Those diagnosed with schizophrenia are more likely to select "Yes" (92% v 76%). Those diagnosed with severe depression are more likely to select "Yes" (87% v 74%). Those diagnosed as bipolar are more likely to select "Yes" (92% v 74%)

**72% of family members in a household of someone with acute mental illness said their mentally ill family member received psychological therapy to treat their illness**

Table - "Has your mentally ill family member received psychological therapy to treat their illness?"

| | |
|---|---|
| Yes | 72% |
| No | 26% |
| Don't Know | 2% |

Men (20%) are less likely to select "No" than women (33%). Those with a family member diagnosed with severe depression are more likely to select "Yes" (92% v 64%)

**79% of individuals with acute mental illness who have received psychological therapy believe psychological therapy has been effective**

Table - "In your opinion, how effective has psychological therapy been in helping you improve?"

| | |
|---|---|
| Very Effective | 32% |
| Somewhat Effective | 47% |
| Somewhat Ineffective | 14% |
| Very Ineffective | 6% |
| Don't Know | 1% |

Among those individuals with acute mental illness who have attended church regularly as an adult, 81% believe psychological therapy has been effective. Those with a college degree are more likely to select "Very effective" (41% v 24%) and less likely to select "Somewhat effective" (40% v 53%). Those diagnosed with schizophrenia are less likely to select "Very effective" (16% v 25%) and more likely to select "Don't know" (5% v <1%).

**75% of family members in a household of someone with acute mental illness said psychological therapy has been effective**

Table – "In your opinion, how effective has psychological therapy been in helping your mentally ill family member to improve?"

| | |
|---|---|
| Very Effective | 27% |
| Somewhat Effective | 48% |
| Somewhat Ineffective | 18% |
| Very Ineffective | 5% |
| Don't Know | 2% |

People in the South (46%) are more likely to select "Very effective" than people in the Midwest (24%) and West (17%). White people are less likely to select "Very effective" (20% v 40%) and more likely to select "Somewhat effective" (56% v 33%)

## How Well Churches Are Caring for those with Acute Mental Illness

The majority of individuals with acute mental illness and family members describe the local church as supportive. Among individuals who have attended church regularly as an adult the perceptions of support are higher (67% vs. 53%). However, the response of people in church caused 18% to break ties with a church and 5% to fail to find a church to attend.

**10% of individuals with acute mental illness have changed churches based on church response to their mental illness**

Table - "How people in church responded to my mental illness caused me to:"

| | |
|---|---|
| Stop attending church | 8% |
| Not find a church to attend | 5% |
| Change churches | 10% |
| Stay at the church I already attended | 40% |
| Don't Know | 37% |

Among individuals with acute mental illness who attended church regularly as an adult 52% stayed at the church they attended, 15% changed churches, 8% stopped attending church, 1% did not find a church to attend, and 26% don't know. Men are more likely to select "Change churches" (15% v 7%) and less likely to select "Stay at the church I already attended" (33% v 45%). Those diagnosed with schizophrenia are more likely to select "Stop attending church" (19% v 6%) and more likely to select "Change churches" (19% v 9%)

**17% of family members in a household of someone with acute mental illness say their family member's mental illness impacted which church their family chose to attend**

Table - "Has your family member's mental illness impacted which church your family chose to attend?"

| | |
|---|---|
| Yes | 17% |
| No | 80% |
| Don't Know | 2% |

Family members in the West (28%) are more likely to select "Yes" than people in the Midwest (8%). Those with a family member diagnosed with schizophrenia are more likely to select "Yes" (30% v 14%)

**53% of individuals with acute mental illness say their church has been supportive**

Table - "As I have dealt with mental illness, I have found the local church to be:"

| | |
|---|---|
| Mostly Supportive | 30% |
| Somewhat Supportive | 23% |
| Somewhat Unsupportive | 8% |
| Mostly Unsupportive | 5% |
| Don't Know | 33% |

Among individuals with acute mental illness who attended church regularly as an adult 67% say their church has been supportive including 40% who indicate the local church has been "mostly supportive." People in the South (9%) are more likely to select "Mostly unsupportive" than people in the Midwest (1%)

**75% of family members in a household of someone with acute mental illness say their church has been supportive**

Table - "As your family has dealt with mental illness, have you found the local church to be:."

| | |
|---|---|
| Mostly Supportive | 42% |
| Somewhat Supportive | 33% |
| Somewhat Unsupportive | 7% |
| Mostly Unsupportive | 3% |
| Don't Know | 15% |

Family members in the West (15%) are more likely to select "Somewhat unsupportive" than people in the South (3%).

**39% of individuals with acute mental illness agree that their local church has specifically helped them think through and live out their faith in the context of their mental illness**

Table - "My local church has specifically helped me think through and live out my faith in the context of my mental illness."

| | |
|---|---|
| Strongly agree | 15% |
| Somewhat agree | 24% |
| Somewhat disagree | 12% |
| Strongly disagree | 9% |
| Don't Know | 15% |
| I haven't had contact with a local church | 25% |

Among individuals with acute mental illness who attended church regularly as an adult 57% agree that their local church has specifically helped them think through and live out their faith in the context of their mental illness. This includes 25% who strongly agree.

## Church's Role in Caring for Acute Mental Illness

Strong majorities of pastors, family members, and those with acute mental illness agree that local churches have a responsibility to provide resources and support for individuals with mental illness and their families. Overall, family members and individuals who have attended church regularly as an adult indicate churches have been supportive.

In terms of resources, individuals and families want churches to connect them to local resources, create openness about the topic by discussing it, and make people aware and educate them on mental illness. There are some key disconnects. Two-thirds of pastors indicate they maintain lists to connect people to local mental health resources, but only a quarter of families are aware of it. Family members most want churches to talk openly about mental illness to remove the stigma. Yet, 49% of pastors rarely or never speak to their church in sermons about acute mental illness.

**56% of pastors, 46% of family members in a household of someone with acute mental illness, and 39% of individuals with acute mental illness strongly agree that local churches have a responsibility to provide resources and support to individuals with mental illness and their families**

Table - "Please indicate your level of agreement with each of the following statements: Local churches have a responsibility to provide resources and support to individuals with mental illness and their families."

| | Pastors | Family Members | Individuals with Acute Mental Illness |
|---|---|---|---|
| Strongly agree | 56% | 46% | 39% |
| Somewhat agree | 34% | 39% | 35% |
| Somewhat disagree | 5% | 11% | 12% |
| Strongly disagree | 2% | 1% | 5% |
| Don't Know | 3% | 3% | 9% |

Among individuals with acute mental illness who attended church regularly as an adult 46% strongly agree local churches have a responsibility to provide resources and support to individuals with mental illness.

Family members in the Midwest (61%) are more likely to strongly agree than people in the South (36%) and West (39%).

African-American pastors (68%) are more likely to "Strongly agree" than white pastors (55%).

**Top areas local churches should assist individuals with acute mental illness: 69% of individuals with acute mental illness indicate churches should help families find local resources for support**

Table - "Do you believe local churches should assist individuals with acute mental illness in any of the following areas?"

| | Individuals with Acute Mental Illness |
|---|---|
| Help families find local resources for support and dealing with the illness | 69% |
| Talk about it openly so that the topic is not so taboo | 59% |
| Improve people's understanding of what mental illness is and what to expect | 57% |
| Increase awareness of how prevalent mental illness is today | 55% |
| Provide training for the church to understand mental illness | 53% |
| Offer topical seminars on depression or anxiety | 44% |
| Have a counselor on staff skilled in mental illness | 42% |
| Host groups in our community such as the National Alliance on Mental Illness that help the mentally ill | 38% |
| Other | 4% |
| Don't know | 10% |
| None of these | 2% |

"Provide training for the church to understand mental illness"
Those individuals with acute mental illness with a college degree are more likely to select "Yes" (61% v 46%). Those currently attending worship services more than once a week (69%) are more likely to select "Yes" than those attending rarely (46%) or never (31%)

"Improve people's understanding of what mental illness is and what to expect"
Those individuals with acute mental illness currently attending worship services more than once a week (75%) and about once a week (67%) are more likely to select "Yes" than those attending once or twice a month (45%) and rarely (53%).

"Help families find local resources for support and dealing with the illness"
Those individuals with acute mental illness with a college degree are more likely to select "Yes" (75% v 65%). Those with acute mental illness currently attending worship services more than once a week (84%) and once or twice a month (77%) are more likely to select "Yes" than those attending rarely (61%)

“Talk about it openly so that the topic is not so taboo”
Those individuals with acute mental illness with a college degree are more likely to select “Yes” (66% v 54%). Those with acute mental illness currently attending worship services more than once a week (72%) are more likely to select “Yes” than those never attending (38%)

“Offer topical seminars on depression and anxiety”
Individuals with acute mental illness in the West (51%) are more likely to select “Yes” than people in the Midwest (32%). Those with acute mental illness currently attending worship services more than once a week are most likely to select “Yes” (69%)

“Have a counselor on staff skilled in mental illness”
Individuals with acute mental illness in the West (47%) are more likely to select “Yes” than people in the Midwest (32%). Those age 50+ are less likely to select “Yes” (37% v 49%). White people are less likely to select “Yes” (35% v 51%)

“Individuals who get to know me as a friend”
White Individuals with acute mental illness are more likely to select “Yes” (74% v 64%). Those with acute mental illness currently attending worship services rarely (57%) are less likely to select “Yes” than those attending more than once a week (84%), about once a week (75%), and once or twice a month (77%). Those diagnosed with moderate depression are more likely to select “Yes” (74% v 64%)

“Families who get to know me as a friend”
Those with acute mental illness currently attending worship services rarely (22%) are less likely to select “Yes” than those attending more than once a week (63%), about once a week (49%), and once or twice a month (42%). Those diagnosed as bipolar are more likely to select “Yes” (49% v 35%)

“Support groups”
Those with acute mental illness currently attending worship services more than once a week are most likely to select “Yes” (66%). Those attending about once a week (43%) are more likely than those attending once or twice a month (24%) and rarely (24%)

“Small groups or classes who are safe and accepting”
Individuals with acute mental illness in the West (53%) are more likely to select “Yes” than people in the Midwest (38%). Those with acute mental illness currently attending worship services more than once a week (66%) are more likely to select “Yes” than those attending once or twice a month (42%) or rarely (40%)

**68% of pastors but only 28% of family members in a household of someone with acute mental illness indicate their church provides care for the mentally ill or their families by maintaining lists of experts to refer people to**

Table - "Which if any of the following types of care for the mentally ill or their families does your church provide?"

| | Pastors | Family Members |
|---|---|---|
| Maintain lists of experts to refer people to | 68% | 28% |
| Have a plan for supporting families of the mentally ill | 27% | 21% |
| Offer programs like Celebrate Recovery | 25% | 14% |
| Have a lay counseling ministry | 23% | 31% |
| Offer topical seminars on depression or anxiety | 19% | 14% |
| Provide training for encouraging people with acute mental illness | 17% | 18% |
| Have a counselor on staff skilled in mental illness | 14% | 15% |
| Host groups in your community such as the National Alliance on Mental Illness that help the mentally ill | 13% | 8% |
| Provide training for leaders to identify symptoms of mental illness | 13% | 11% |
| None of these | 15% | 15% |
| Not sure/Don't know | 1% | 19% |
| Other | 4% | 10% |

"Provide training for leaders to identify symptoms of mental illness"
African-American pastors (26%) are more likely to select "Yes" than white pastors (11%)

"Provide training for encouraging people with acute mental illness"
African-American pastors (33%) are more likely to select "Yes" than white pastors (16%)

"Maintain lists of experts to refer people to"
Pastors of churches 0-49 (54%) and 50-99 (62%) are less likely to select "Yes" than churches 100-249 (75%) and 250+ (78%). Pastors with a college degree (71%) are more likely to select "Yes" than pastors with no college degree (50%). "Have a plan for supporting families of the mentally ill." Churches 250+ (34%) are more likely to select "Yes" than churches 0-49 (18%) and 50-99 (25%). Churches in the West (19%) are less likely to select "Yes" than churches in the Northeast (35%) and Midwest (30%)

"Offer programs like Celebrate Recovery"

Churches 250+ (45%) are most likely to select "Yes." Churches in the West (38%) are most likely to select "Yes."

"Offer topical seminars on depression or anxiety"
Churches 250+ (31%) are most likely to select "Yes", followed by churches 100-249 (20%)
Pastors with a college degree (21%) are more likely to select "Yes" than pastors with no college degree (10%).

"Have a counselor or staff skilled in mental illness"
Churches 250+ (25%) are most likely to select "Yes", followed by churches 100-249 (15%).
African-American pastors (23%) are more likely to select "Yes" than white pastors (13%)
Pastors with a college degree (21%) are more likely to select "Yes" than pastors with no college degree (10%)

"Have a lay counseling ministry"
Churches 250+ (36%) are most likely to select "Yes", followed by churches 100-249 (27%).
African-American pastors (32%) are more likely to select "Yes" than white pastors (22%).

"Host groups in your community such as the National Alliance on Mental Illness that help the mentally ill"
Churches 0-49 (7%) are least likely to select "Yes." Black or African-American pastors (24%) are more likely to select "Yes" than white pastors (13%)

"None of these"
Churches 0-49 (28%) are most likely to select "Yes", followed by churches 50-99 (20%). White pastors (16%) are more likely to select "Yes" than black or African-American pastors (7%).
Pastors with no college degree (25%) are more likely to select "Yes" than pastors with a college degree (13%)

**65% of family members in a household of someone with acute mental illness believe local churches should do more in talking about mental illness openly so that the topic is not so taboo**

Table - “Do you believe local churches should do more to assist families who are supporting those with mental illness in any of the following areas?”

| | |
|---|---|
| Talk about it openly so that the topic is not so taboo | 65% |
| Offer support groups for family members | 64% |
| Help families find local resources for support and dealing with the illness | 63% |
| Improve people's understanding of what mental illness is and what to expect | 56% |
| Help decrease the fear or uncertainty many people have about dealing with those with mental illness | 53% |
| Provide training for the church to understand mental illness | 50% |
| Increase awareness of how prevalent mental illness is today | 44% |
| None of these | 1% |
| Don't know | 6% |

“Offer support groups for family members”
Female family members are more likely to select “Yes” (71% v 58%)

“Provide training for the church to understand mental illness”
Female family members are more likely to select “Yes” (59% v 42%). Those with a family member diagnosed with schizophrenia are more likely to select “Yes” (66% v 46%)

“Help decrease the fear or uncertainty many people have about dealing with those with mental illness”
Family members in the Midwest (61%) are more likely to select “Yes” than people in the South (41%). Those age 50+ are more likely to select “Yes” (59% v 44%). White people are more likely to select “Yes” (60% v 41%)

**49% of pastors rarely or never speak to their church in sermons or large group messages about acute mental illness**

Table - “How often do you speak to your church in sermons or large group messages about acute mental illness?”

| | |
|---|---|
| Several times a month | 3% |
| About once a month | 4% |
| Several times a year | 26% |
| About once a year | 16% |
| Rarely | 39% |
| Never | 10% |
| Don’t Know | 1% |

Pastors of churches 0-49 (17%) are most likely to select "Never." Pastors 18-44 (6%) are less likely to select "Never" than pastors age 55-64 (11%) and 65+ (14%). African-American pastors (11%) are more likely to select "Several times a month" than white pastors (1%). African-American pastors (17%) are more likely to select "About once a month" than white pastors (3%)

**70% of individuals with acute mental illness would prefer to have individuals who get to know them as a friend in their local church**

Table - "In what ways would you prefer to have relationships with people in a local church?"

| | |
|---|---|
| Individuals who get to know me as a friend | 70% |
| Small groups or classes who are safe and accepting | 47% |
| Families who get to know me as a friend | 38% |
| Support groups | 34% |
| None of these | 12% |
| Other | 3% |

Among individuals with acute mental illness who attended church regularly as an adult 78% want to have relationships with people in a local church through individuals who get to know me as a friend. 52% prefer small groups or classes who are safe and accepting, 49% want families who get to know me as a friend, 41% prefer support groups, and 5% indicate none of these. It is clear that Protestant church attendees want to relate to individuals in a church in more ways than Protestants with acute mental illness in general.

## Individuals with Acute Mental Illness and Family Members

**Those surveyed had been diagnosed with these conditions:**

Table - "Have you ever been diagnosed by a medical or psychological professional with any of the following ailments or conditions?"

| | |
|---|---|
| Moderate Depression | 63% |
| Severe Depression | 31% |
| Bipolar | 24% |
| Schizophrenia | 14% |
| Mild Depression | 14%* |

*Note: Those with mild depression had also been diagnosed with another condition. Those with only mild depression were screened out prior to completing the survey.

**20% of individuals with acute mental illness describe the current status of their mental illness as unstable**

Table - "How would you describe your current status with your mental illness?"

| | |
|---|---|
| Very Stable | 27% |
| Somewhat Stable | 52% |
| Somewhat Unstable | 18% |
| Very Unstable | 2% |
| Don't Know | 1% |

White people are more likely to select "Very stable" (31% v 21%). Those with a college degree are more likely to select "Very stable" (33% v 23%). Those diagnosed with severe depression are less likely to select very stable (20% v 30%) and more likely to select somewhat unstable (25% v 15%). Those diagnosed as bipolar are more likely to select very unstable (5% v 1%)

**Family members of those surveyed had been diagnosed with these conditions:**

Table - "Has any family members in your household (other than you) been diagnosed by a medical or psychological professional with any of the following ailments or conditions?"

| | |
|---|---|
| Moderate Depression | 50% |
| Severe Depression | 26% |
| Bipolar | 42% |
| Schizophrenia | 21% |
| Mild Depression | 18%* |

*Note: Those with mild depression had also been diagnosed with another condition. Those with only mild depression were screened out prior to completing the survey.

**79% of family members in a household of someone with acute mental illness describe the current status of their family member's mental illness as stable**

Table - "How would you describe your family member's current status with their mental illness?"

| | |
|---|---|
| Very Stable | 21% |
| Somewhat Stable | 58% |
| Somewhat Unstable | 18% |
| Very Unstable | 2% |
| Don't Know | 1% |

Those with a college degree are more likely to select "Very stable" (26% v 14%). Those with a family member diagnosed with schizophrenia are more likely to select "Somewhat unstable" (30% v 15%). Those with a family member diagnosed as bipolar are less likely to select "Very stable" (13% v 27%)