



The Presbyterian Panel

Listening to Presbyterians



REPORT

MENTAL ILLNESS The February 2006 Survey

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HIGHLIGHTS

- ✓ Relatively few panelists report that their congregation took part in each of several mental illness-related programs in the previous two years; most common was organizing or providing space for a support group (pastors, 28%). (p. 1)
- ✓ One in five members, one in four elders, and two in three pastors know someone in their congregation who had been treated for or diagnosed with mental illness in the year before the survey. (p. 1)
- ✓ By a factor of ten, more pastors describe their congregation as supportive than unsupportive of persons with mental illness. (p. 2)
- ✓ Hardly any panelists describe their presbytery or synod as giving “a lot” or “a fair amount” of attention to persons with mental illness. (p. 2)
- ✓ Around one in 14 lay panelists and one in seven ministers report having been treated for or diagnosed with mental illness in the year before the survey, while around one in three in every group have at least one close family member who has been so diagnosed or treated. (p. 3)
- ✓ The median estimate in all groups of the percentage of Americans with mental illness is 25%. (p. 4)
- ✓ Large majorities in every group believe “genetic factors” or “a chemical imbalance in the brain” are important causes of mental illness, while relatively few believe “lack of individual willpower” or “demon possession” are. (p. 5)
- ✓ Most panelists are aware of the National Institute of Mental Health, but many fewer, especially among laity, are aware of the General Assembly report and resolution “The Church and Serious Mental Illness.” (p. 5)
- ✓ Majorities in at least three groups believe bipolar disorder, depression, and hearing voices that no one else can hear are very serious conditions or symptoms, but fewer than one in four label obsessions/compulsions, panic attacks, or phobias/abnormal fears with the same degree of seriousness. (p. 6)
- ✓ At least nine in ten or more in every group believe health insurance should cover mental illness to the same extent as physical illness. (p. 6)
- ✓ Majorities of pastors and specialized clergy believe “it is often difficult to meet the spiritual needs of persons with mental illness,” but almost no ministers believe that persons with mental illness “cannot be in relationship with God as deeply as persons without mental illness.” (p. 7)
- ✓ Most panelists are willing to spend time socializing with persons with mental illness, work closely with them on a job, or have a group home for mentally ill persons in their neighborhood, but fewer than half would be willing to have a pastor who has a mental illness or to have a person with mental illness marry into their family. (pp. 7-8)
- ✓ For both members and pastors, willingness to have someone with a serious mental illness marry into one’s family is positively associated with knowledge about mental illness and negatively associated with belief that demon possession is an important cause of mental illness. (p. 8)
- ✓ Among members and pastors, those who have a mental illness themselves are more likely than other panelists to be willing to have a pastor with a serious mental illness or have a person with a serious mental illness marry into the family. (p. 9)
- ✓ Overall willingness to relate to persons with serious mental illness is positively associated with time spent volunteering at church and in the community, but negatively associated with the frequency of Bible reading. (p. 10)
- ✓ Large majorities of ministers are aware of agencies and professionals in the community to whom they could refer individuals for various services, and a majority of those who came seeking help were so referred. (p. 11)
- ✓ In general, when it comes to mental illness-related skills, most ministers do not believe that their seminary trained them well. (p. 12)

OVERVIEW

The Presbyterian Panel consists of three nationally representative samples of groups affiliated with the Presbyterian Church (U.S.A.): members, elders (lay leaders), and ordained ministers. For analysis, ministers are split into two groups based on current call: *pastors*, serving in a congregation, and *specialized clergy*, serving elsewhere. New samples are drawn every three years.

These pages summarize major findings from the second survey completed by the 2006-2008 Panel. The first half uses text and graphics to highlight important and useful findings. An appendix follows with comparative tables that display the percentage distribution of responses to every question for each of the four Panel groups.

Questionnaires were mailed February 15, 2006. Non-responders were sent a postcard reminder on March 7. Returns were accepted through April 27, 2006. Response rates for this survey are: members, 54%; elders, 62%; ministers, 67%. Results are subject to sampling and other errors. As a general rule, differences of less than 8% are not statistically meaningful.

Panelists had the option to complete the survey on the Web, and 11% of members, 13% of elders, 20% of pastors, and 18% of specialized clergy did so.

In this report, the term *median* refers to the middle number in an ordered distribution. For example, the median age for a group of people aged 12, 21, 28, 35, and 64 years would be 28 years. The term *mean* refers to the mathematical average of values in a distribution; in the example, the mean age would be calculated as: $(12+21+28+35+64)/5$, or 32 years.

Some analyses in this report rely on responses of panelists to an earlier questionnaire, including those using education, theological stance, and measures of religious participation.

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Sponsor: The questions were developed by John Marcum in consultation with and at the request of the Task Force on Comprehensive Serious Mental Illness of the Advisory Committee on Social Witness Policy, part of the General Assembly Council of the Presbyterian Church (U.S.A.). For more information on the task force, contact Belinda Curry (888-728-7228 ext. 5813; bcurry@ctr.pcusa.org). For more information on ministries related to mental illness in the PC(USA), contact either Nancy Troy (888-728-7228 ext. 5794; ntroy@ctr.pcusa.org) or Pat Gleich (888-728-7228 ext. 5793; pgleich@ctr.pcusa.org).

Additional Copies: Additional copies of this *Report* may be purchased for \$15 from PDS—call 800-524-2612 and request item # 65100-06291. This *Report* is available for free download in Adobe Acrobat format; go to: <http://www.pcusa.org/research/panel/index.htm#2006>. Copies of a four-page *Summary* of results are available for \$2 each directly from Research Services, or for free download from the same Web site. Call for information on quantity discounts on printed copies of either this *Report* or its *Summary* (888-728-7228 ext. 2040).

Panel on the Web: A catalogue of Panel topics, and *Summaries* and *Reports* of surveys since 1994, are available on-line at the Presbyterian Church (U.S.A.) Web site: <http://www.pcusa.org/research/panel/index>.

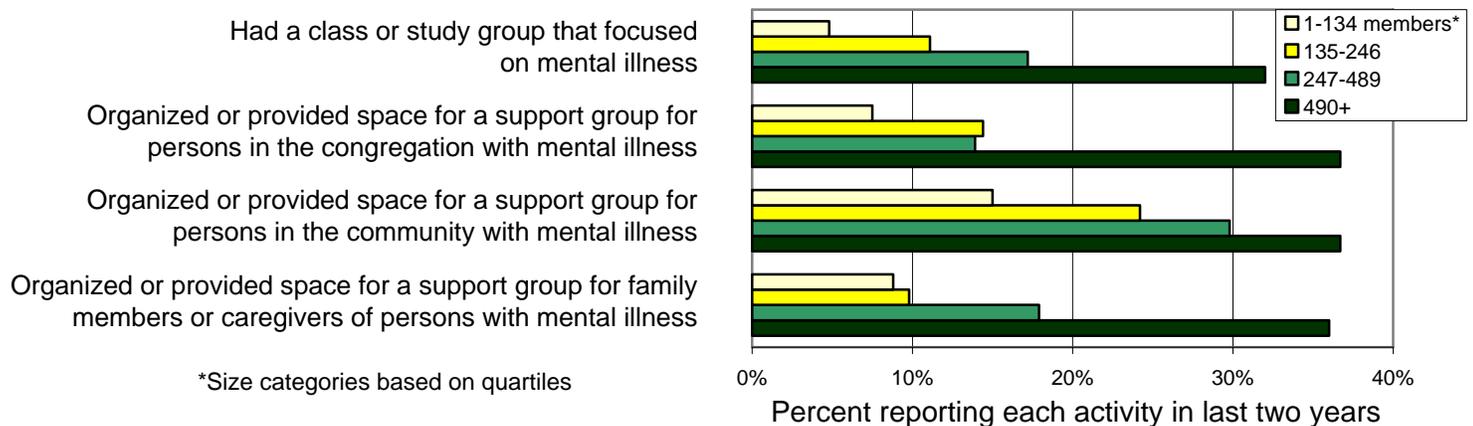
Sampling Details: For more information on methods used to draw the samples, see the technical notes in the *Background Report for the 2006-2008 Presbyterian Panel* (\$15, from PDS; item #65100-05290; or free on the Web: <http://www.pcusa.org/research/panel/index.htm#2005>).

CHURCH MINISTRIES

Congregational Activities

- ✓ Few elders and pastors report that, in the last two years, their congregations took part in any of the following mental illness-related activities:
 - organized or provided space for a support group for persons in the community with mental illness (elders, 16%; pastors, 28%)
 - had a sermon with mental illness as a significant focus (7%; 20%)
 - organized or provided space for a support group for family members or caregivers of persons with mental illness (7%; 19%)
 - organized or provided space for a support group for persons in the congregation with mental illness (8%; 19%)
 - held a prayer or healing service that focused on mental illness (10%; 18%)
 - had a class or study group that focused on mental illness (5%; 17%)
 - organized or provided space for persons with mental illness to socialize together (7%; 10%)
 - advocated for public policy on behalf of persons with mental illness (4%; 10%)
- ✓ More pastors in larger membership than in smaller membership congregations report that their congregations took part in several mental illness-related activities (see Figure 1).

Figure 1. Congregational Activities That Vary by Membership Size: Pastors' Responses



- ✓ Half of laity and most ministers “strongly agree” or “agree” that “I’d like my congregation to do more to integrate persons with mental illness” (members, 49%; elders, 51%; pastors, 73%; specialized clergy, 77%; see Figure 6, p. 7).

Persons Living with Mental Illness in Congregations

- ✓ Around one in five members (20%), three in ten elders (26%), almost two in three pastors (64%), and one-half of specialized clergy (50%) know someone in their congregation who “has been diagnosed [with] or treated for a mental illness in the previous year.” These percentages include 11%, 12%, 36%, and 26%, respectively, who have a “close friend at church” so diagnosed or treated.
- ✓ Few panelists “strongly agree” or “agree” that “there are limits to how welcoming congregations should be to people with mental illness” (members, 19%; elders, 21%; pastors, 21%; specialized clergy, 23%). Sizable numbers are “neutral or not sure” (31%; 27%; 22%; 23%); half or more “strongly disagree” or “disagree” (50%; 51%; 57%; 53%). (See Figure 6, p. 7.)
- ✓ Most panelists “strongly agree” or “agree” that “participating in a congregation will usually provide additional help in coping” for someone “receiving medical treatment/therapy for mental illness” (members, 73%; elders, 80%; pastors, 85%; specialized clergy, 81%). Even higher percentages “strongly agree” or “agree” that “persons living with mental illness have gifts to bring to the church” (78%; 84%; 97%; 93%). (See Figure 6, p. 7.)

CHURCH MINISTRIES

Resources Wanted for Congregational Ministries

- ✓ Regarding future resources, in all groups interest is greatest in obtaining guides for ministry with:
 - families of people who are living with mental illness (among members, 54% express an interest; among elders, 54%; pastors, 71%; specialized clergy, 75%)
- ✓ A majority of ministers but fewer laity are also interested in these other possible resources:
 - a guide for ministry with people in congregations who are living with mental illness (members, 40%; elders, 44%; pastors, 63%; specialized clergy, 69%)
 - a Bible study on mental illness (30%; 36%; 48%; 49%)
 - a guide for ministry with people in the community who are living with mental illness (31%; 39%; 47%; 54%)
 - a guide for setting up a support group for persons living with mental illness (25%; 29%; 46%; 49%)

Evaluating Congregational Support

- ✓ A majority of members (54%) and many elders (44%) “don’t know” how “supportive [their] congregation has been of ministry with persons who have mental illness.” Of those with opinions, more report their congregation is supportive (combined “very supportive,” “supportive,” and “somewhat supportive”: members, 40%; elders, 46%) than “unsupportive” (combined “not too supportive” and “not at all supportive”: 6%; 9%).
- ✓ Among ministers, relatively few “don’t know” how supportive their congregation is “of ministry with persons who have mental illness” (pastors, 13%; specialized clergy, 21%). Of those with opinions, more say their congregation is supportive (79%; 67%) than unsupportive (8%; 13%). (See Figure 2.)

Figure 2. Opinions on How Supportive One’s Congregation Has Been of Ministry with Persons Living with Mental Illness



- ✓ Membership size is related to pastors’ opinions on how supportive congregations are of ministry with persons who have mental illness only in that more pastors of small than large congregations respond “don’t know” (1-134 members, 20% respond “don’t know”; 135-246 members, 15%; 247-489, 9%; 490 or more, 5%).

Presbytery and Synod Involvement

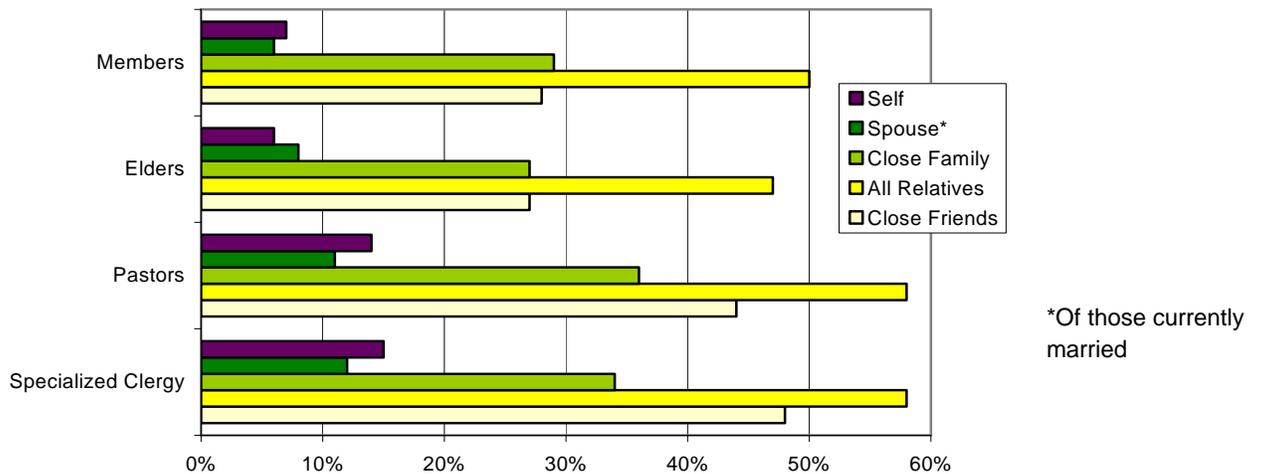
- ✓ When asked “how much attention has been given to ministry with persons who have mental illness by your presbytery,” most pastors respond “hardly any” (32%), “none” (24%), or “don’t know” (21%). Less than 0.5% respond “a lot,” and only 2%, “a fair amount.”
- ✓ Asked the same question about their synod,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

EXPERIENCE, KNOWLEDGE, AND FAMILIARITY

Personal Experience

- ✓ Relatively few panelists report having “been diagnosed [with] or treated for a mental illness in the previous year” (members, 7%; elders, 6%; pastors 14%; specialized clergy, 15%). (See Figure 3.) The National Institute of Mental Health estimates that 26% of adults in the United States have a mental illness, including 6% who have a serious mental illness.
- ✓ Among married panelists, relatively few report a spouse who was diagnosed or treated over the same period (6%; 8%; 11%; 12%).
- ✓ Among panelists with children, one in nine laity (members, 11%; elders, 11%) and one in six ministers (pastors, 16%; specialized clergy, 15%) report having at least one child who was “diagnosed [with] or treated for mental illness in the previous year.”
- ✓ More than one in four laity (members, 29%; elders, 27%) and one in three ministers (pastors, 36%; specialized clergy, 34%) have at least one close relative (spouse, parent, child, brother, or sister) who was diagnosed with or treated for mental illness in the year prior to the survey. Adding in more distant relatives and in-laws, the percentages with at least one relative so diagnosed or treated increases to 50%, 47%, 58%, and 58%, respectively.
- ✓ Overall, three in ten laity and four in ten ministers have in the previous year either been diagnosed with or treated for mental illness themselves or had a spouse or close relative who was (members, 33%; elders, 29%; pastors, 41%; specialized clergy, 40%).
- ✓ Including “close friends at church” (see p. 1), around one in four laity (members, 28%; elders, 27%) and four in ten ministers (pastors, 44%; specialized clergy, 48%) have a close friend who was diagnosed or treated for mental illness in the previous year.

Figure 3. Prevalence of Mental Illness Among Panelists, Their Families, and Close Friends



Percent who report treatment or diagnosis in the last year of one or more persons in each category

- ✓ Panelists who have been diagnosed with or treated for a mental illness in the past year are much more likely to report having one or more relatives also diagnosed or treated over the same period. In fact, *all* (100%) members and pastors who were themselves diagnosed or treated report having one or more relatives also diagnosed or treated. By contrast, among members and pastors who do *not* report having been diagnosed or treated for mental illness in the past year, only 46% and 50%, respectively, report having a relative who was diagnosed or treated.

EXPERIENCE, KNOWLEDGE, AND FAMILIARITY

Personal Experience with Mental Illness and Its Effect on Ministry

“If you or an immediate member of your family has been diagnosed [with] or treated for a mental illness,” ministers were asked, “how has that experience affected your ministry?” In the blank space following, around one-third of pastors (34%) and specialized clergy (31%) provided comments. These responses were coded into nine categories.

Around half of the ministers who wrote a comment indicate that their own experiences have made them more empathetic with or compassionate toward those living with mental illness (pastors, 50%; specialized clergy, 56%). Examples of such comments include “I am more sensitive to the burdens that people carry in their families” and “I now respond to parishioners with Alzheimer’s and their family with more understanding and empathy.” Other comments indicate greater awareness or knowledge, either of the nature of mental illness (13%; 3%) or of options for treatment (4%; 2%).

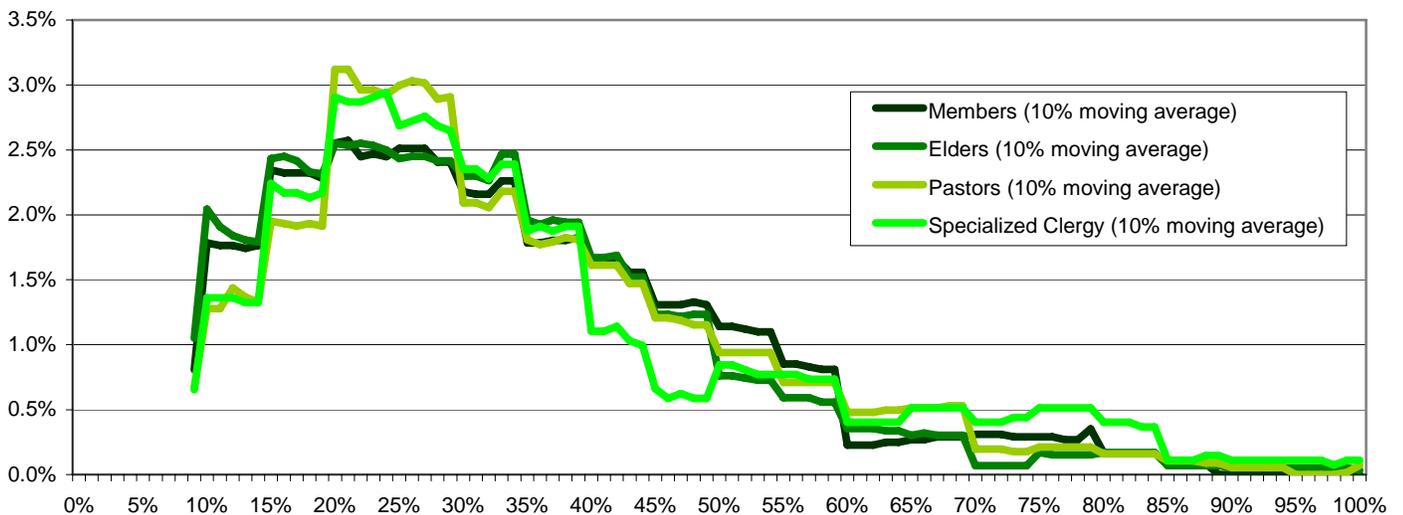
A small percentage indicate that their experience had a negative effect on their ministry, for example, causing stress or taking time away from regular responsibilities (pastors, 7%; specialized clergy, 6%). An additional number (3%; 13%) were led to a change of call because of their experience (“. . . many in the church were supportive, many were not. It was one of the reasons I left the church I was serving . . .”).

Remaining comments were about how the content or emphasis of one’s own ministry has changed, for example, (“helped me focus on pastoral care and counseling”) (5%; 4%) or how people in the congregation have become more aware or sensitive about mental illness (“since revealing my treatment . . . far more folk have come to me wanting to explore their own mental and spiritual health . . .”) (2%; 1%).

Estimating Mental Illness in the United States

- ✓ The median estimate of the “percentage of the United States population . . . living with a mental illness” is 25% in each of the four Panel groups. (As noted above, the NIMH puts the percentage of the U.S. adult population with a mental illness at 26%.) The response patterns are very similar across all four groups. Ministers’ estimates are slightly more concentrated around the median than are laity’s, but ministers are also slightly more likely to provide estimates at the high end of the distribution (see Figure 4). Overall, the standard deviations for all four samples are very similar: members, 31.4%; elders, 32.1%; pastors, 31.9%; specialized clergy, 32.1%.

Figure 4. Estimates of the Percentage of the U.S. Population Living with a Mental Illness*



*Most responses end in 0 or 5, so a 10% moving average is used to smooth the distributions

EXPERIENCE, KNOWLEDGE, AND FAMILIARITY

Causes of Mental Illness

- ✓ Large majorities find two factors “very important” or “important” “causes of mental illness”: “genetic factors” (members, 85%; elders, 80%; pastors, 87%; specialized clergy, 91%) and “a chemical imbalance in the brain” (90%; 90%; 95%; 96%).
- ✓ Around half view “bad parenting” as a “very important” or “important” cause of mental illness (members, 45%; elders, 44%; pastors, 49%; specialized clergy, 51%), and around one-third or fewer view “socioeconomic conditions” as a “very important” or “important” cause (24%; 28%; 31%; 37%). No more than one in four view any of the remaining factors as “very important” or “important” causes of mental illness:
 - spiritual weakness (25%; 23%; 15%; 11%)
 - lack of individual willpower (22%; 18%; 10%; 9%)
 - demon possession (12%; 11%; 13%; 7%)

Focus: Demon Possession and Mental Illness

Overall, relatively few panelists believe demon possession is an important cause of mental illness (as just noted, the combined “very important” and “important” responses are: members, 12%; elders, 11%; pastors, 13%; and specialized clergy, 7%). But in certain subgroups, relatively more hold to that view. Among members, for example, those who see demon possession as a “very important” or “important” cause of mental illness are:

- 29% of those who self-identify as theologically conservative, compared to 10% of theological moderates and 7% of theological liberals
- 34% of those who believe the Bible is “to be taken literally word for word,” compared to 14% of those who hold other views
- 32% of those whose formal schooling ended with high school or earlier, compared to 28% of those with some college, 12% of college graduates, and 12% of those with a graduate degree

Nevertheless, views of how important demon possession is as a cause of mental illness do not vary by gender or age.

Consistently, in response to the statement “most people with demon possession in the Bible had a mental illness,” the percentage of members responding “strongly agree” or “agree” is:

- 30% of theologically conservative members but 33% of theologically moderate and 48% of theologically liberal members
- 25% of biblical literalists but 36% of members with other views of the Bible
- 24% of those whose formal schooling ended before or with high school but 32% of those with some college, 30% of college graduates, and 44% of those with a graduate degree

In addition, responses vary by age: 22% of members less than 40 years of age, 33% of those aged 40-54, 31% of those 55-69, and 44% of those 70 years or older “strongly agree” or “agree” that “most people with mental illness in the Bible had mental illness.” Opinions on this item do not vary by gender.

Familiarity with Organizations and Resources

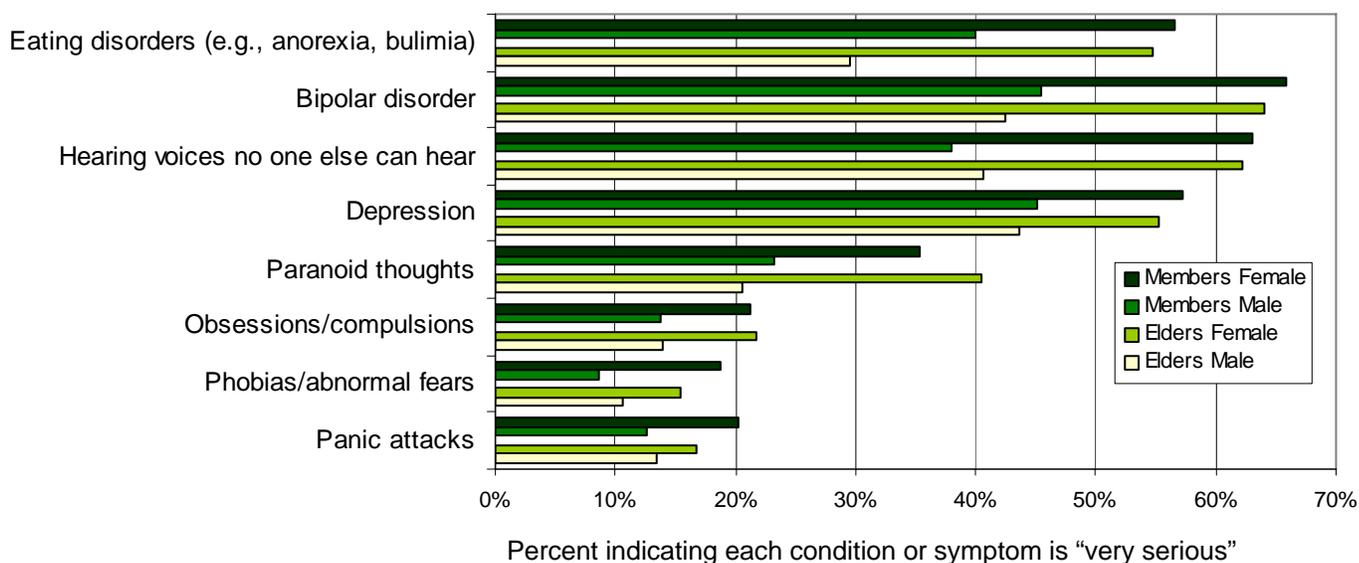
- ✓ Familiarity with mental illness-related organizations varies widely, with most panelists familiar to some extent with the National Institute of Mental Health (members, 56%; elders, 58%; pastors, 74%; and specialized clergy, 75%). Relatively fewer—especially among laity—are familiar with the National Alliance for the Mentally III (23%; 26%; 44%; 54%) or the Presbyterian Serious Mental Illness Network (4%; 9%; 33%; 34%). (NAMI has changed its name to the National Alliance on Mental Illness.)
- ✓ Less than half of Presbyterians are familiar to any extent with either “Mental Health: A Report of the U.S. Surgeon General” (members, 38%; elders, 35%; pastors, 33%; specialized clergy, 45%) or “The Church and Serious Mental Illness” (report and General Assembly resolution) (5%; 8%; 32%; 31%).

OPINIONS

Seriousness of Specific Conditions

- ✓ Most view each of eight “conditions and symptoms” as either “very serious” or “serious,” and majorities in at least three groups view these three as “very serious”:
 - bipolar disorder (members, 58%; elders, 52%; pastors, 60%; specialized clergy, 64%)
 - depression (52%; 49%; 55%; 57%)
 - hearing voices that no one else can hear (52%; 49%; 51%; 59%)
- ✓ The “very serious” response totals for the other conditions and symptoms are:
 - eating disorders (members, 50%; elders, 42%; pastors, 48%; specialized clergy, 53%)
 - paranoid thoughts (31%; 31%; 35%; 43%)
 - obsessions/compulsions (18%; 18%; 19%; 23%)
 - panic attacks (18%; 15%; 19%; 22%)
 - phobias/abnormal fears (15%; 13%; 16%; 20%)
- ✓ The seriousness with which laity view each of these eight conditions and symptoms varies consistently by gender, with more women than men viewing each as “very serious” (see Figure 5). (All differences are statistically significant at $p < .05$.)

Figure 5. Laity’s Opinions on the Seriousness of Various Conditions and Symptoms by Gender



- ✓ Significant age differences in opinions among laity are found for only three of these same conditions and symptoms. The broad pattern is that more of the younger than the older view each as “very serious”:
 - hearing voices that no one else can hear (for members: less than 40 years, 58%; 40-54 years, 67%, 55-69 years, 48%; 70 years and older, 48%; for elders: less than 40 years, 64%; 40-54 years, 55%; 55-69 years, 54%; 70 years or more, 42%)
 - eating disorders (for members: less than 40 years, 64%; 40-54 years, 55%; 55-69 years, 52%; 70 or more years, 39%)
 - obsessions/compulsions (for elders: less than 40 years, 25%; 40-54 years, 15%; 55-69 years, 23%; 70 or more years, 12%)

Health Insurance

- ✓ Large majorities believe that “mental illness should be covered to the same extent as physical illness on health insurance policies” (among members, 90% respond “yes, definitely” or “yes, probably”; among elders, 94%; pastors, 96%; specialized clergy, 97%).

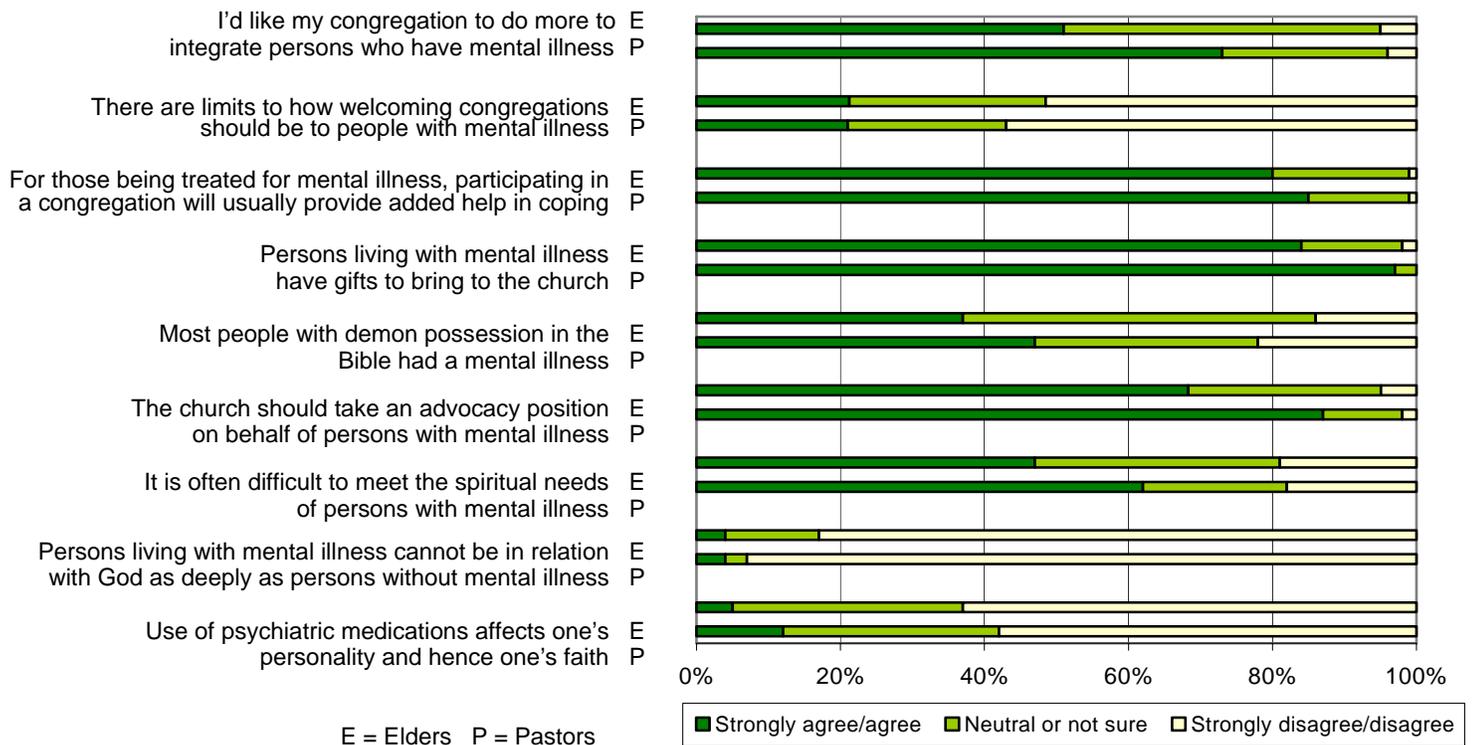
Mental Illness and Faith

- ✓ Half of laity (members, 51%; elders, 49%) and one-third of ministers (pastors, 31%; specialized clergy, 30%) respond “neutral or not sure” to the statement, “Most people with demon possession in the Bible had a mental illness.” Of the rest, more “strongly agree” or “agree” (34%; 37%; 47%; 56%) than “strongly disagree” or “disagree” (14%; 14%; 22%; 15%). (See Figure 6, below, and the text box on p. 5.)
- ✓ Around half of members (46%), elders (47%), and specialized clergy (53%), but more than six in ten pastors (62%), “strongly agree” or “agree” that “it is often difficult to meet the spiritual needs of persons with mental illness.”
- ✓ Hardly anyone “strongly agrees” or “agrees” that “persons living with mental illness cannot be in relationship with God as deeply as persons without mental illness” (members, 4%; elders, 3%; pastors, 4%; specialized clergy, 4%). Similarly, relatively few “strongly agree” or “agree” that “use of psychiatric medications affects one’s personality and hence one’s faith” (7%; 5%; 12%; 14%).

Church Advocacy

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

Figure 6. Opinions on Faith, Congregations, and Mental Illness



Willingness to Relate

- ✓ Half or more in every Panel group are willing (combined “definitely willing” or “probably willing”) to:
 - spend an evening socializing with someone living with a serious mental illness (such as schizophrenia, major depression, Alzheimer’s disease) (members, 73%; elders, 76%; pastors, 90%; specialized clergy, 89%)
 - work closely on a job with someone who has a serious mental illness (51%; 59%; 72%; 75%)
 - have a group home for persons with serious mental illness open in their neighborhood (50%; 60%; 89%; 84%)

OPINIONS

Willingness to Relate (cont.)

- ✓ However, relatively fewer, especially among laity, are “definitely willing” or “probably willing” to:
 - have a pastor with a serious mental illness (members, 21%; elders, 18%; pastors, 32%; specialized clergy, 40%)
 - have someone with a serious mental illness marry into their family (26%; 28%; 47%; 48%)

How Willingness to Relate to Persons with Mental Illness Is Associated with Other Responses

Panelists who are “definitely unwilling” or “probably unwilling” to relate in various ways to persons living with a serious mental illness respond differently to many other questions than panelists who are “definitely willing” or “probably willing” to relate to such persons. This is especially true for Q3d (“willing to have a pastor with a serious mental illness?”) and Q3e (“willing to have someone who had a serious mental illness marry into your family?”). Those who are willing to relate in these ways are more knowledgeable; less likely to see bad parenting, demon possession, or lack of spiritual willpower as important causes of mental illness; less likely to agree that there are limits on how welcoming congregations should be to those with mental illness; and less likely to agree that use of psychiatric medications affects personality and thus one’s faith:

Table 1. Opinions by Categories of Willingness to Relate: Members’ and Pastors’ Responses*

	Willingness to Have: A Pastor with Serious Mental Illness				Person with Serious Mental Illness Marry into Family			
	Members		Pastors		Members		Pastors	
	W	U	W	U	W	U	W	U
Knowledge about mental illness:	☆		☆		☆		☆	
Very knowledgeable/Knowledgeable	46%	21%	56%	35%	40%	21%	48%	36%
Somewhat knowledgeable	38%	44%	36%	52%	40%	43%	45%	47%
Not too knowledgeable/Not at all knowledgeable.	16%	35%	8%	13%	19%	35%	7%	17%
How important as mental illness cause: bad parenting?	ns		ns		‡		☆	
Very important	13%	14%	11%	11%	9%	16%	8%	14%
Important	30%	32%	33%	41%	31%	32%	35%	40%
Somewhat important/Not important	57%	54%	56%	48%	60%	52%	56%	46%
How important as mental illness cause: demon possession?	☆		☆		☆		☆	
Very important	12%	19%	10%	18%	10%	20%	11%	18%
Important	12%	21%	25%	28%	15%	21%	25%	30%
Somewhat important/Not important	76%	60%	65%	54%	75%	59%	64%	52%
How important as mental illness cause: lack of willpower?	ns		ns		☆		‡	
Very important	17%	25%	8%	12%	18%	27%	8%	13%
Important	33%	32%	32%	36%	31%	33%	32%	35%
Somewhat important/Not important	50%	43%	60%	52%	52%	40%	60%	52%
There are limits to how welcoming congregations should be to persons with mental illness:	☆		☆		☆		☆	
Strongly agree/Agree	6%	22%	12%	25%	8%	23%	15%	25%
Neutral or not sure	28%	31%	16%	25%	22%	35%	18%	25%
Strongly disagree/Disagree	66%	46%	72%	50%	70%	42%	67%	49%
Use of psychiatric medications affects one’s personality and hence one’s faith:	☆		☆		‡		‡	
Strongly agree/Agree	6%	7%	10%	12%	6%	7%	9%	14%
Neutral or not sure	20%	36%	22%	32%	25%	35%	28%	30%
Strongly disagree/Disagree	74%	57%	68%	55%	69%	58%	62%	56%

*“No opinion” responses excluded; W = willing; U = unwilling; ☆ = p < .05 (based on χ^2 test); ‡ = .05 < p < .10; ns = not significant

OPINIONS

How Willingness to Relate to Persons with Mental Illness Is Associated with Other Responses (cont.)

Willingness to relate to persons with serious mental illness is positively associated with having a mental illness oneself, and with having various family members or a close friend living with mental illness:

Table 2. Willingness to Relate to Persons with Mental Illness by Own Experience*

	<u>Willingness to Have</u>											
	A Pastor with Serious Mental Illness						A Person with Serious Mental Illness Marry into the Family					
	Members			Pastors			Members			Pastors		
	<u>W</u>	<u>U</u>	<u>S</u>	<u>W</u>	<u>U</u>	<u>S</u>	<u>W</u>	<u>U</u>	<u>S</u>	<u>W</u>	<u>U</u>	<u>S</u>
Personal experience with mental illness												
Oneself diagnosed or treated	20%	4%	☆	23%	10%	☆	19%	3%	☆	18%	9%	☆
Spouse diagnosed or treated (if married)	10%	4%	☆	15%	10%	☆	7%	5%	ns	13%	9%	‡
Child diagnosed or treated (if have children)	15%	10%	ns	23%	14%	☆	14%	10%	ns	21%	13%	‡
Close family member diagnosed or treated	40%	28%	☆	48%	32%	☆	38%	27%	☆	45%	28%	☆
Close friend	36%	25%	☆	52%	44%	☆	40%	24%	☆	53%	42%	☆

*“No opinion” responses excluded; W = willing; U = unwilling; S = significance
☆ = p<.05 (based on χ^2 test); ‡ = .05 < p <.10; ns= not significant

Also, among elders (but not members) who have been treated for or diagnosed with mental illness in the prior year, more of those who are willing to have a pastor with mental illness have discussed their own illness with their pastor (69%, compared to 53% for those unwilling), and more of those who are willing to have someone with a mental illness marry into their family have discussed their own illness with their pastor (67%, compared to 51% for those unwilling).

To explore these patterns more systematically, a Willingness to Relate Index, with a possible range of 1 (definitely unwilling) to 5 (definitely willing), was created by summing individual responses to the five items on willingness to relate to persons with mental illness (Q3a-e) and dividing by 5 (the higher the score, the greater the willingness to relate). This index was then regressed on several other items on the questionnaire, including age and gender. The results reveal that, after controlling for the effects of age and gender, willingness to relate in all four Panel groups is associated with greater reported knowledge about mental illness and with greater disagreement with the statement “there are limits to how welcoming congregations should be to persons with mental illness.” For all but members, willingness to relate scores are also greater among those who disagree than agree that “use of psychiatric medication affects one’s personality and hence one’s faith.” Having been diagnosed or treated for mental illness is also associated with greater willingness to relate for all but specialized clergy, but for laity the likelihood of that association being due to chance is higher than usually accepted. (For more detail, see Table B-1 in Appendix B.)

OPINIONS

How Willingness to Relate to Persons with Mental Illness Is Associated with Other Responses (cont.)

A detailed look at how religious practices, theological orientation, and preferred congregational features are related to willingness to relate to persons living with serious mental illness reveals several bivariate relationships (SMI = serious mental illness):

- *The more volunteer time one gives at church, the more willing one is to:* spend an evening socializing with someone with SMI or work closely on a job with someone who has SMI.
- *The more volunteer time one gives in the community, the more one is willing to:* spend an evening socializing with someone with SMI.
- *The more frequently one reads the Bible, the more willing one is to:* spend an evening socializing with someone with SMI or have a group home for persons with SMI in the neighborhood
- *Theological liberals are more likely than theological conservatives to be willing to:* work closely on a job with someone who has SMI, have a group home for persons with SMI in the neighborhood, have a pastor with SMI, or have someone with SMI marry into the family.
- *More of those selecting “wider community care” as one of three (from a list of 14) aspects of their congregation they most value than others are willing to:* have a group home for persons with SMI in the neighborhood.
- *Fewer of those who value “traditional style of worship or music” than others are willing to:* spend an evening socializing with someone with SMI, work closely on a job with someone who has SMI, have a group home for persons with SMI in the neighborhood, have a pastor with SMI, or have someone with SMI marry into the family.
- *More of those who value “contemporary style of worship or music” or “ministry for children or youth” are willing to:* have someone with SMI marry into the family.
- *Fewer of those who value “sharing in the Lord’s Supper” than others are willing to:* spend an evening socializing with someone living with SMI or have someone with SMI marry into the family.
- *Fewer of those who value “sermons/preaching” or “openness to social diversity” are willing to:* have a group home for persons with SMI in the neighborhood, have a pastor with SMI, or have someone with SMI marry into the family.
- *More of those who value “prayer ministry for one another” are willing to:* spend an evening socializing with someone with SMI.
- *More of those who “value ministry for children or youth” are willing to:* have someone with SMI marry into the family.
- *More of those who value “openness to social diversity” are willing to:* have a group home for persons with SMI in the neighborhood, or have a pastor with SMI.

Several of these associations remain when a multivariate analysis is done with the Willingness to Relate Index (see p. 9 for details on its construction) as the dependent variable, controlling for the effects of age, gender, size of community of residence, and size of the community where one’s congregation is located. After controlling for the effects of these variables, statistically significant effects that remain reveal that:

- A greater Willingness to Relate Index score is associated with:
 - valuing an openness to social diversity
 - more hours volunteering in the congregation, and more hours volunteering in the community
 - a greater frequency of praying, and a greater frequency of Bible reading
 - a more liberal theological stance
- A lesser Willingness to Relate Index score is associated with:
 - valuing traditional worship or music, and valuing preaching/sermons

All of these variables explain only 15% of the variance in the Willingness to Relate Index scores.

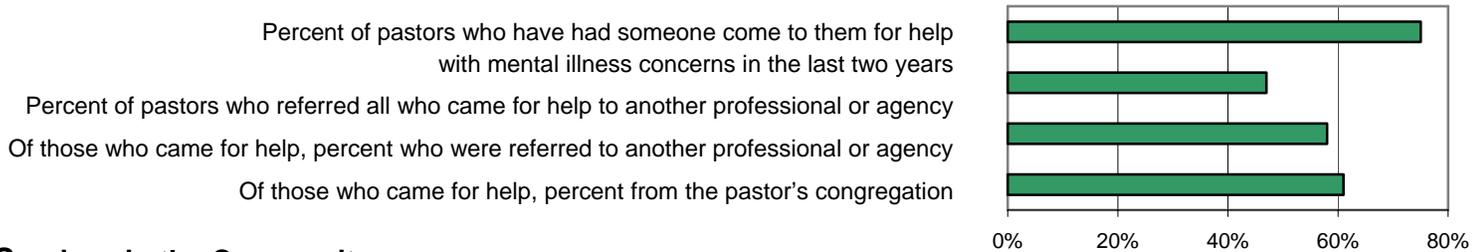
For more detail, and for results for elders, see Table B-2 in Appendix B. Appendix B also contains results of a combined regression analysis of the independent variables discussed in this text box, and a factor analysis of several opinion variables.

MENTAL HEALTH SERVICES IN COMMUNITY AND CHURCH

Pastors as Counselors

- ✓ Three in four pastors report that, in the prior two years, someone came to them seeking help for their own or another family member’s mental illness (75%). (See Figure 7.) The median number of persons coming for help was three. Only 1% report being approached for help by 25 or more persons.
- ✓ Around half of pastors (47%) referred all of those who came to them with mental illness concerns to another professional or agency, and most of the rest (27% overall) referred half or more. One in six (17%) did not refer anyone.
- ✓ Of those coming to pastors for mental illness-related issues, 61% were from the same congregations as the pastors.

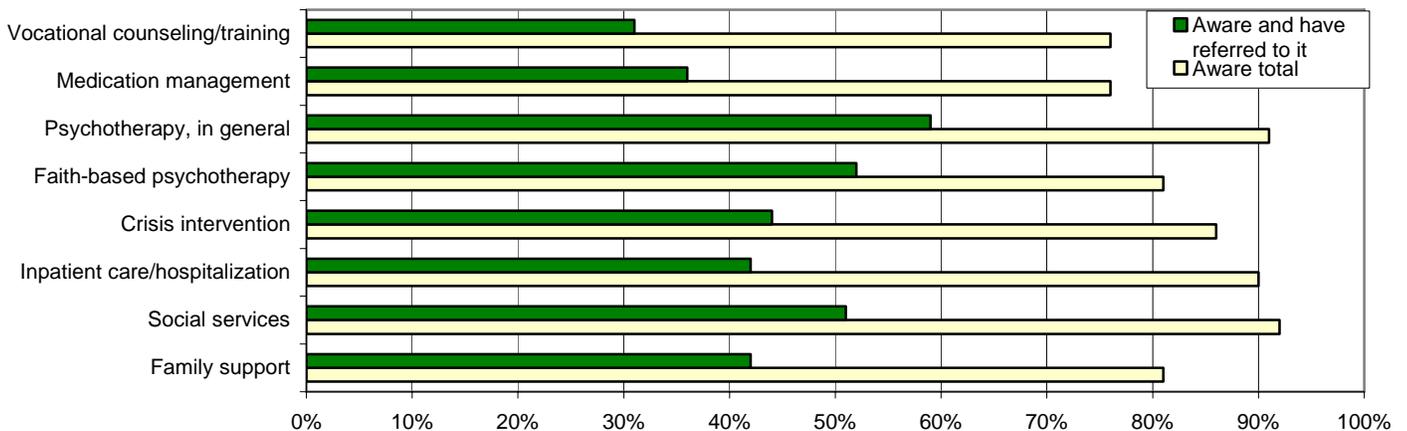
Figure 7. Pastors as Counselors for Persons Living with Mental Illness



Services in the Community

- ✓ Almost no one rates “the quality of services offered in your community for persons with mental illness” as “outstanding” (members, 4%; elders, 3%; pastors, 4%; specialized clergy, 4%). More frequently, these services are described as either “solid” or “adequate” (51%; 45%; 54%; 49%), although many choose “insufficient” or “completely lacking” (24%; 31%; 35%; 39%). The rest respond “no opinion” (20%; 20%; 7%; 7%).
- ✓ Large majorities of ministers are “aware of other professionals or agencies” in the community to whom they could refer someone with mental illness for specific services (see also Figure 8):
 - social services (pastors, 92%; specialized clergy, 86%)
 - inpatient care/hospitalization (90%; 89%)
 - psychotherapy, in general (91%; 88%)
 - crisis intervention (86%; 87%)
 - family support (81%; 77%)
 - faith-based psychotherapy (81%; 72%)
 - vocational counseling/services (76%; 80%)
 - medication management (76%; 80%)
- ✓ Many ministers have referred someone to such agencies in the last two years. At the low end, 31% of pastors are aware of “vocational counseling/training” services and have referred someone to them. At the high end, 59% of pastors are aware of providers of “psychotherapy, in general” and have referred someone to such a provider.

Figure 8. Awareness of Mental Health Agencies and Services Among Pastors



Specialized Clergy and Mental Health Counseling

Some specialized clergy are in areas of service that would likely involve some if not a large amount of counseling. Splitting out two such categories—chaplain and professional pastoral counselor—reveals that specialized clergy in these areas are both more likely to be aware of mental health providers of various types in the community, and also to have referred someone to those services in the previous two years. The referral percentages are especially high for professional pastoral counselors. For example, while 89% of all specialized clergy report being aware of an agency or professional in the community that provides inpatient care (hospitalization), only about half that many—46% overall—have actually made a referral to such an agency in the previous two years. Among professional pastoral counselors, the number aware is almost identical—88%—but a much higher percentage, 71% overall, have actually referred someone to such an agency. Put differently, the differences in awareness of providers is not that large among specialized clergy, but the referral rates are much higher among those, such as chaplains or pastoral counselors, who themselves are likely to provide counseling.

Table 3. Awareness of Providers for Certain Types of Mental Health Services and Referrals to Them by Specialized Clergy, According to Selected Types of Call

	All Specialized Clergy	Chaplains	Professional Pastoral Counselors
Vocational counseling/training			
Aware of agency/professional for this service (total)	80%	92%	88%
Aware and have referred to agency/professional	41%	49%	71%
Psychotherapy, in general			
Aware of agency/professional for this service (total)	88%	92%	100%
Aware and have referred to agency/professional	58%	69%	96%
Faith-based psychotherapy			
Aware of agency/professional for this service (total)	72%	75%	92%
Aware and have referred to agency/professional	45%	44%	79%
Crisis intervention			
Aware of agency/professional for this service (total)	87%	97%	96%
Aware and have referred to agency/professional	48%	58%	75%
Social services			
Aware of agency/professional for this service (total)	86%	86%	88%
Aware and have referred to agency/professional	46%	49%	79%
Family support			
Aware of agency/professional for this service (total)	77%	86%	88%
Aware and have referred to agency/professional	42%	49%	83%

Seminary Training

- ✓ Most ministers respond “not too well” or “not well at all” when asked how well their seminary trained them for various mental illness-related skills:
 - developing church programs for people with mental illness (pastors, 92%; specialized clergy, 91%)
 - providing therapy to persons in the congregation living with mental illness (77%; 75%)
 - understanding mental illness (67%; 65%)
 - responding to trauma in the community (63%; 64%)
 - responding to child abuse or domestic violence (61%; 68%)
 - relating to those living with a mental illness (61%; 63%)
 - responding to “difficult” people (53%; 56%)
 - recognizing mental illness and making an appropriate referral for therapy (53%; 52%)
 - responding to crisis situations, such as people who are suicidal or homicidal (46%; 55%)

- ✓ The highest percentage responding “very well” or “well” for their seminary training related to mental illness was for “recognizing mental illness and making an appropriate referral for therapy” (pastors, 20%; specialized clergy, 22%).

- ✓ In general, evaluations of seminary training do not differ according to when ministers received their M.Div. or B.D. degree.

APPENDIX A

THE PRESBYTERIAN PANEL Mental Illness—The February 2006 Questionnaire

DATA TABLES FOR EACH QUESTION

	Members	Elders	Clergy
Number of questionnaires mailed	1,101	1,171	1,470
Number of questionnaires returned.....	594	718	973‡
Percent returned	53%	61%	66%
‡649 pastors; 322 specialized clergy; 2 not classifiable			

For this questionnaire, the term “mental illness” is used to describe disorders causing severe disturbances in thinking, feeling and/or relating, the result of which is a substantially diminished capacity for coping with the ordinary demands of life.

Q1. How important would you say is each of the following of mental illness?

	Members	Elders	Pastors	Specialized Clergy
a. Genetic factors				
Very important.....	45%	43%	47%	48%
Important	40%	37%	40%	43%
Somewhat important.....	13%	15%	11%	7%
Not important.....	1%	2%	1%	1%
No opinion	2%	2%	1%	2%
a. Bad parenting				
Very important.....	14%	11%	11%	15%
Important	31%	33%	38%	36%
Somewhat important.....	39%	40%	42%	38%
Not important.....	14%	12%	8%	10%
No opinion	3%	4%	1%	1%
b. Demon possession				
Very important.....	5%	4%	3%	2%
Important	7%	7%	10%	5%
Somewhat important.....	12%	12%	22%	16%
Not important.....	43%	49%	49%	63%
No opinion	34%	27%	16%	13%
c. Socioeconomic conditions				
Very important.....	5%	4%	5%	6%
Important	19%	24%	26%	31%
Somewhat important.....	45%	46%	50%	46%
Not important.....	24%	21%	18%	16%
No opinion	6%	5%	*	1%

Note: Percentages may not add to 100 due to rounding

* = less than 0.5%; rounds to zero

— = zero (0.0); no cases in this category

+ = nonresponses of 10% or more on this question (reported percentages for all questions omit nonresponses)

n = number of respondents eligible to answer this question

◆ = percentages add to more than 100 because respondents could make more than one response

Q1. How important would you say is each of the following as a cause of mental illness?

(Cont.)

d. Lack of individual willpower				
Very important.....	6%	4%	1%	1%
Important	16%	14%	9%	8%
Somewhat important.....	30%	32%	33%	27%
Not important.....	42%	41%	54%	59%
No opinion	6%	8%	3%	5%
e. A chemical imbalance in the brain				
Very important.....	60%	58%	62%	60%
Important	30%	32%	33%	36%
Somewhat important.....	6%	6%	4%	2%
Not important.....	*	*	*	—
No opinion	3%	3%	*	2%
f. Spiritual weakness				
Very important.....	7%	7%	2%	2%
Important	18%	16%	13%	9%
Somewhat important.....	28%	34%	33%	25%
Not important.....	40%	34%	48%	59%
No opinion	8%	8%	4%	6%
g. Other (specify): _____	+	+	+	+
Very important.....	9%	17%	19%	28%
Important	10%	16%	27%	20%
Somewhat important.....	3%	3%	6%	4%
Not important.....	2%	3%	2%	4%
No opinion	75%	61%	47%	45%

Q2. Listed below are some conditions and symptoms that affect a portion of the population at any given time. How serious is each of the following?

a. Panic attacks				
Very serious.....	18%	15%	19%	22%
Generally serious	37%	39%	42%	38%
Somewhat serious.....	38%	36%	35%	37%
Not very serious.....	6%	8%	3%	3%
No opinion	2%	2%	1%	1%
b. Phobias/abnormal fears				
Very serious.....	15%	13%	16%	20%
Generally serious	37%	38%	40%	39%
Somewhat serious.....	39%	41%	38%	38%
Not very serious.....	7%	6%	5%	2%
No opinion	2%	2%	1%	1%
c. Obsessions/compulsions				
Very serious.....	18%	18%	19%	23%
Generally serious	41%	41%	46%	47%
Somewhat serious.....	34%	34%	31%	27%
Not very serious.....	5%	5%	3%	2%
No opinion	2%	2%	1%	1%

Note: Percentages may not add to 100 due to rounding

* = less than 0.5%; rounds to zero

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n = number of respondents eligible to answer this question

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	Members	Elders	Pastors	Specialized Clergy
Q2. Listed below are some conditions and symptoms that affect a portion of the population at any given time. How serious is each of the following?				
(Cont.)				
d. Paranoid thoughts				
Very serious.....	31%	31%	35%	43%
Generally serious.....	40%	41%	40%	37%
Somewhat serious.....	23%	22%	21%	18%
Not very serious.....	4%	4%	3%	2%
No opinion.....	3%	2%	1%	1%
e. Depression				
Very serious.....	52%	49%	55%	57%
Generally serious.....	34%	38%	37%	36%
Somewhat serious.....	11%	10%	7%	6%
Not very serious.....	1%	1%	1%	*
No opinion.....	2%	2%	1%	—
f. Hearing voices that no one else can hear				
Very serious.....	52%	49%	51%	59%
Generally serious.....	20%	21%	26%	18%
Somewhat serious.....	16%	15%	15%	15%
Not very serious.....	7%	8%	6%	5%
No opinion.....	5%	6%	2%	2%
g. Bipolar disorder				
Very serious.....	58%	52%	60%	64%
Generally serious.....	30%	33%	33%	29%
Somewhat serious.....	8%	9%	6%	6%
Not very serious.....	2%	2%	1%	1%
No opinion.....	3%	4%	1%	*
h. Eating disorders (anorexia, bulimia)				
Very serious.....	50%	42%	48%	53%
Generally serious.....	33%	38%	41%	36%
Somewhat serious.....	13%	16%	9%	10%
Not very serious.....	2%	2%	1%	1%
No opinion.....	3%	2%	1%	*
Q3. How willing would you be to:				
a. spend an evening socializing with someone living with a serious mental illness (such as schizophrenia, major depression, Alzheimer's disease)?				
Definitely willing.....	22%	25%	45%	46%
Probably willing.....	51%	51%	45%	43%
Probably unwilling.....	20%	17%	8%	9%
Definitely unwilling.....	4%	4%	*	2%
No opinion.....	3%	3%	1%	1%
b. work closely on a job with someone who had a serious mental illness?				
Definitely willing.....	11%	13%	24%	28%
Probably willing.....	40%	46%	48%	47%
Probably unwilling.....	37%	29%	24%	20%
Definitely unwilling.....	7%	7%	2%	4%
No opinion.....	4%	5%	1%	1%

Note: Percentages may not add to 100 due to rounding

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n = number of respondents eligible to answer this question

◆ = percentages add to more than 100 because respondents could make more than one response

	Members	Elders	Pastors	Specialized Clergy
Q3. How willing would you be to:				
(Cont.)				
c. have a group home for persons with serious mental illness open in your neighborhood?				
Definitely willing.....	13%	16%	44%	40%
Probably willing	37%	44%	45%	44%
Probably unwilling	35%	28%	8%	12%
Definitely unwilling.....	9%	8%	1%	3%
No opinion	6%	4%	1%	1%
d. have a pastor with a serious mental illness?				
Definitely willing.....	3%	3%	8%	11%
Probably willing	18%	15%	24%	29%
Probably unwilling	42%	44%	44%	38%
Definitely unwilling.....	32%	33%	20%	19%
No opinion	6%	5%	4%	3%
e. have someone who had a serious mental illness marry into your family?				
Definitely willing.....	3%	4%	10%	12%
Probably willing	23%	24%	37%	36%
Probably unwilling	40%	42%	37%	36%
Definitely unwilling.....	26%	22%	11%	12%
No opinion	8%	8%	4%	4%
Q4. What percentage of the United States population would you estimate is living with a mental illness? _____ %				
	+	+	+	+
1% - 14%	18%	21%	15%	14%
23% - 24%	23%	24%	29%	29%
25% - 29%	10%	10%	10%	10%
30% - 39%	17%	19%	18%	19%
40% or more	26%	23%	26%	25%
Don't know	5%	3%	2%	3%
Mean	28%	27%	29%	31%
Median.....	25%	25%	25%	25%
Q5. How knowledgeable would you say you are when it comes to mental illness?				
Very knowledgeable.....	6%	6%	8%	18%
Knowledgeable.....	21%	19%	32%	30%
Somewhat knowledgeable	42%	43%	47%	40%
Not too knowledgeable.....	26%	26%	12%	12%
Not at all knowledgeable	5%	5%	1%	1%
Q6. How familiar are you with each of the following organizations or resources?				
a. Presbyterian Serious Mental Illness Network				
Very familiar	*	—	2%	2%
Generally familiar.....	1%	1%	9%	11%
A little familiar	3%	7%	22%	21%
Not familiar	96%	91%	67%	66%

Note: Percentages may not add to 100 due to rounding

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— = zero (0.0); no cases in this category

+ = nonresponses of 10% or more on this question (reported percentages for all questions omit nonresponses)

n = number of respondents eligible to answer this question

◆ = percentages add to more than 100 because respondents could make more than one response

	Members	Elders	Pastors	Specialized Clergy
Q6. How familiar are you with each of the following organizations or resources?				
(Cont.)				
b. The Church and Serious Mental Illness, a report and General Assembly resolution				
Very familiar	*	*	1%	2%
Generally familiar.....	1%	1%	9%	8%
A little familiar	4%	7%	22%	21%
Not familiar	95%	92%	68%	69%
c. Turn Mourning into Dancing! (GA policy statement on domestic violence)				
Very familiar	*	*	7%	8%
Generally familiar.....	2%	1%	20%	18%
A little familiar	6%	8%	31%	23%
Not familiar	92%	91%	43%	51%
d. Mental Health: A Report of the U.S. Surgeon General				
Very familiar	1%	1%	1%	2%
Generally familiar.....	9%	8%	9%	17%
A little familiar	29%	26%	23%	25%
Not familiar	62%	65%	67%	55%
e. National Institute of Mental Health				
Very familiar	3%	4%	10%	15%
Generally familiar.....	19%	18%	30%	33%
A little familiar	34%	36%	33%	28%
Not familiar	44%	42%	26%	25%
f. NAMI (National Alliance for the Mentally Ill)				
Very familiar	3%	3%	8%	12%
Generally familiar.....	7%	7%	16%	19%
A little familiar	13%	16%	20%	23%
Not familiar	77%	74%	56%	46%
Q7. Do you believe that mental illness should be covered to the same extent as physical illness on health insurance policies?				
Yes, definitely.....	63%	64%	76%	81%
Yes, probably.....	27%	30%	20%	16%
No, probably not	4%	3%	2%	2%
No, definitely not.....	1%	1%	*	—
Not sure.....	6%	2%	2%	1%

Note: Percentages may not add to 100 due to rounding

* = less than 0.5%; rounds to zero

— = zero (0.0); no cases in this category

+ = nonresponses of 10% or more on this question (reported percentages for all questions omit nonresponses)

n = number of respondents eligible to answer this question

◆ = percentages add to more than 100 because respondents could make more than one response

	Members	Elders	Pastors	Specialized Clergy
Q8. In the last two years, which of the following did your congregation do related to mental illness? (<i>✓all</i> that apply.)				
	◆ +	◆	◆	◆
Had a sermon with mental illness as a significant focus.....	4%	7%	20%	14%
Held a prayer or healing service that focused on mental illness.....	11%	10%	18%	20%
Had a class or study group that focused on mental illness.....	9%	5%	17%	16%
Organized or provided space for a support group for persons in the congregation with mental illness.....	11%	8%	19%	17%
Organized or provided space for a support group for persons in the community with mental illness.....	19%	16%	28%	21%
Organized or provided space for a support group for family members or caregivers of persons with mental illness.....	12%	7%	19%	18%
Organized or provided space for persons with mental illness to socialize together.....	8%	7%	10%	9%
Advocated for public policy on behalf of persons with mental illness.....	4%	4%	10%	13%
Other (specify): _____	8%	8%	14%	12%
None of the above.....	47%	59%	32%	41%
Don't know [vol.].....	10%	1%	*	1%

Q9. What persons in your life, to your knowledge, have been diagnosed or treated for a mental illness in the previous year? (*✓all* that apply.)

	◆	◆	◆	◆
Myself.....	7%	6%	14%	15%
Spouse/partner.....	5%	8%	11%	12%
Parent(s).....	8%	7%	11%	9%
Child(ren).....	9%	10%	14%	13%
Brother or sister.....	12%	11%	15%	12%
In-law.....	11%	12%	18%	15%
Other relative.....	20%	17%	20%	22%
Close friend at church.....	11%	12%	36%	26%
Other close friend.....	20%	20%	26%	28%
Other person at church.....	15%	21%	56%	33%
Neighbor.....	7%	11%	10%	13%
Co-worker/colleague.....	12%	13%	18%	26%
Other (specify): _____	10%	8%	5%	9%

Q10. If you or a member of your family has been diagnosed with a mental illness, have you discussed it with your pastor?

Yes.....	15%	20%	8%	20%
No.....	27%	20%	3%	10%
Not applicable (I am a pastor).....	—	—	74%	40%
Not applicable (no such diagnosis).....	58%	60%	14%	30%

Note: Percentages may not add to 100 due to rounding

* = less than 0.5%; rounds to zero

— = zero (0.0); no cases in this category

+ = nonresponses of 10% or more on this question (reported percentages for all questions omit nonresponses)

n = number of respondents eligible to answer this question

◆ = percentages add to more than 100 because respondents could make more than one response

Q10a. [If “No, ”] Why not? [Coded from open-ended comments; not tabulated for ministers]

	n=145	n=138
	+	+
Person lives elsewhere.....	14%	16%
Problem not serious enough	22%	17%
Not a member of (my) church	1%	1%
Person getting appropriate care from someone else; concern of medical profession, not pastors	17%	18%
Don't want pastor to know; too embarrassed	5%	4%
Not close to pastor; no relationship with pastor; don't discuss any family matters with pastor.....	8%	8%
Never came up; just didn't (no other reason); no opportunity; pastors don't do counseling	19%	16%
Not applicable (e.g., no pastor)	3%	7%
All other (including response not relevant)	17%	20%

Q11. How supportive has your congregation been of ministry with persons who have mental illness?

Very supportive	8%	8%	17%	12%
Supportive	17%	21%	32%	30%
Somewhat supportive	15%	17%	30%	25%
Not too supportive	4%	6%	6%	10%
Not supportive at all	2%	3%	2%	3%
Don't know.....	54%	44%	13%	21%

Q12. Do you agree or disagree with each of these statements?

a. Most people with demon possession in the Bible had a mental illness				
Strongly agree.....	7%	11%	10%	17%
Agree	27%	26%	37%	39%
Neutral or not sure	51%	49%	31%	30%
Disagree.....	10%	11%	18%	10%
Strongly disagree	4%	3%	4%	4%
b. The church should take an advocacy position on behalf of persons with mental illness				
Strongly agree.....	13%	15%	29%	43%
Agree	49%	54%	58%	46%
Neutral or not sure	34%	27%	11%	9%
Disagree.....	4%	4%	2%	2%
Strongly disagree	1%	1%	—	*
c. I'd like to see my congregation do more to better integrate persons who have mental illness				
Strongly agree.....	5%	6%	14%	25%
Agree	44%	45%	59%	52%
Neutral or not sure	46%	44%	23%	22%
Disagree.....	4%	4%	3%	2%
Strongly disagree	1%	*	*	*

Note: Percentages may not add to 100 due to rounding

* = less than 0.5%; rounds to zero

— = zero (0.0); no cases in this category

+ = nonresponses of 10% or more on this question (reported percentages for all questions omit nonresponses)

n = number of respondents eligible to answer this question

◆ = percentages add to more than 100 because respondents could make more than one response

	Members	Elders	Pastors	Specialized Clergy
Q12. Do you agree or disagree with each of these statements? (Cont.)				
d. There are limits to how welcoming congregations should be to people with mental illness				
Strongly agree.....	1%	1%	1%	1%
Agree	18%	20%	20%	22%
Neutral or not sure	31%	27%	22%	23%
Disagree.....	39%	40%	44%	35%
Strongly disagree	11%	11%	13%	18%
e. It is often difficult to meet the spiritual needs of persons with mental illness				
Strongly agree.....	6%	6%	10%	9%
Agree	40%	41%	52%	44%
Neutral or not sure	33%	34%	20%	18%
Disagree.....	19%	16%	16%	25%
Strongly disagree	3%	3%	2%	4%
f. For someone receiving medical treatment/therapy for mental illness, participating in a congregation will usually provide additional help in coping with that illness				
Strongly agree.....	19%	20%	27%	28%
Agree	54%	60%	58%	53%
Neutral or not sure	25%	19%	14%	15%
Disagree.....	1%	1%	1%	3%
Strongly disagree	*	—	*	*
g. Persons living with mental illness have gifts to bring to the church				
Strongly agree.....	21%	21%	39%	38%
Agree	57%	63%	58%	55%
Neutral or not sure	20%	14%	3%	6%
Disagree.....	1%	1%	—	1%
Strongly disagree	1%	*	—	—
h. Persons living with mental illness cannot be in relationship with God as deeply as persons without mental illness				
Strongly agree.....	1%	2%	1%	2%
Agree	2%	2%	3%	2%
Neutral or not sure	16%	13%	3%	5%
Disagree.....	48%	47%	37%	32%
Strongly disagree	32%	36%	56%	59%
i. Use of psychiatric medications affects one's personality and hence one's faith				
Strongly agree.....	1%	1%	2%	1%
Agree	6%	4%	10%	13%
Neutral or not sure	32%	32%	30%	26%
Disagree.....	34%	40%	36%	29%
Strongly disagree	27%	23%	22%	30%

Note: Percentages may not add to 100 due to rounding

* = less than 0.5%; rounds to zero

— = zero (0.0); no cases in this category

+ = nonresponses of 10% or more on this question (reported percentages for all questions omit nonresponses)

n = number of respondents eligible to answer this question

◆ = percentages add to more than 100 because respondents could make more than one response

Q13. What is your general assessment of the quality of services offered in your community for persons with mental illness?

Outstanding	4%	3%	4%	4%
Solid	16%	16%	17%	21%
Adequate	35%	29%	36%	28%
Insufficient	22%	27%	34%	38%
Completely lacking	2%	4%	1%	2%
No opinion.....	20%	20%	7%	7%

Q14. What kind of resources would you be interested in having? (✓ as many □ as apply.)

	◆	◆	◆	◆
Bible study on mental illness	30%	36%	48%	49%
Guide for setting up a support group for persons living with mental illness.....	25%	29%	46%	49%
Guide for ministry with people in the congregation who are living with mental illness.....	40%	44%	63%	69%
Guide for ministry with people in the community who are living with mental illness.....	31%	39%	47%	54%
Guide for ministry with families of people who are living with mental illness.....	54%	54%	71%	75%
Other (specify): _____	4%	3%	3%	7%

Members: Skip to Q20

Elders, Pastors, Other Ministers: Continue with Q15

Q15. In the last two years, how much attention has been given to ministry with persons who have mental illness:

a. by your presbytery?	+		
A lot	—	*	*
A fair amount.....	4%	2%	5%
Only a little bit.....	10%	20%	17%
Hardly any	12%	32%	26%
None.....	6%	24%	18%
Don't know	68%	21%	34%
b. by your synod?	+		
A lot	—	—	—
A fair amount.....	2%	1%	1%
Only a little bit.....	4%	6%	6%
Hardly any	5%	11%	9%
None.....	4%	14%	14%
Don't know	84%	69%	70%

Note: Percentages may not add to 100 due to rounding

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— = zero (0.0); no cases in this category

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n = number of respondents eligible to answer this question

◆ = percentages add to more than 100 because respondents could make more than one response

Pastors and Other Ministers: *Continue with Q16*
Members and Elders: *Skip to Q20*

Q16. Are you aware of other professionals or agencies in your community to whom you could refer someone with mental illness for each of these needs?

a.	Vocational counseling/training		
	Yes, and I have done so	31%	39%
	Yes, although I've never referred anyone there	45%	41%
	No.....	17%	14%
	Not sure.....	7%	6%
b.	Medication management		
	Yes, and I have done so	36%	45%
	Yes, although I've never referred anyone there	40%	35%
	No.....	19%	11%
	Not sure.....	5%	8%
c.	Psychotherapy, in general		
	Yes, and I have done so	59%	58%
	Yes, although I've never referred anyone there	32%	30%
	No.....	8%	8%
	Not sure.....	2%	5%
d.	Faith-based psychotherapy		
	Yes, and I have done so	52%	45%
	Yes, although I've never referred anyone there	29%	27%
	No.....	15%	21%
	Not sure.....	4%	7%
e.	Crisis intervention		
	Yes, and I have done so	44%	48%
	Yes, although I've never referred anyone there	42%	39%
	No.....	11%	8%
	Not sure.....	4%	6%
f.	Inpatient care/hospitalization		
	Yes, and I have done so	42%	46%
	Yes, although I've never referred anyone there	48%	43%
	No.....	8%	7%
	Not sure.....	2%	4%
g.	Social services		
	Yes, and I have done so	51%	46%
	Yes, although I've never referred anyone there	41%	40%
	No.....	6%	8%
	Not sure.....	2%	6%
h.	Family support		
	Yes, and I have done so	42%	42%
	Yes, although I've never referred anyone there	39%	35%
	No.....	13%	13%
	Not sure.....	6%	10%

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— = zero (0.0); no cases in this category

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n = number of respondents eligible to answer this question

◆ = percentages add to more than 100 because respondents could make more than one response

Q17. In the last two (2) years, in your professional role (as a pastor, counselor, teacher, etc.), has anyone come to you for help because they or a family member had what might be described as a mental illness?

Yes	75%	59%
No	22%	40%
Not sure	3%	1%

[If “Yes,”]

a. How many individuals came to you for help with mental illness in the last two years? Write an estimate of the number on the line (If none, write 0.) _____

	n=467	n=172
None	2%	1%
One	14%	10%
Two.....	23%	24%
Three.....	20%	17%
Four or five.....	22%	15%
Six to nine.....	9%	6%
Ten or more	9%	28%
Mean.....	4.9	22.2
Median.....	3.0	3.0

b. Of people with a mental illness who came to you for help in the last two years, how many did you refer to someone else for psychotherapy and/or pastoral counseling? (If none, write 0.) _____

	n=467	n=172
None	+	+
One	18%	20%
Two.....	17%	19%
Three.....	24%	18%
Four or five.....	16%	13%
Six to nine.....	13%	11%
Ten or more	8%	7%
Mean.....	4%	13%
Median.....	3.5	8.0
Median.....	2.0	2.0

c. (If pastor) Of the people with a mental illness who came to you for help in the last two years, how many of them are part of your congregation? (If none, write 0.) _____

	n=467	n=172
None	+	+
One	9%	35%
Two.....	23%	18%
Three.....	26%	18%
Four or five.....	12%	14%
Six to nine.....	18%	5%
Ten or more	8%	4%
Mean.....	4%	6%
Median.....	3.7	4.5
Median.....	2.0	1.0

Note: Percentages may not add to 100 due to rounding

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n = number of respondents eligible to answer this question

◆ = percentages add to more than 100 because respondents could make more than one response

	Members	Elders	Pastors	Specialized Clergy
[If “Yes,”] (Cont.)				
d. For how many people with mental illness are you currently providing pastoral counseling or psychotherapy? (If none, write 0.) _____			n=467	n=172
			+	+
None			69%	63%
One			13%	14%
Two.....			10%	6%
Three.....			3%	2%
Four or five.....			2%	3%
Six to nine.....			1%	1%
Ten or more			1%	12%
Mean.....			0.9	4.8
Median.....			0.0	0.0

Q18. Overall, how well did your seminary train you for:

a. Understanding mental illness?				
Very well.....			3%	8%
Well.....			10%	7%
Somewhat well.....			21%	19%
Not too well			36%	31%
Not well at all.....			31%	34%
b. Developing church programs for people living with mental illness?				
Very well.....			*	—
Well.....			1%	3%
Somewhat well.....			6%	7%
Not too well			40%	38%
Not well at all.....			52%	53%
c. Responding to crisis situations, such as people who are suicidal or homicidal?				
Very well.....			3%	5%
Well.....			16%	13%
Somewhat well.....			35%	26%
Not too well			24%	31%
Not well at all.....			22%	24%
d. Responding to trauma in the community?				
Very well.....			3%	4%
Well.....			9%	11%
Somewhat well.....			25%	22%
Not too well			35%	32%
Not well at all.....			28%	32%
e. Responding to “difficult” people?				
Very well.....			3%	5%
Well.....			13%	12%
Somewhat well.....			32%	28%
Not too well			33%	34%
Not well at all.....			20%	22%

Note: Percentages may not add to 100 due to rounding

* = less than 0.5%; rounds to zero

— = zero (0.0); no cases in this category

+ = nonresponses of 10% or more on this question (reported percentages for all questions omit nonresponses)

n = number of respondents eligible to answer this question

◆ = percentages add to more than 100 because respondents could make more than one response

Q18. Overall, how well did your seminary train you for:

(Cont.)

f. Responding to child abuse or domestic violence?		
Very well.....	2%	4%
Well.....	12%	11%
Somewhat well.....	25%	17%
Not too well	35%	34%
Not well at all.....	26%	34%
g. Providing therapy to persons in the congregation living with a mental illness?		
Very well.....	1%	3%
Well.....	5%	8%
Somewhat well.....	17%	14%
Not too well	43%	36%
Not well at all.....	34%	38%
h. Recognizing mental illness and making an appropriate referral for therapy?		
Very well.....	6%	9%
Well.....	14%	13%
Somewhat well.....	28%	27%
Not too well	30%	29%
Not well at all.....	23%	23%
i. Relating in general to those in the congregation living with a mental illness?		
Very well.....	2%	4%
Well.....	10%	9%
Somewhat well.....	27%	24%
Not too well	36%	35%
Not well at all.....	24%	28%

Q19. If you or an immediate member of your family has been diagnosed or treated for a mental illness, how has that experience affected your ministry? Please describe briefly: [Coded from open-ended comments; asked only of ministers]

	n=220	n=99
Greater awareness/knowledge of mental illness itself.....	13%	3%
More sensitive to those with mental illness; greater empathy; sympathy, compassion; greater tolerance; enhanced ability to help those with mental illness; see people differently	50%	56%
Greater awareness/familiarity with treatment/therapy options, such as benefits of medication	4%	2%
Has resulted in others in congregation becoming more aware/ knowledgeable or more sensitive/understanding	2%	1%
Negative effect on one's ministry (lack of support; lack of of compassionate care; financial drain; physical impairment; stress).....	7%	6%
Affected content or emphasis within one's ministry—led to different types of sermons, or programs within congregation, or encouragement of others to seek treatment	5%	4%
Led to career change, change of call, or disruption of ministry	3%	13%
Comment about family/self but not about effect on ministry	10%	7%
All other.....	11%	12%

Note: Percentages may not add to 100 due to rounding

* = less than 0.5%; rounds to zero

— = zero (0.0); no cases in this category

+ = nonresponses of 10% or more on this question (reported percentages for all questions omit nonresponses)

n = number of respondents eligible to answer this question

◆ = percentages add to more than 100 because respondents could make more than one response

	Members	Elders	Pastors	Specialized Clergy
Q20. What is your gender?				
Female	66%	55%	27%	45%
Male.....	34%	45%	73%	55%
Q21. What is your current age? _____ years				
Less than 20.....	2%	*	—	—
20 - 24	2%	*	—	—
25 - 29	2%	1%	1%	*
30 - 34	3%	2%	4%	3%
35 - 39	6%	3%	6%	4%
40 - 44	5%	6%	9%	9%
45 - 49	8%	10%	16%	12%
50 - 54	10%	13%	22%	16%
55 - 59	9%	15%	21%	23%
60 - 64	11%	11%	15%	18%
65 - 69	10%	13%	4%	10%
70 - 74	10%	12%	*	2%
75 - 79	10%	9%	1%	2%
80 - 84	8%	4%	*	1%
85 or more	3%	*	—	1%
Mean.....	59.1	59.5	51.6	55.1
Median.....	61.0	59.0	52.0	56.0

Q22. Use this space for any additional comments. [Not tabulated]

Response form:

Web	11%	13%	20%	18%
Paper.....	89%	87%	80%	82%

Note: Percentages may not add to 100 due to rounding

* = less than 0.5%; rounds to zero

— = zero (0.0); no cases in this category

+ = nonresponses of 10% or more on this question (reported percentages for all questions omit nonresponses)

n = number of respondents eligible to answer this question

◆ = percentages add to more than 100 because respondents could make more than one response

APPENDIX B

Table B-1. Multivariate Regressions Predicting Willingness to Relate* to Persons with Mental Illness: Opinion Questions

<u>Independent Variables†</u>	Members	Elders	Pastors	Specialized Clergy
	<i>b coefficients**</i>			
Knowledge about mental illness (1=not at all knowledgeable; 2=not too knowledgeable; 3=somewhat knowledgeable; 4=knowledgeable; 5=very knowledgeable).....	.21☆	.23☆	.18☆	.26☆
How important bad parenting is as cause of mental illness*** (1=not important; 2=somewhat important; 3=important; 4=very important).....	.10‡	—	—	—
Diagnosed or treated for mental illness in last year (1=yes; 0=no).....	.16‡	.13‡	.13☆	—
There are limits to how welcoming congregations should be to persons with mental illness (1=strongly agree; 2=agree; 3=neutral or not sure; 4=disagree; 5=strongly disagree) .....	.26☆	.23☆	.21☆	.22☆
Use of psychiatric medication affects one's personality and hence one's faith (1=strongly agree; 2=agree; 3=neutral or not sure; 4=disagree; 5=strongly disagree) .....	.07‡	.07☆	.09☆	—
Adjusted R ² .....	.22	.18	.17	.22
F	9.9☆	10.2☆	11.1☆	7.8☆
Degrees of freedom	10;309	10;414	10;468	10;235

*Measured by Willingness to Relate Index; see p. 9

**Only statistically significant effects are shown

☆ = $p < .05$ (based on χ^2 test)

‡ = $.05 < p < .10$

***"No opinion" responses excluded

†Only variables with significant effects for at least one group are shown; other variables in the models are: gender (1=female; 0=male); age (in years); importance of demon possession as cause of mental illness (1=very important to 4=not important); importance of lack of individual welfare as cause of mental illness (1=very important to 4=not important); importance of spiritual weakness as cause of mental illness (1=very important to 4=not important)

APPENDIX B

Table B-2. Multivariate Regressions Predicting Willingness to Relate* to Persons with Mental Illness: Questions on Religious Participation

<u>Independent Variables†</u>	Members	Elders
	<i>b coefficients**</i>	
Value traditional worship or music (1=selected; 0=not selected)***	-.19☆	—
Value preaching/sermons (1=selected; 0=not selected)***	-.20☆	—
Value practical care for one another in times of need(1=selected; 0=not selected)***	—	.22☆
Value openness to social diversity(1=selected; 0=not selected)***	.40☆	—
Hours volunteered at church (1=0; 2=1-2; 3=3-5; 4=6-10; 5=11-20; 6=21+)	.08☆	-.07☆
Hours volunteered in community (1=0; 2=1-2; 3=3-5; 4=6-10; 5=11-20; 6=21+)	.06☆	.05☆
Frequency of private Bible reading (1=never; 2=less than once a month; 3=once a month; 4=several times a month; 5=weekly; 6=several times a week; 7= daily/almost daily) .....	.05☆	—
Frequency of praying (1=never; 2=less than once a month; 3=once a month; 4=several times a month; 5=weekly; 6=several times a week; 7= daily/almost daily)	—	.10☆
Theological stance (1=very conservative; 2=conservative; 3=moderate; 4=liberal; 5=very liberal) .....	.11☆	.20☆
Age (years)	-.01☆	-.01☆
Adjusted R ² .....	.15	.10
F	4.6☆	4.0☆
Degrees of freedom	24;454	24;592

Note: Shown for laity only because several variables were not asked of ministers

*Measured by Willingness to Relate Index; see p. 9

**Only statistically significant effects are shown

☆ = $p < .05$

‡ = $.05 < p < .10$

***Of 14 “value” items, respondents could select no more than three (other value items listed below)

†Other variables in the models are: gender (1=female; 0=male); frequency of worship attendance (1=never; 2=less than once a year; 3=about once or twice a year; 4=several times a year; 5=about once a month; 6=2-3 times a month; 7=nearly every week; 8=every week); frequency of attending other church events in the prior month (1=0 hours; 2=1-2 hours; 3=3-5 hours; 4=6-10 hours; 5=11-20 hours; 6=more than 20 hours); frequency of attending other religious events in the prior month (1=0 hours; 2=1-2 hours; 3=3-5 hours; 4=6-10 hours; 5=11-20 hours; 6=more than 20 hours); location of residence (1=open country, but not a farm; 2=farm; 3=town or small city of less than 50,000; 4=medium size city of 50,000 to 250,000; 5=suburb of medium size city; 6=large city of 250,000 or more; 7=suburb of a large city); location of congregation (1=open country, but not a farm; 2=farm; 3=town or small city of less than 50,000; 4=medium size city of 50,000 to 250,000; 5=suburb of medium size city; 6=large city of 250,000 or more; 7=suburb of a large city); whether one values or not each of the following in one’s congregation (for each, 1=selected; 0=not selected; only three of 14 items could be selected): wider community care or social justice emphasis; reaching those who do not attend church; contemporary style of worship or music; sharing in the Lord’s Supper; social activities; Bible study or prayer groups; ministry for children or youth; prayer ministry for one another; a school/pre-school; a church school class

APPENDIX B

Table B-3. Multivariate Regressions Predicting Willingness to Relate* to Persons with Mental Illness: Combined Independent Variables

<u>Independent Variables†</u>	Members Elders <i>b</i> coefficients**	
Value traditional worship or music (1=selected; 0=not selected)***	-.18‡	—
Value preaching/sermons (1=selected; 0=not selected)***	-.28☆	—
Value openness to social diversity (1=selected; 0=not selected)***	.36‡	—
Value practical care of one another in time of need (1=selected; 0=not selected)***	—	.20☆
Frequency of private Bible reading (1=never; 2=less than once a month; 3=once a month; 4=several times a month; 5=weekly; 6=several times a week; 7= daily/almost daily)	-.34☆	---
Theological stance (1=very conservative; 2=conservative; 3=moderate; 4=liberal; 5=very liberal)	—	.19☆
Knowledgeable about mental illness (1=not at all knowledgeable; 2=not too knowledgeable; 3=somewhat knowledgeable; 4=knowledgeable; 5=very knowledgeable).....	.22☆	.22☆
How important bad parenting is as cause of mental illness§ (1=not important; 2=somewhat important; 3=important; 4=very important)	-.11‡	—
How important spiritual weakness is as cause of mental illness§ (1=not important; 2=somewhat important; 3=important; 4=very important).....	.14☆	—
There are limits to how welcoming congregations should be to persons with mental illness (1=strongly disagree; 2=disagree; 3=neutral or not sure; 4=agree; 5=strongly agree) .....	.27☆	.21☆
Use of psychiatric medication affects one's personality and hence one's faith (1=strongly disagree; 2=disagree; 3=neutral or not sure; 4=agree; 5=strongly agree).....	.09‡	—
Age (years)	-.01‡	—
Adjusted R ² .....	.27	.23
F	4.3☆	4.6☆
Degrees of freedom	32;256	32;359

Note: Shown only for laity because several variables were not asked of ministers

*Measured by Willingness to Relate Index; see p. 9

**Only statistically significant effects are shown

☆ = $p < .05$

‡ = $.05 < p < .10$

***Of 14 "value" items, respondents could select no more than three (other value items listed below)

§"No opinion" responses excluded

†Other variables in the models are: gender (1=female; 0=male); frequency of worship attendance (1=never; 2=less than once a year; 3=about once or twice a year; 4=several times a year; 5=about once a month; 6=2-3 times a month; 7=nearly every week; 8=every week); frequency of attending other church events in the prior month (1=0 hours; 2=1-2 hours; 3=3-5 hours; 4=6-10 hours; 5=11-20 hours; 6=more than 20 hours); frequency of attending other religious events in the prior month (1=0 hours; 2=1-2 hours; 3=3-5 hours; 4=6-10 hours; 5=11-20 hours; 6=more than 20 hours); hours volunteered at church in the prior month (1=0 hours; 2=1-2 hours; 3=3-5 hours; 4=6-10 hours; 5=11-20 hours; 6=more than 20 hours); hours volunteered in the community in the prior month (1=0 hours; 2=1-2 hours; 3=3-5 hours; 4=6-10 hours; 5=11-20 hours; 6=more than 20 hours); theological stance (1=very conservative; 2=conservative; 3=moderate; 4=liberal; 5=very liberal); frequency of praying (1=never; 2= to 7=daily/almost daily) location of residence (1=open country, but not a farm; 2=farm; 3=town or small city of less than 50,000; 4=medium size city of 50,000 to 250,000; 5=suburb of medium size city; 6=large city of 250,000 or more; 7=suburb of a large city); location of congregation (1=open country, but not a farm; 2=farm; 3=town or small city of less than 50,000; 4=medium size city of 50,000 to 250,000; 5=suburb of medium size city; 6=large city of 250,000 or more; 7=suburb of a large city); whether one values or not each of the following in one's congregation (for each, 1=selected; 0=not selected; only three could be selected from the total of 14): wider community care or social justice emphasis; reaching those who do not attend church; contemporary style of worship or music; sharing in the Lord's Supper; social activities; Bible study or prayer groups; ministry for children or youth; prayer ministry for one another; a school/pre-school; a church school class.

APPENDIX B

Summarizing Opinion: Results of Factor Analyses

To summarize the opinion data, exploratory factor analysis was undertaken on Q1a-1g, Q2a-2h, Q3a-3e, Q5, Q12a-12i (a total of 30 variables) in each of the groups. Principal component analysis yields eight factors for members and elders, eight for pastors, and nine for specialized clergy with eigenvalues greater than 1.0. These factors explain 56%, 55%, 57%, and 63% of the variance, respectively. Results are similar across the groups. Results for members (after varimax rotation) are:

Table B-4. Factor Analysis of Member Responses to Opinion Questions

	Factor Loadings							
	1	2	3	4	5	6	7	8
Q1. How important would you say is each of the following as a cause of mental illness? (1=not important; 2=somewhat important; 3=important; 4=very important)*								
a. genetic factors .....	.05	.13	.02	-.06	.01	.08	-.01	.87
b. bad parenting	-.07	.07	.08	.10	.09	.72	.08	.07
c. demon possession	-.09	-.07	.11	.03	.01	.30	.71	.04
d. socioeconomic conditions .....	.02	.10	-.10	.12	.02	.70	-.06	.04
e. lack of individual willpower .....	.00	.07	-.07	-.20	.08	.63	.40	-.16
f. a chemical imbalance in the brain.....	.07	.07	.35	.16	-.12	-.08	-.02	.58
g. spiritual weakness .....	.01	.04	.02	-.10	.08	.57	.60	-.04
Q2. How serious is each of the following [conditions and symptoms]? (1=not very serious; 2=somewhat serious; 3=generally serious; 4=very serious)*								
a. panic attacks .....	.07	.80	.08	.02	-.03	.02	.03	.09
b. phobias/abnormal fears.....	.05	.87	.10	.14	.03	.09	-.01	.03
c. obsessions/compulsions .....	.04	.78	.21	.02	-.03	.16	.05	-.00
d. paranoid thoughts.....	.06	.58	.43	.13	.09	.04	-.04	.10
e. depression.....	.10	.55	.40	.08	-.02	-.03	.05	.05
f. hearing voices that no one else can hear	-.02	.22	.72	.12	.04	-.05	-.06	.08
g. bipolar disorder.....	.04	.23	.77	.08	-.04	-.05	.08	.13
h. eating disorders (anorexia, bulimia) .....	.13	.22	.70	-.03	-.20	.05	.05	-.00
Q3. How willing would you be to: (1=definitely unwilling; 2=unwilling; 3=no opinion; 4=willing; 5=definitely willing)*								
a. spend an evening socializing with someone living with a serious mental illness (such as schizophrenia, major depression, Alzheimer's disease)? ..	.57	.01	.14	.39	-.05	-.02	.01	.08
b. work closely on a job with someone who had a serious mental illness? ....	.76	.09	.06	.21	-.12	-.04	-.01	.02
c. have a group home for persons with serious mental illness open in your neighborhood? .....	.64	.06	-.11	.22	-.02	-.08	.13	.08
d. have a pastor with a serious mental illness? .....	.73	.12	.03	.03	-.15	-.10	-.20	-.08
e. have someone who had a serious mental illness marry into your family? ..	.74	.01	.09	-.04	-.23	-.05	-.15	.03
Q5. How knowledgeable would you say you are when it comes to mental illness? (1=not at all knowledgeable; 2 =not too knowledgeable; 3=somewhat knowledgeable; 4=knowledgeable; 5=very knowledgeable) .....	.40	-.01	.27	.08	.05	.26	-.44	.16
Q12. Do you agree or disagree with each of these statements? (1=strongly disagree; 2=disagree; 3=neutral or not sure; 4=agree; 5=strongly agree)								
a. Most people with demon possession in the Bible had mental illness	-.09	.08	.03	.45	.31	.14	-.15	.11
b. The church should take an advocacy position on behalf of persons with mental illness.....	.20	.13	.05	.72	-.04	.03	-.13	.01
c. I'd like to see my congregation do more to better integrate persons who have mental illness.....	.26	.12	.09	.66	-.03	.08	.01	-.15
d. There are limits to how welcoming congregations should be to people with mental illness	-.22	.03	-.16	-.20	.60	.15	-.06	-.03
e. It is often difficult to meet the spiritual needs of persons with mental illness.....	-.08	-.01	.07	.22	.67	.09	.03	.05
f. For someone receiving medical treatment/therapy for mental illness, participating in a congregation will usually provide additional help in coping with that illness .....	.24	.00	.11	.51	-.31	-.07	.21	.16
g. Persons living with mental illness have gifts to bring to the church .....	.27	.03	.09	.47	-.50	-.08	.06	.15
h. Persons living with mental illness cannot be in relationship with God as deeply as persons without mental illness.....	-.09	-.02	-.06	-.14	.69	-.05	.30	-.11
i. Use of psychiatric medications affects one's personality and hence one's faith	-.08	.00	-.10	-.02	.50	-.06	.59	.03
Percent of variance explained	18.2	11.8	7.5	5.2	4.7	4.3	3.9	3.4

*"No opinion" responses excluded **Bold** = loadings \geq 0.50

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