



MindMatters COI




# **BASELINE ASSESSMENT**

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## **SUMMARY REPORT**





# “HEALING TAKES TIME, AND ASKING FOR HELP IS A COURAGEOUS STEP”

MARISKA HARGITAY

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**EDITED BY:** The MindMatters COI Project Team  
**DATE:** December 2021

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**DR KATRINA COLLINS**  
CONSULTANCY SERVICES







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**MindMatters COI**

# INTRODUCTIONS...

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## MOST REV PAT STOREY

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**As Bishop of Meath and Kildare, and chair of the project team and advisory group for MindMatters COI, I am delighted to share with you the first report from our all-island research on attitudes towards, and awareness and understanding of, mental health across the Church of Ireland.**

If there was ever a need for such a project, it is during a worldwide public health pandemic where our mental health has been stretched to its limits. Everyone, no matter how resilient, has had bad days. We have never faced such a prolonged state of isolation and have had to dig deep to find the resources within each of us to bear it.

As you will see, this research has provided the team with a significant amount of information on current attitudes to and awareness of mental health across the Church of Ireland. It provides an evidence-based foundation for our next steps, which include training and seed-funding of local initiatives to promote positive mental health across the Church, and provides us with a reference point from which to assess the impact of this project over its lifespan.

Over 1,300 lay members and 290 clergy participated in this baseline research phase and I would like to thank you for taking the time to complete the survey and/or participate in a focus group.

We have learned a lot, including:

- *The Church of Ireland has an important role in promoting positive mental health*
- *Bishops can provide the strong leadership required to effect positive and lasting change in relation to mental health attitudes and awareness*
- *Covid-19 has had a significant impact on people's mental health*
- *Family, friends and other connections are key contributors to positive mental health*
- *Mental health still carries a significant level of stigma*
- *Members and clergy feel that their faith is an important factor in their own mental health*
- *A significant number of clergy feel that the Church currently does not provide sufficient support for their mental health*
- *Connections matter in seeking support and having good mental health.*

As you read through this document you will see the findings and graphs from our research. There is also a more 'technical' report available on the project website, for those of you who would like to dive a little deeper into the statistics and literature supporting this research.

Based on the findings of this research, the next phase of the project will prioritise four areas, primarily through training and awareness-raising activities.

These are:

- *Promoting connections*
- *Reducing stigma*
- *Exploring the role of clergy and the supports and training that would be useful for them*
- *Exploring the role of faith in promoting positive mental health*



“MENTAL ILLNESS HAS BEEN REPORTED  
AS THE SINGLE LARGEST CAUSE OF  
ILL HEALTH AND DISABILITY IN NI.”

BETTS & THOMPSON, 2017

We are also cognisant of the fact that the voices of younger people need to be heard, and have, therefore, commissioned a bespoke Youth Study, to complement this baseline assessment. We expect the results of this study to be available in spring 2022.

I am encouraged that this project reaffirms the Church's commitment to the community. It will serve as a concrete expression of our desire to make the Church a welcoming environment, and it provides a practical demonstration of the Christian values of love and understanding.

**Most Rev Pat Storey**  
**Bishop of Meath and Kildare**

## JEREMY NOLES

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### Head of Grants and Relationships, on behalf of Allchurches Trust

On behalf of Allchurches Trust I am delighted to endorse this report. This summary of the work conducted so far, and plans for the next phase, clearly evidences both the need for the project, and the potential difference that the Church can make in contributing to better mental health for people throughout Ireland. Though much remains to be done, all that has been achieved in the first phase will provide a solid foundation for the four priority areas that have been identified, and there is a clearly a significant opportunity to make a real impact on many lives and communities.

Allchurches Trust is glad to have been able to fund this project, and we look forward to hearing more about the benefits it has delivered in due course.

**Jeremy Noles**  
**Head of Grants and Relationships,**  
**Allchurches Trust**





# EXECUTIVE SUMMARY

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## INTRODUCTION

The baseline research phase of the project was undertaken by a team of external consultants and consisted of:

- A review of the literature on the role of Churches and other faith organisations in promoting positive mental health
- Interviews with all 12 Church of Ireland Bishops
- An online survey, completed by 1,322 lay members of the Church of Ireland and 290 clergy, exploring awareness of and attitudes towards mental health among the Church community
- Focus group discussions with lay members, clergy and clergy spouses

A youth sub-study commenced in winter 2021, the results of which will be reported on separately.

## MAIN FINDINGS

### INTERVIEWS WITH BISHOPS

- Faith is important for both physical and mental health
- There is a level of stigma around mental health in the Church, reflective of that in wider society
- Skills required by clergy to respond to the mental health needs of their parishioners should be reinforced and developed, and clergy must be careful not to act outside the boundaries of their own competence
- The reluctance of some clergy to speak openly about mental health, both generally and personally needs to be addressed
- Self-care of the Bishops and their clergy was perceived as critical
- Bishops see their primary role as enabling and encouraging clergy to create and foster a culture of openness and transparency around mental health issues

### SURVEY FINDINGS

#### Members' Survey

A full analysis to all questions can be found in Appendix One of this report. As is illustrated, our key themes emerged. These will form the basis of the Church of Ireland's approach to promoting positive mental health:

- The prevalence of stigma around mental health
- The importance of connections for good mental health
- The role of the clergy
- The importance of faith

#### Stigma around mental health issues

Stigma-related factors were perceived as being major barriers in discouraging people from seeking support for mental health issues. Over 60% of respondents cited stigma-related factors<sup>1</sup> as barriers to seeking support from healthcare professionals (63%) and clergy (62%). Just under half of respondents (49%) saw stigma as a factor in not seeking support from family.

<sup>1</sup> 'Stigma-related factors' are a combination of 'stigma', 'embarrassment', 'fear' and 'clergy attitude'.



### Importance of connections

The importance of strong connections to family and friends was emphasised. In responding to a question (MQ34) about how certain mental health issues could be prevented, 45% cited connections as the most important factor. This echoes the findings of the report by the New Economic Foundation<sup>2</sup> which lists 'Connect' as one of the *Five Ways to Wellbeing*.

### The role of the clergy

The literature suggested that members of faith communities were often more likely to seek support for mental health issues from a member of the clergy or equivalent faith leader, than from a medical professional<sup>3</sup>. In this survey, where the question ranked 1-10 as most likely source of support, clergy were ranked 9<sup>th</sup> out of 10 (MQ18).

### The importance of faith

Almost 90% of respondents felt that their faith is important to their mental health (MQ 23), a finding which agrees with much of the literature (see the Technical Report for more information).

### Clergy Survey

A total of 290 clergy participated in the survey and the full report on their responses is contained in Appendix One. The key themes to have emerged are:

- *The existence of stigma around issues of mental health*
- *The importance of faith for positive mental health*
- *The need for clergy to develop the skills required to support parishioners with mental health issues*
- *The need for the Church to support the mental health needs of the clergy*

**Stigma around mental health issues:** More than two-thirds of clergy felt that stigma-related factors<sup>4</sup> would discourage people from seeking support for mental health issues from family (67%) or a member of the clergy (67%). Over half (58%) felt that it would stop people seeking the support of a medical professional.

**Importance of faith:** The great majority of clergy (88%) felt that their faith was important to their own mental health (CQ23).

**Skills required to respond to needs of parishioners:** Opinions were divided as to whether clergy have the skills required to support a parishioner experiencing a mental health issue (CQ15), with 40% agreeing that they had and 29% disagreeing. Almost a third (32%) neither agreed nor disagreed.

**Need for the Church to support the mental health of clergy:** More than twice as many clergy disagreed (46%) as agreed (21%) with the statement 'The Church of Ireland provides me with good support for my own mental health'. The remaining 33% neither agreed nor disagreed.

## CONCLUSIONS

The research suggests that the most effective contribution that the Church can make in promoting positive mental health is by concentrating, in the first instance, on four key areas:

- *Reducing stigma*
- *Promoting connections*
- *Providing clergy with additional training and support*
- *Exploring additional faith-based supports for mental health*

<sup>2</sup> [d80eba95560c09605d\\_uzm6b1n6a.pdf](https://www.neweconomics.org/publications/attachments/d80eba95560c09605d_uzm6b1n6a.pdf) (neweconomics.org)

<sup>3</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1360908/>

<sup>4</sup> 'Stigma-related' factors are a combination of 'embarrassment', 'fear', 'stigma', 'clergy attitude' and 'clergy trust.'



## BACKGROUND AND CONTEXT

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**This is the Baseline Assessment summary report of the MindMatters COI Project. A detailed MindMatters COI Technical Report is available on the project's website.**

In autumn 2020, the Church of Ireland announced a major three-year, all-island, mental health promotion programme MindMatters COI. Funded by Allchurches Trust, supported by the House of Bishops and led by the Representative Church Body, a number of project objectives were agreed:

- *To promote positive mental health across all parishes and dioceses in the Church of Ireland and wider community across both jurisdictions*
- *To equip and empower clergy to effectively support the mental health of their communities*
- *To establish sustainable links between the Church and the wider mental-health community, within both the voluntary and statutory sectors*
- *To assess and share learnings, and to embed overarching and evidence-informed approaches to mental health in the Church.*

The research phase of this project is divided in two. Phase One commenced in January 2021 and Phase Two will commence in early 2023. This report provides a high-level overview of Phase One of the project.

The objectives of Phase One are:

- *To complete a baseline, strengths-based assessment (research) to explore the awareness and understanding of, and attitudes towards, mental health within the Church of Ireland*
- *To undertake a literature review which can be used to inform data collection and analysis, and enable contextualisation of the findings*
- *To prepare two reports: An Executive Summary (this document) and a Technical Report*
- *To conduct a sub-study with members of the Church of Ireland aged 13 – 25 years (Winter 2021 / Spring 2022).*



# PROJECT GOVERNANCE

Four separate but interrelated groups were established: the Project Group, the Advisory Group, the Ethics Group and the Communications Group.

**The Project Group** is responsible for planning, delivering, monitoring and overseeing the project from initiation to close.

**Table One: Membership of the Project Group**

<b>Most Rev Pat Storey</b>	<b>Bishop of Meath and Kildare, Chair of the Project Group</b>
<b>Rebekah Fozzard</b>	Project Manager, Representative Church Body (RCB)
<b>Eddie Hallissey</b>	Human Resources Manager and project communications lead (RCB)
<b>Robert Dunne</b>	Safeguarding Officer (Republic of Ireland) and training lead (RCB)
<b>Margaret Yarr</b>	Safeguarding Officer, Northern Ireland (RCB)
<b>Christine Cody</b>	Vetting Liaison (Republic of Ireland) (RCB)

As experts in the field of Mental Health, the members of the **Advisory Group** provide expertise, oversight and guidance to the project. This ranges from advising on best practice, to technical feedback on survey design and scrutinising the ethical considerations for the project.

**Table Two: Membership of the Advisory Group**

<b>Most Rev Pat Storey</b>	<b>Bishop of Meath and Kildare, Chair of the Advisory Group</b>
<b>Professor Gerard Leavey</b>	Director of the Bamford Centre for Mental Health and Wellbeing, University of Ulster
<b>Professor James Lucey</b>	Medical Director, St. Patrick's University Hospital Dublin and Clinical Professor of Psychiatry
<b>Professor Jim Campbell</b>	School of Social Policy and Social Work and Social Justice, University College Dublin
<b>Dr Jill Hendron</b>	(retired) School of Communication and Media, University of Ulster

All members of the project group are also members of the Advisory Group.

**Table Three: Membership of the Ethics Group**

<b>Professor Jim Campbell</b>	<b>School of Social Policy and Social Work and Social Justice, University College Dublin, Chair of the Ethics Group</b>
<b>Dr Betty Hilliard</b>	(retired) School of Sociology, University College Dublin
<b>Rev Stephen Farrell</b>	Provincial and Diocesan Registrar, United Dioceses of Dublin and Glendalough
<b>Rebekah Fozzard</b>	Project Manager, Representative Church Body (RCB)

**Table Four: Membership of the Communications Group**

<b>Eddie Hallissey</b>	<b>Human Resources Manager and Chair of Project Communications</b>
<b>Peter Cheney</b>	Press Officer, Representative Church Body (RCB)
<b>Lynn Glanville</b>	Diocesan Communication Officer, United Dioceses of Dublin and Glendalough
<b>Andrea Bridge</b>	Vetting Liaison (Republic of Ireland) (RCB)



# REVIEWING THE LITERATURE

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A review of literature and existing knowledge on programmes and activities that take a faith-based approach to mental health promotion was carried out between January and March 2021. This exercise provided an understanding of the role of faith in supporting good mental health. The review also examined the specific contexts of the jurisdictions of Northern Ireland and the Republic of Ireland and identified factors that may influence or may have impacted mental health experiences.

## UNDERSTANDING THE CONTEXT

Although this is an all-island project, it is important to acknowledge the historical differences between both jurisdictions that may have affected levels of mental health, negatively or positively.

### NORTHERN IRELAND (NI)

The history of the Troubles is acknowledged as having a substantial and long-lasting impact on mental health in Northern Ireland. 39% of the population in Northern Ireland reported experiencing a traumatic event relating to the Troubles.<sup>5</sup> The trauma experienced in Northern Ireland through these years has been cited as a contributing factor to the high suicide rates in the region. The reported suicide rate is higher in Northern Ireland than the rate in either Great Britain or the Republic of Ireland with a 25% higher incidence rate of mental health problems than England and significantly higher levels of depression than Great Britain.<sup>6,7</sup>

### REPUBLIC OF IRELAND (ROI)<sup>8</sup>

Mental health problems cost the Irish economy over €8.2 billion annually.<sup>9</sup> The reported rates of depression are above European averages for both men and women, with Ireland having one of the highest reported rates of mental illness in Europe.

## KEY POINTS FROM THE LITERATURE REVIEW

- The literature highlighted the role of churches in promoting good mental health and their role in supporting those with mental health issues
- It was clear, from examples around the world, that faith and spirituality provide a perspective of hope, relief, coping, or meaning in life<sup>10</sup>
- Churches are places where people can connect with others as well as receive assistance, warmth, and kindness particularly during times of distress<sup>11</sup>

<sup>5</sup> Bunting, B. P., Ferry, F. R., Murphy, S. D., O'Neill, S. M., & Bolton, D. (2013). Trauma associated with civil conflict and posttraumatic stress disorder: evidence from the Northern Ireland study of health and stress. *Journal of Traumatic Stress, 26*(1), 134-141.

<sup>6</sup> FF16 Northern ireland.pdf (mentalhealth.org.uk)

<sup>7</sup> Scowcroft, E. (2017). *Suicide statistics report 2017*. London, UK: Samaritans.

<sup>8</sup> The Church of Ireland is an all-island body which predates partition. As such it uses 'Ireland' to refer to the entire island and, to avoid confusion, the terms 'Republic of Ireland' and 'Northern Ireland' to refer to the two jurisdictions which share it.

<sup>9</sup> OECD (2018). *Health at a glance: Europe. State of health in the EU cycle*. Paris.

<sup>10</sup> Braam, A.W., Koenig, H.G. (2019). Religion, spirituality and depression in prospective studies: A systematic review. *J Affect Disord. 1;257:428-438*. doi: 10.1016/j.jad.2019.06.063. Epub 2019 Jul 2. PMID: 31326688.

<sup>11</sup> Gallet, W. (2016). *Social connectedness: the role of the local church in building community*. Pointers. 26. 1-4.

<sup>12</sup> Reese, B.R. (2019). *Mental health care at Church and beyond*. Equip Press. New York.

- *With congregations likely to look to their faith and their church for spiritual guidance in times of distress, there are growing expectations and responsibilities on churches to respond<sup>12</sup>*
- *Church leaders, from a public health point of view, are often considered either 'first-responders' or 'gatekeepers' when individuals or families experience mental health problems*

The full literature review can be found in the Technical Report.





# RESEARCH FINDINGS

## HOW DID WE DO THE CONSULTATION?

A research design was developed that included surveys, focus groups and interviews. All members of the Church of Ireland, both clerical and lay, across the twelve dioceses, were invited to participate in this research and each of the twelve Bishops and Archbishops participated in a one-to-one online interview. Table five shows the numbers who participated in the survey:

**Table Five: Survey Participation Numbers**

Jurisdiction	Lay Member Participation (1,322)	Clergy Participation (290)	Total: 1,622
ROI (1,060)	902	158	1,060
NI (552)	420	132	552

## WHAT DID WE FIND OUT?

Whilst detailed findings can be found in the Technical Report, a summary of key findings are below. All tables from the research are presented in the appendix of this report.

### INTERVIEWS WITH BISHOPS

- All of the Bishops agreed that faith is important for both physical and mental health, with some suggesting it is difficult to separate physical and mental health as they are so closely linked
- Bishops acknowledged to varying degrees that there is some level of stigma around mental health in the Church, although some suggested that the level of stigma was no more than in society in general
- Bishops were very clear that clergy must not act outside their own area of competence, but should recognise the limitations of the role and their own personal limitations, although it is important that clergy do provide pastoral care within the boundaries of their role
- Many of the Bishops suggested interpreting the stories of the Bible for positive mental health, and including those in sermons, liturgy and prayer with the message of God's love and acceptance
- Bishops recommended that supports for clergy responding to parishioners with mental health issues should include developing or reinforcing the awareness, skills and confidence to observe the signs and symptoms of mental health issues
- Concern was expressed about the reluctance of some clergy to speak openly about mental health both generally and personally, and it was suggested that this needs to be addressed
- Self-care of the Bishops and their clergy was perceived as critical
- Bishops see their primary role as enabling and encouraging clergy to create and foster a culture of openness and transparency around mental health issues

## FINDINGS FROM LAY MEMBERS

### LAY MEMBER SURVEY – MAIN THEMES

- People do not always seek professional help or help from clergy, family and friends due to stigma, fear and embarrassment (MQ36<sup>13</sup>)
- Connections matter in seeking support and having good mental health (MQ17 and MQ34)
- Faith and prayer are important for good mental health (MQ17 and MQ21)
- Self-care is important for good mental health (MQ34)
- There is good awareness of mental health problems and an understanding that people may require professional help (MQ25 and MQ29)
- People believe that they are more understanding and tolerant of mental health problems than other people (MQ38 and MQ39)
- Family and friends are important sources of support for people with mental health problems (MQ18)
- Mental health is affected by personal circumstances and challenges more than biological factors (MQ33)
- There is a good understanding of care pathways for mental health problems (e.g. to GP) (MQ27)
- Covid-19 has had a significant impact on people's mental health (MQ22)

### LAY MEMBER FOCUS GROUPS:

When asked about the importance of faith and spirituality to mental and physical health, there was an almost unanimous response that faith plays a central role when members face life challenges and how 'turning to God' provides an 'anchor' in their lives. The central role of faith and spirituality was of similar significance in the focus groups as it was in the survey responses.

- There was a collective agreement that the clergy themselves showing vulnerability and willingness to be open may encourage others to share
- Recognition of the pressure put on clergy and their position within a parish was acknowledged as something that needs a structure of support at both parish and diocesan level
- Mental health training was seen as an important resource for clergy to have in order to recognise signs and symptoms, and to support, signpost and guide someone in distress with mental health issues
- Members in focus groups spoke about clergy being unable to talk about mental health, and the culture within the Church of Ireland not necessarily providing the environment that would encourage sharing of experiences and feelings, rather than discouraging individuals coming forward to seek support

“IT'S SO EASY TO SAY, AH, WELL, THAT'S THE RECTOR'S JOB, YOU KNOW. AND I THINK ISN'T IT EVERYBODY'S ROLE, ISN'T IT EVERYBODY'S RESPONSIBILITY TO A CERTAIN EXTENT TO LOOK AFTER YOUR NEIGHBOUR, ETC?”

QUOTE FROM FOCUS GROUP PARTICIPANT

<sup>13</sup> MQ = Lay members questions. Graphs with breakdown of responses are available in the appendices of this report.



## CLERGY SPOUSES FOCUS GROUP

It is notable that almost as many clergy spouses (16) volunteered to participate in focus groups, as lay members (19). During the clergy spouse focus groups, participants emphasised that their role as a 'clergy spouse' is secondary to their primary role as a spouse. Feedback suggested that this partnership served as a central support for the clergy and their parish work.

- *The role of clergy spouse was perceived to be steeped in the history of the role, with expectations from parishioners and the Church of Ireland (perhaps influenced by the legacy of previous clergy spouses)*
- *Clergy self-care and support emerged predominantly, in relation to the nature of clergy work, its lack of boundaries and exposure to trauma*
- *Covid-19 was described as 'collective trauma' among the clergy who have been dealing frequently with loss and bereavement amongst their congregations*

It was also emphasised that, as clergy encounter significant volumes of emotional stress, the support provided by the Church to the clergy is extremely important.

## INFORMATION ABOUT THE CHURCH OF IRELAND LAY MEMBERS WHO RESPONDED TO THE SURVEY:

- 1,317 total responses
- 68% respondents from ROI and 32% of respondents from NI
- 69% female, 30% male and 1% prefer not to say
- 94% of white ethnicity
- 59% hold third level qualifications
- 83% of respondents aged 45 or over

A high level of engagement was reported by lay members in attending church services, involvement with church activities outside of services and in other church-related volunteering roles, ranging from membership of the Select Vestry to Youth Work and other activities.

## FINDINGS FROM CHURCH OF IRELAND CLERGY

### CLERGY SURVEY – MAIN THEMES

- *Stigma around mental health is an issue in the Church of Ireland (CQ21<sup>14</sup>)*
- *Clergy believe they have a good awareness of signs and symptoms of mental health issues (CQ13)*
- *Faith supports good mental health (CQ23)*
- *Prayer is the most important support for clergy if they have a mental health issue (CQ25)*
- *The Church of Ireland needs to provide improved mental health support for clergy (CQ22)*
- *Clergy said members do not often seek support from clergy for mental health issues (CQ17)*
- *Clergy are divided on whether they have adequate knowledge of mental health to support a member, but a majority recognise that the Church of Ireland has a role in supporting people with mental health issues (CQ15, CQ16 and CQ19)*
- *Covid-19 has had a significant impact on people's mental health (CQ28)*

<sup>14</sup> CQ = Clergy Questions. Graphs with breakdown of responses are available in the appendices of this report.

**I SUPPOSE FOR ME I THINK THE  
FUNDAMENTAL PART OF THE ROLE IS TO  
BE AS GOOD OF A SPOUSE AS POSSIBLE.**

QUOTE FROM FOCUS GROUP PARTICIPANT

## CLERGY FOCUS GROUPS

As with other responses in the survey and focus groups, faith and spirituality were reported by respondents as central tenets of their lives, particularly in times of stress. It was agreed that faith provides 'balance', 'a sense of purpose and meaning to life' and 'focuses the mind'.

- *Stigma was recognised as an issue in the Church of Ireland (mirrored in society in general) and highlighted the important role both the Church and the Clergy have in promoting positive messages about mental health*
- *It was agreed that supports for clergy need to be strengthened, and local support is very much dependent on the diocese in which the cleric lives*
- *Suggestions were made about how to provide support to clergy and their families and these include: supervision, continuous professional development, counselling and direct support for clergy families*
- *Clear, church-wide communications was viewed as critical to addressing stigma and the need to equip clergy with the tools necessary to offer guidance was noted*
- *A support structure for all clergy, available throughout the Church was considered essential.*

## INFORMATION ABOUT THE CLERGY WHO RESPONDED TO THE SURVEY:

- 298 total responses
- 54% respondents from ROI, 46% respondents from NI
- 72% were male, 27% female and 1% prefer not to say (80% of clergy population is male)
- 86% of respondents aged 45 and over
- Most are in full time stipendiary positions (72%)
- Most are married (79%)

**SINCE COVID WE HAVE HAD 17  
FUNERALS WHEN THERE WOULD  
NORMALLY BE 3-4 IN A YEAR AND  
DOING THIS ALONE JUST ADDS  
TO THE TRAUMA.**

QUOTE FROM FOCUS GROUP PARTICIPANT

**I GENUINELY SOMETIMES  
STRUGGLE TO SEE HOW PEOPLE  
WITHOUT FAITH CAN KEEP GOING.**

QUOTE FROM FOCUS GROUP PARTICIPANT



## CONCLUSIONS

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**The findings from the surveys, focus groups and interviews with Bishops were collectively reviewed and analysed to draw conclusions which will inform the next stage of the MindMatters COI Project. The literature review and consultation serve as foundations for the development and implementation of a response action plan in the Church of Ireland on mental health awareness, understanding and attitudes. These will guide the activities to enhance clergy knowledge, skills and confidence in supporting someone with mental health issues.**

The evidence suggested that mental health is an area where the church has a role to play in providing leadership, support and guidance. It was found that attitudes to mental health influence behaviour, and the evidence suggests that both clergy and members can, with the right information, tools and support, work as a collective to address and reduce mental health stigma across the Church of Ireland.

The findings also recognised the negative effect that Covid-19 has had on people's mental health and the role that the Church can play in supporting wellness for both clergy and lay members. This provides an opportunity to ensure that clergy are provided with the support, tools, training and techniques necessary to support their own positive wellbeing and equipped to meet the needs of their parishioners.

Whilst many themes emerged throughout this research, the Project Group has elected to prioritise four broad areas over the next two years. These are:

- *Reducing stigma*
- *Promoting connections*
- *Providing clergy with additional training and support*
- *Exploring additional faith-based supports for mental health*

This baseline report will be a pivotal document in the discussion, design and delivery of activities and responses to promoting positive mental health. It will support requests for projects relating to mental health issues across the Church on the island of Ireland and should become an invaluable tool for both clergy and lay members of the Church of Ireland.

“I SUPPOSE THERE'S A STIGMA AROUND MENTAL HEALTH IN SOCIETY IN GENERAL, SO WHY WOULD THE CHURCH OF IRELAND BE ANY DIFFERENT?”

QUOTE FROM FOCUS GROUP PARTICIPANT



# APPENDICES



# APPENDIX ONE

## CHURCH OF IRELAND LAY MEMBER SURVEY: QUESTIONS AND RESPONSES

### SECTION ONE: ABOUT YOU

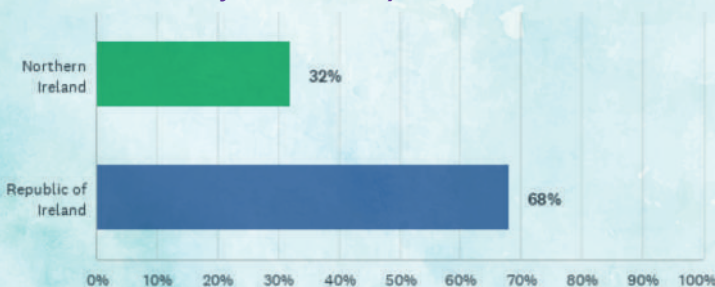
#### MQ1: Consent.

1,247 respondents consented to participating in this survey whilst 99 respondents did not consent.

#### MQ2: Which jurisdiction do you live in?

According to the most recent census data, there are 375,400 Church of Ireland members across the island of Ireland, around 34% (126,400)<sup>15</sup> of whom live in the Republic of Ireland and 66% (249,000)<sup>16</sup> in Northern Ireland. These proportions were almost exactly reversed in the survey, with 68% of respondents being from the Republic of Ireland and 32% from Northern Ireland.

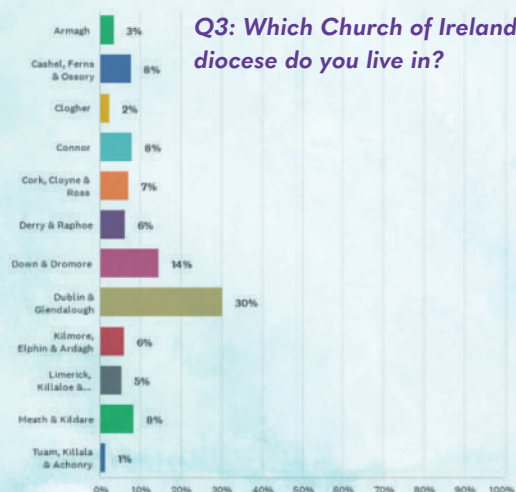
Q2: Which jurisdiction do you live in?



#### MQ3: Which Church of Ireland diocese do you live in?

The 2013 Church of Ireland census<sup>17</sup> reported that the greatest number of church goers were to be found in the dioceses of Down and Dromore (22%) and Connor (19%). However, these dioceses only represented 14% and 8% of respondents respectively. By contrast, Dublin and Glendalough has 12% of church goers but provided 30% of respondents, whilst Meath and Kildare has 3% of church goers and provided 8% of respondents.

Q3: Which Church of Ireland diocese do you live in?



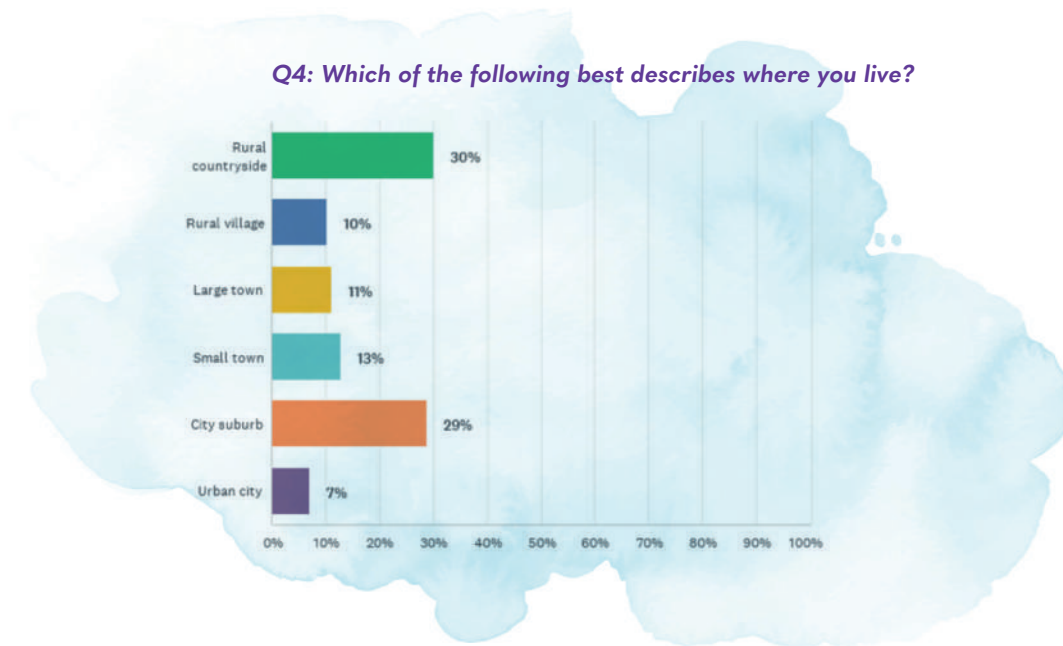
<sup>15</sup> Religion - Other Christian - CSO - Central Statistics Office

<sup>16</sup> <https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/2011-census-results-key-statistics-northern-ireland-report-11-december-2012.pdf>

<sup>17</sup> <https://www.ireland.anglican.org/cmsfiles/pdf/Synod/2015/reports/CensusBooklet.pdf>

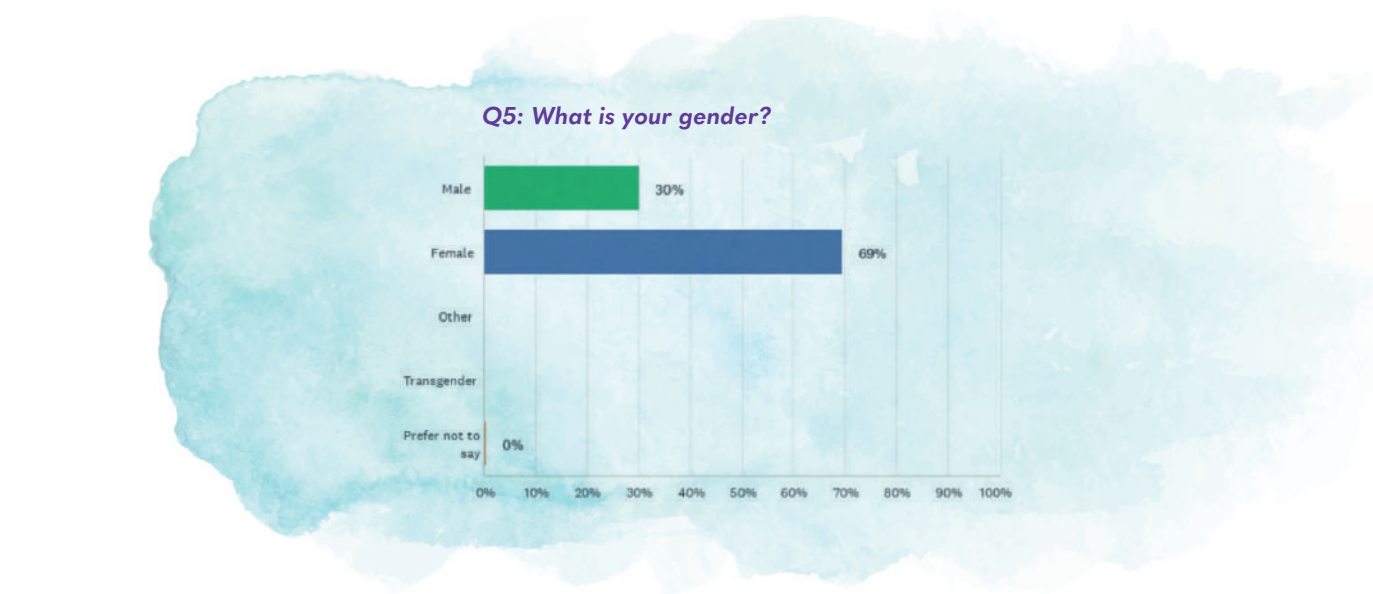
#### MQ4: Which of the following best describes where you live?

In 2019 the CSO reported<sup>18</sup> that approximately 31% of the population of the Republic of Ireland live in 'rural' areas, including those living in towns with a population of less than 1,500. This is similar to the figure for Northern Ireland which NISRA reports as 35%. In our survey, 53% of respondents live in the rural countryside, a rural village or a small town.



#### MQ5: What is your gender?

The 2013 Church of Ireland census found that 57% of 'worshippers' were female and 43% male. There was a significantly greater disparity in the respondents to the survey with women outnumbering men by 69% to 30%.



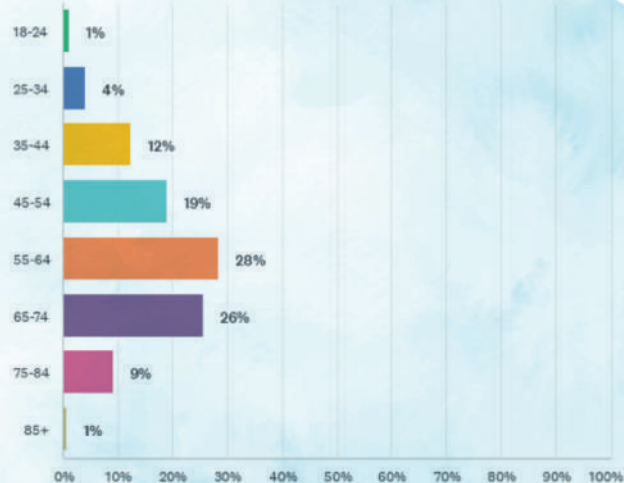
<sup>18</sup> Introduction - CSO - Central Statistics Office



### MQ6: Which age range do you fit into?

The Church of Ireland census (2013) found that around 58% of 'worshippers' in 2013 were 46 years of age or older. This compares to approximately 83% of survey respondents reporting their age as 45 or older. It should be noted that the survey was limited to those members who were at least 18 years of age which would exclude 22% of worshippers identified in the census.

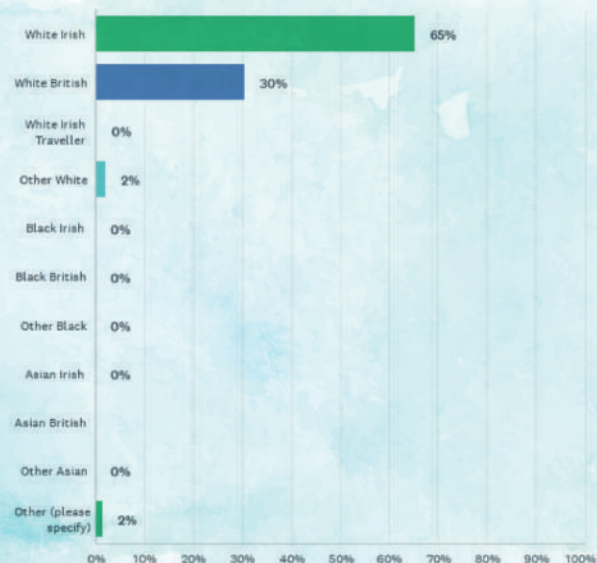
Q6: Which age range do you fit into?



### MQ7: What is your ethnicity?

The survey respondents were overwhelmingly white, with 97% identifying as 'White Irish', 'White British' or 'Other White'.

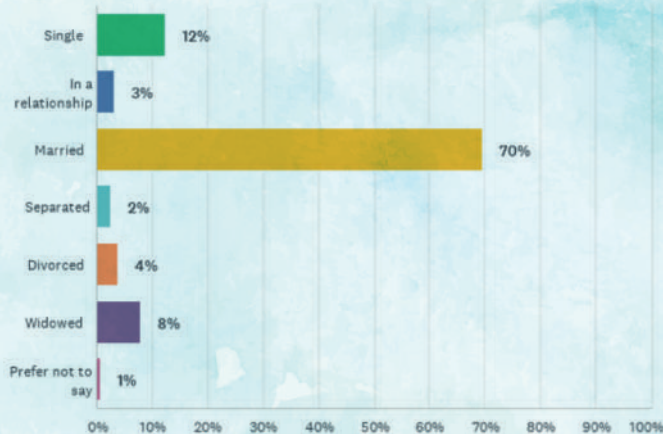
Q7: What is your ethnicity?



### MQ8: What is your current relationship status?

The great majority of respondents reported being married (70%) with a further 14% being divorced, separated or widowed. Only 12% were single, with another 3% in a relationship.

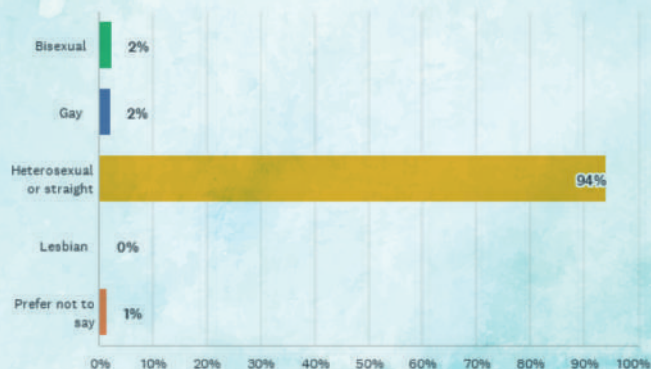
Q8: What is your current relationship status?



### MQ9: What is your sexual orientation?

95% of respondents identified as heterosexual or straight with a minority (2%) identifying as gay or bisexual (2%). Whilst there are no figures for the percentage of the overall population in Ireland identifying as non-heterosexual, estimates of the LGBT+ community from 15 other OECD countries range from 1.2% to 3.8% of the population<sup>19</sup>.

Q9: What is your sexual orientation?



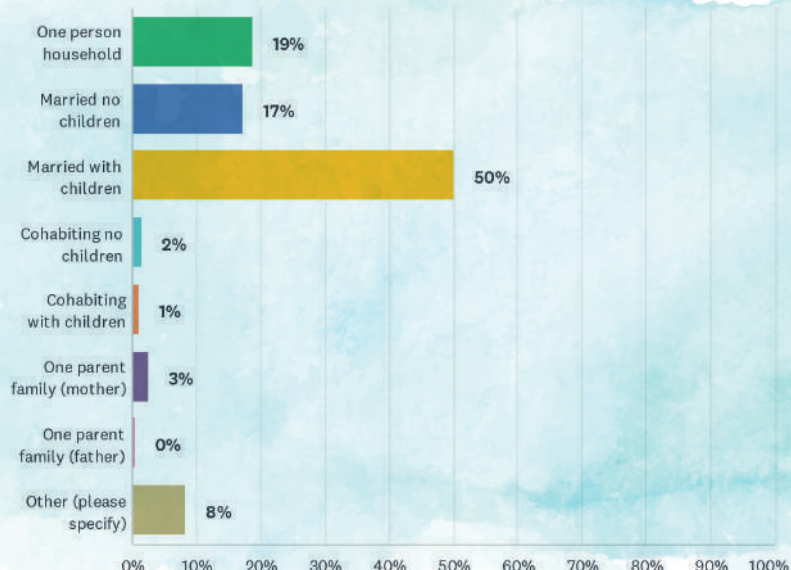
<sup>19</sup> [https://data.oireachtas.ie/ie/oireachtas/libraryResearch/2019/2019-06-28\\_l-rs-infographic-lgbt-community-in-ireland-a-statistical-profile\\_en.pdf](https://data.oireachtas.ie/ie/oireachtas/libraryResearch/2019/2019-06-28_l-rs-infographic-lgbt-community-in-ireland-a-statistical-profile_en.pdf)



### MQ10: Which of the following best describes your household?

Half of the respondents reported being married with children. A further 19% were married with no children whilst 17% live in a one-person household.

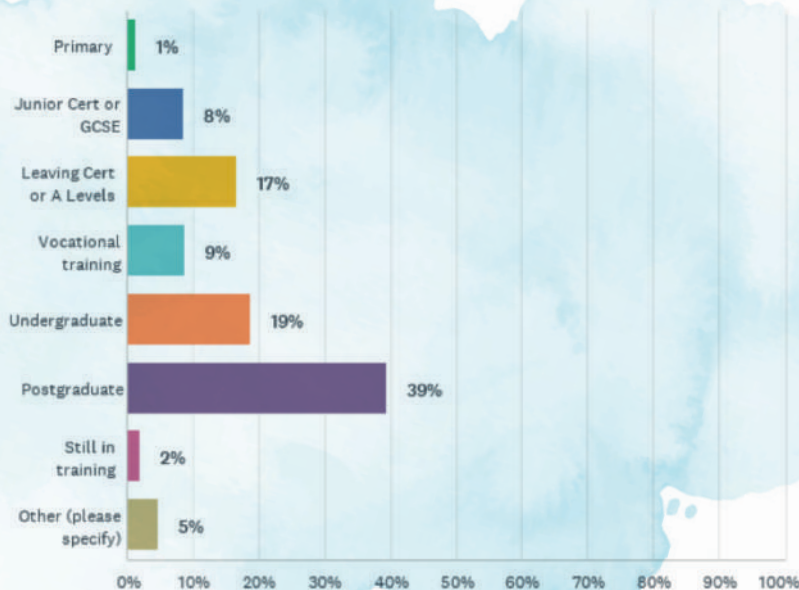
Q10: Which of the following best describes your household?



### MQ11: At what level did you leave education?

58% of respondents' report having a primary or post-graduate qualification. The OECD reports that 43% of adults (aged 25-64) in both the UK and Ireland have attained tertiary education<sup>20</sup>.

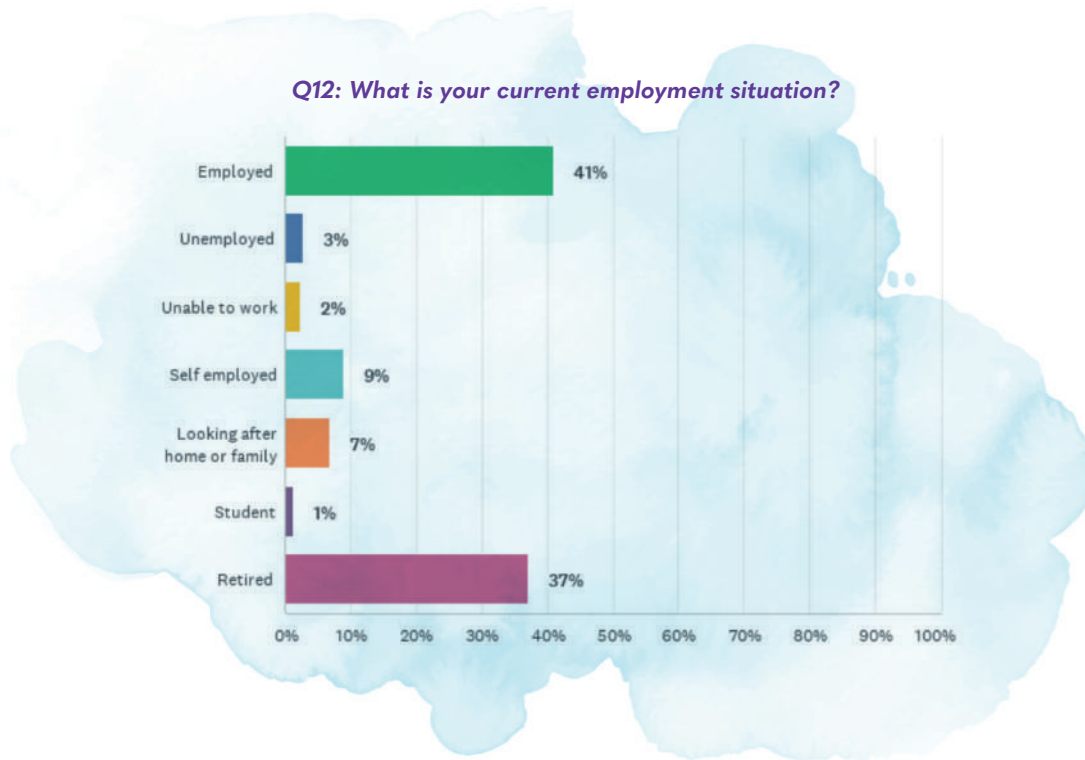
Q11: At what level did you leave education?



<sup>20</sup> <https://www.oecd-ilibrary.org/docserver/eag-2016-en.pdf?expires=1637142180&id=id&accname=guest&checksum=63C6E14D31A96B7EE82BE99EF3FB5E2D>

### MQ12: What is your current employment situation?

The greatest number of respondents were either employed (41%) or retired (37%). 3% were unemployed which is roughly comparable to the general unemployment rate in Northern Ireland (4.1%) and considerably lower than that in the Republic of Ireland (7.1%) in June 2021.



### MQ13: Are you registered disabled?

4% of respondents responded 'Yes' to this question. According to the 2016 CSO census<sup>21</sup>, 13.5% of the population of the Republic of Ireland reported having a disability whilst in 2017 the Northern Ireland Labour Force Survey<sup>22</sup> stated that 21.7% of the population has a disability.



<sup>21</sup> Disability - CSO - Central Statistics Office

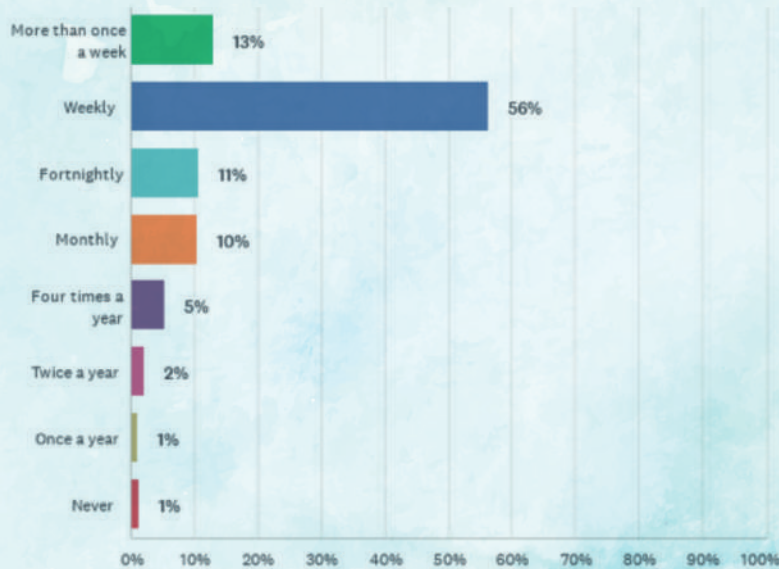
<sup>22</sup> Disability | Department for Communities (communities-ni.gov.uk)



#### MQ14: Approximately how often do you attend church services, including online services?

The respondents report a relatively high level of church attendance, with 56% attending at least weekly. According to the Church of Ireland Census in 2013, average attendance at weekly services was approximately 15.5% of the total Church of Ireland population.

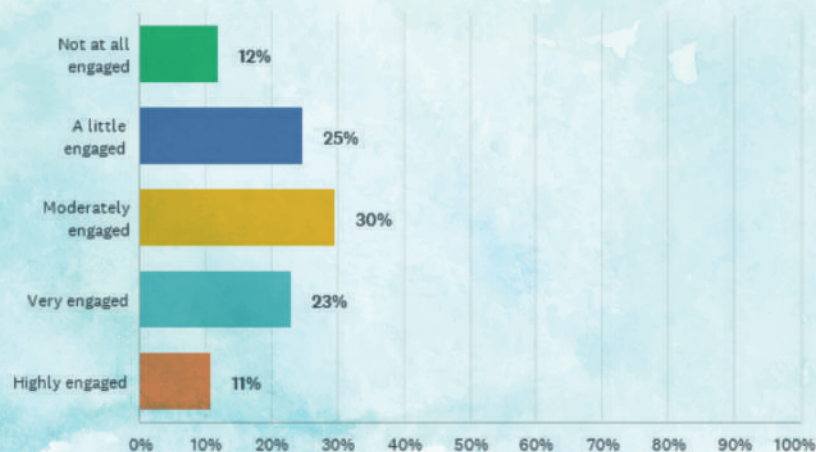
*Q14: Approximately how often do you attend Church services, including online services?*



#### MQ15: How engaged are you with church activities outside of church services?

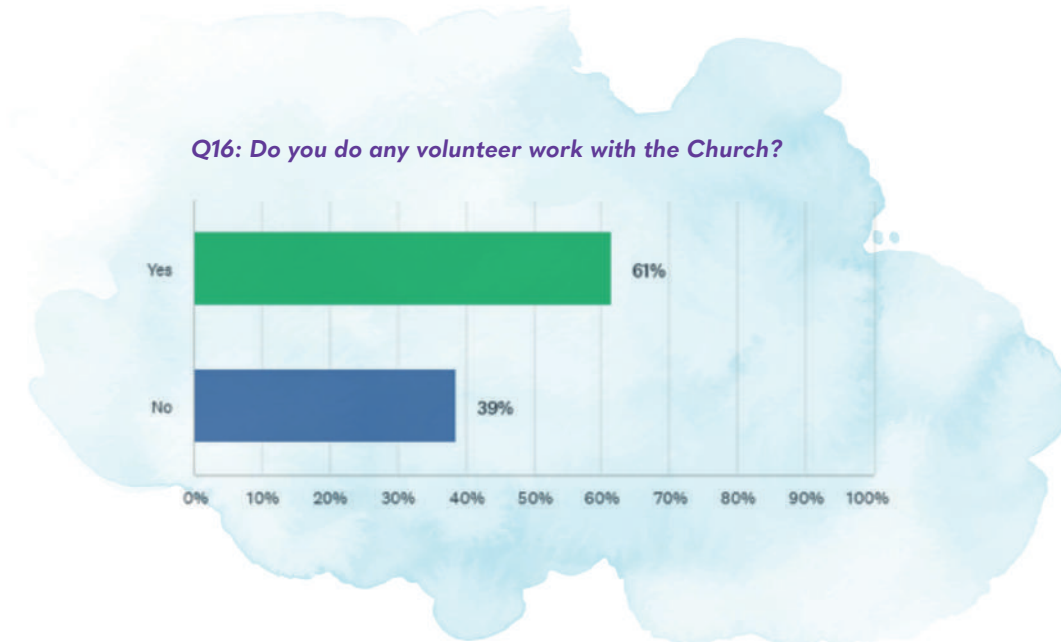
Just over a third of respondents (34%) described themselves as being very engaged or highly engaged with church activities, with an additional 30% describing themselves as engaged.

*Q15: How engaged are you with church activities outside of church services?*



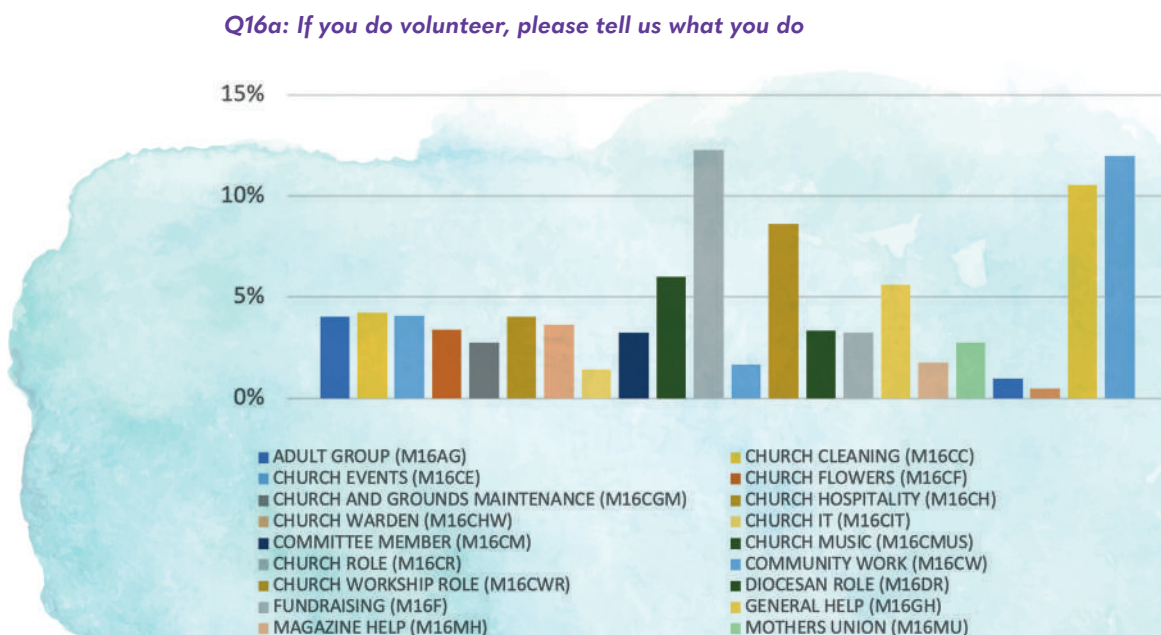
### MQ16: Do you do any volunteer work with the Church?

More than half of respondents (61%) engage in volunteer work with the Church.



### MQ16a: If you do volunteer, please tell us what you do

The most popular forms of volunteering were Church Role (12%), Youth Activities (12%) and being a member of a Select Vestry (11%).

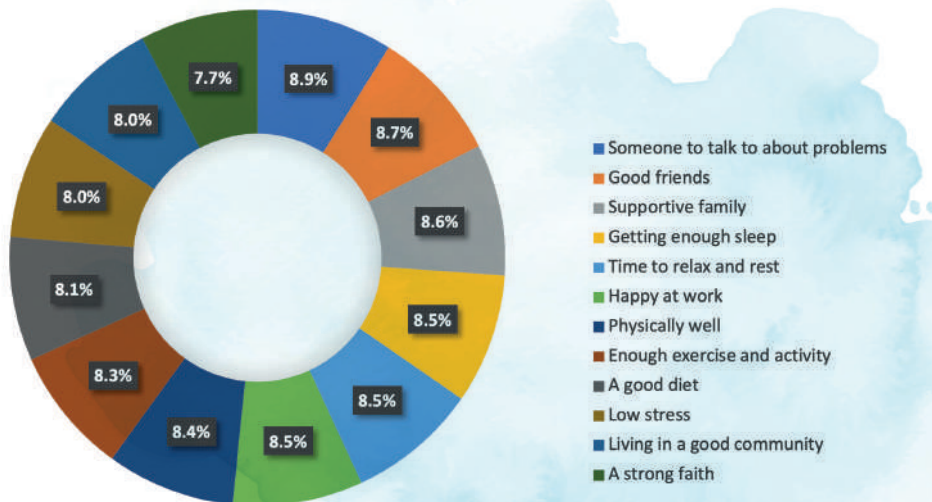




## SECTION TWO: YOUR THOUGHTS ON MENTAL HEALTH

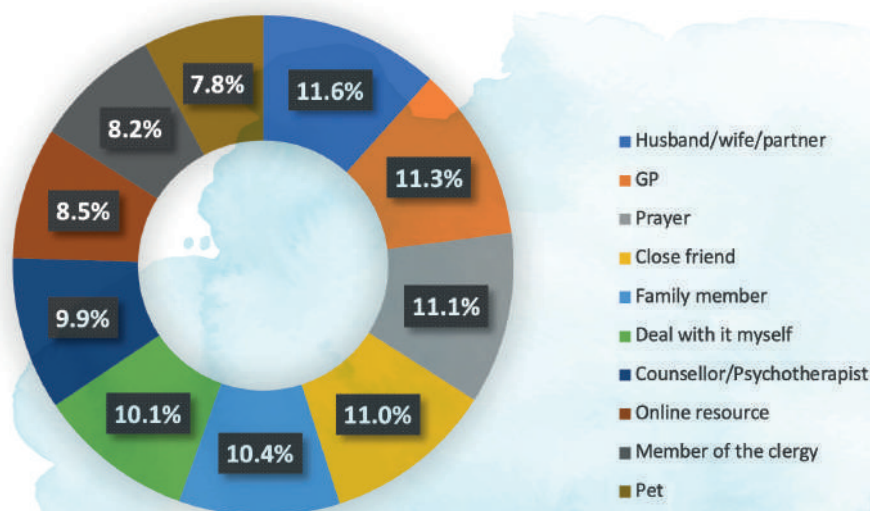
### MQ17: How important are the following for good mental health?

Responses to this question were very evenly distributed with only a relatively small difference in the most reported answer, "someone to talk to about problems" (8.9%) from the least reported, "a strong faith" (7.7%).



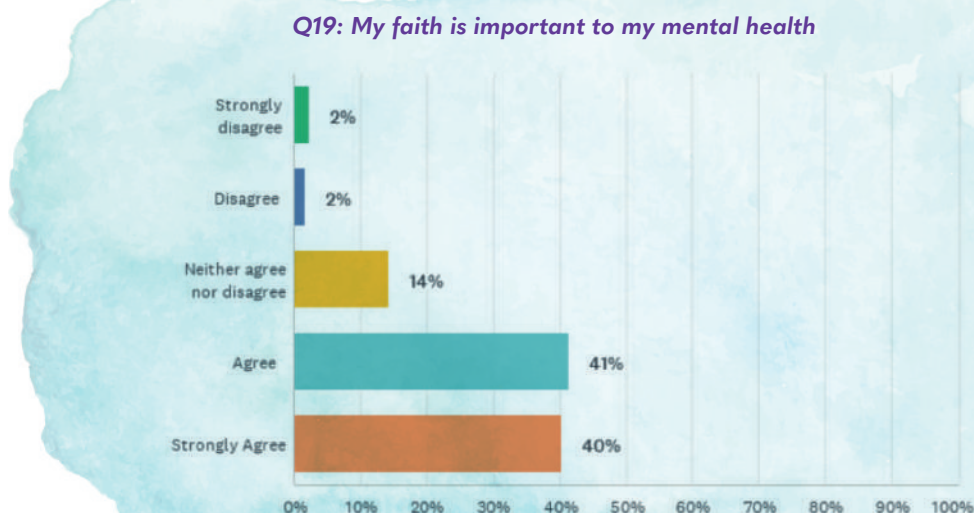
### MQ18: If you thought you had a mental health issue, which of these would you be likely to seek support from?

A third of respondents (33%) said they would seek support from their spouse (11.6%), a close friend (11%) or a family member (11%). Just over a fifth (21.2%) would go to their GP (11.3%) or a counsellor/psychotherapist (9.9%). Around a fifth (19.5%) chose prayer (11.3%) or a member of the clergy (8.2%).



### MQ19: My faith is important to my mental health

A large majority (81%) either agreed or strongly agreed that their faith was important to their mental health.



### MQ20: Which of these organisations/resources have you heard of? (tick as many as you think are relevant).

The Samaritans was recognised by almost all respondents (99%) and over three-quarters had heard of Aware (76%). The top nine organisations that respondents had heard of are:

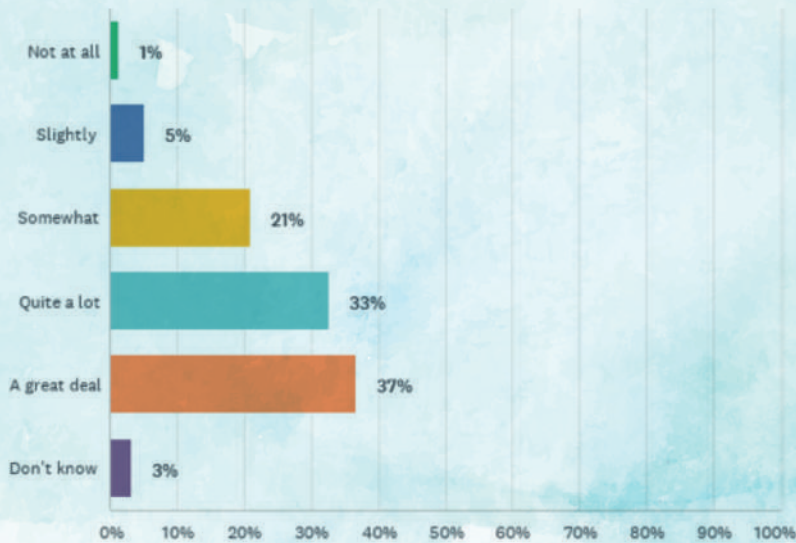
Organisation/Resource	% who knew of the organisation
Samaritans (All Ireland)	99%
Aware (All Ireland)	76%
Jigsaw (ROI)	44%
Mental Health Ireland (ROI)	33%
Lifeline NI (NI)	30%
Yourmentalhealth.ie (ROI)	24%
Action Mental Health (NI)	24%
Mindyourhead.info (NI)	21%
GROW (ROI)	19%



### MQ21: How much do you think faith supports good mental health?

69% of respondents thought that faith supports good mental health either a great deal or a lot, with a smaller proportion responding that mental health supports good mental health somewhat (21%). This compares with over 81% of clergy reporting that faith supports good mental health either a great deal or a lot, and compares with the interviews with the House of Bishops, all of whom reported that faith is important for both physical and mental health.

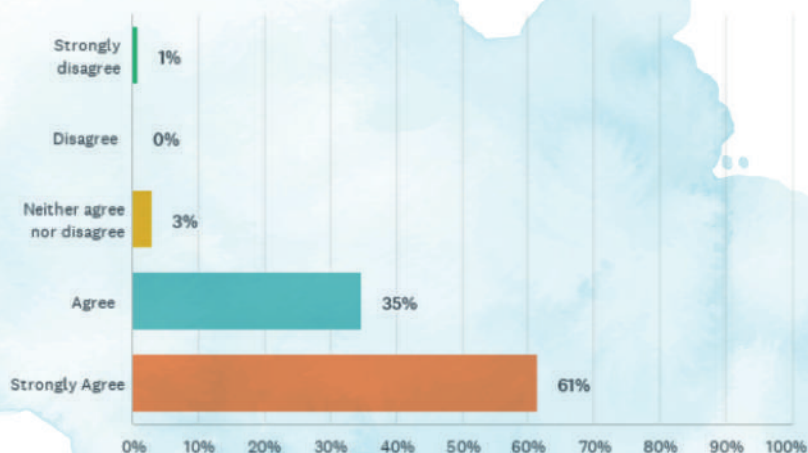
*Q21: How much do you think faith supports good mental health?*



### MQ22: COVID-19 has had a significant impact on some people's mental health.

The survey found that 61% of members strongly agree, and 35% of members agree, that Covid-19 has had a significant impact on some people's mental health. This compares with the findings from the literature (Bentzen, 2020; Lee, 2020) which suggest that Covid-19 has impacted people's mental health in a variety of ways, such as a rise in depression and anxiety, for example.

*Q22: COVID-19 has had a significant impact on some people's mental health*

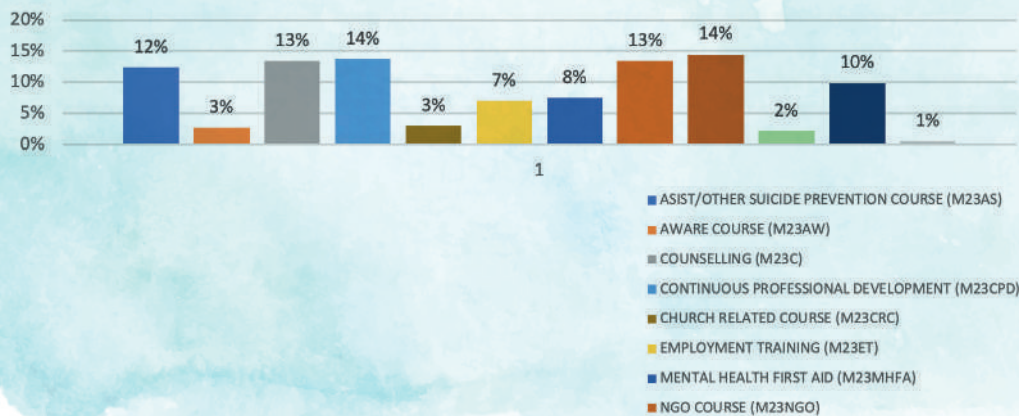


### MQ23: Have you ever attended a training course for helping others with a mental health issue?

Three-quarters of respondents had never attended a training course for helping others with a mental health issue. Of the 25% of people who had attended a training course, 14% of people had attended a course with a focus on suicide prevention or depression, with 13% of respondents indicating that they had participated on some training to become a counsellor and/or to maintain their professional status via a mandatory continuous professional development programme.

#### MQ23a: If Yes, please tell us what training course

Q23: Have you ever attended a training course for helping others with a mental health issue?

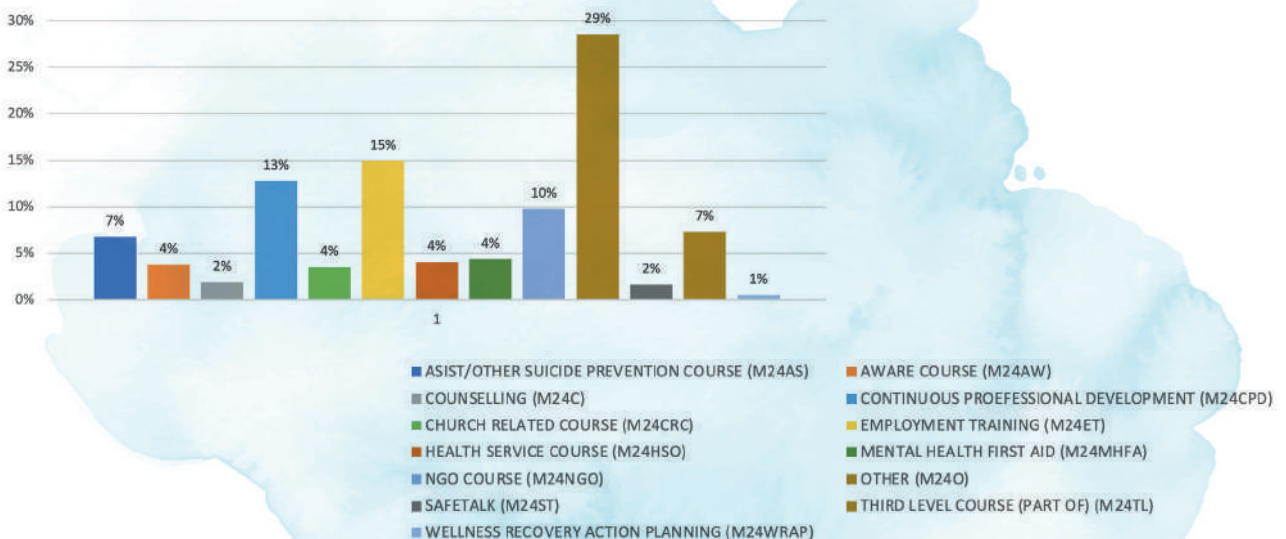


### MQ24: Have you ever attended a training course about mental health awareness?

30% of respondents had attended a training course about mental health awareness with 15% of respondents attending training as part of their employment, 13% as part of their continuing professional development and 7% through a third-level course. Beyond this, the range of courses attended by members ranged from mindfulness and stress control, to depression, anxiety and children's mental health.

#### MQ24a: If Yes, please tell us what training course

Q24: Have you ever attended a training course about mental health awareness?



## SECTION THREE: SARAH'S STORY

**Sarah's Story**, a vignette approach, was used to explore attitudes to mental health in the survey. Vignettes are short stories about a hypothetical person, traditionally used within research on sensitive topics (Gourlay et al, 2014). Sarah's story was created using best practice guidelines in developing a story that respondents reviewed and then were asked questions about.

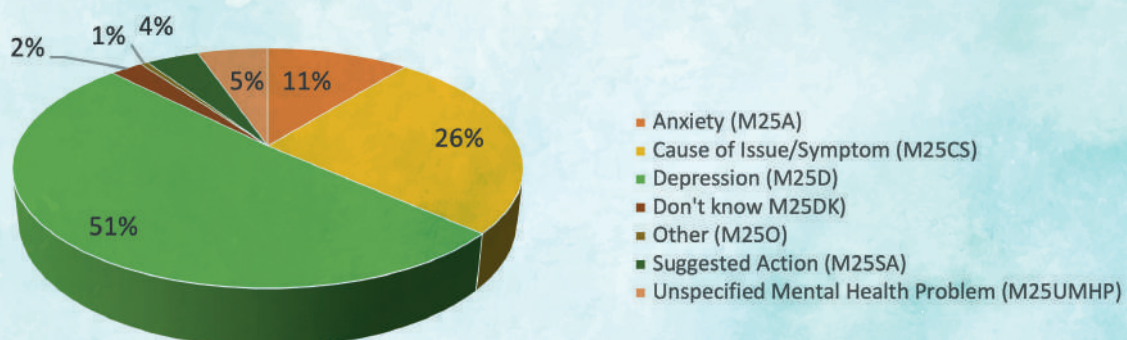
**Sarah's Story.** We are interested in your thoughts about Sarah's story. Please read her story and answer the following questions.

*Sarah, aged 25 and a member of the Church of Ireland, has been feeling unusually unhappy for the last few weeks. She is always tired and has lost her appetite. She has noticeably lost weight as she doesn't feel like eating most of the time. Focusing on her work is a real struggle as she has lost interest in her job which she previously enjoyed, and her performance at work has dropped recently. She is not joining the weekly online church services as often as she used to and her friends in the select vestry are concerned about her. Her other friends and colleagues have also noticed some of the changes and they are worried for her. Sarah is putting off making any decisions and even day to day tasks can seem too much for her, taking a lot of effort to complete. Sarah has stopped going to the gym and walking with her friend and feels guilty about this all the time. Sarah's family is very concerned.*

### MQ25: What, if anything do you think is Sarah's issue?

Over half of respondents (51%) suggested that Sarah's issue was depression. Some respondents also commented on the possible causes of Sarah's issue, with suggestions ranging from lack of confidence to loneliness, low self-esteem and the impact of Covid-19. Interestingly, this correlates with findings in the literature which note that rates of depression in Ireland are above EU averages for both men and women (Eurostat, 2017).

#### Q25: What, if anything do you think is Sarah's issue?

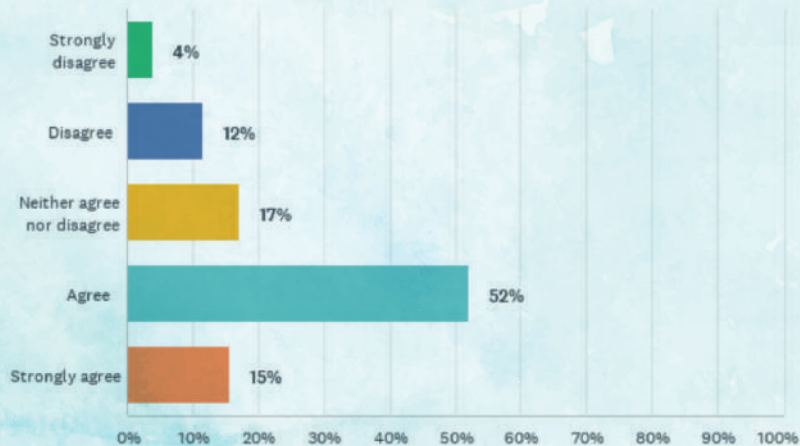




### MQ26: I would know where to get help in my local area if I was having the same experience as Sarah

67% of respondents agreed, or strongly agreed with this statement, suggesting that they would know where to get help in their local area if they were having the same experience as Sarah. A minority, 33%, were not as certain, highlighting the need for more signposting and enhanced conversations around mental health supports. The literature suggested that the Church could play a role in this, following the TEACHER mental health initiative (Grcevich, 2018) which includes providing a welcoming environment, good communication and offering education and support to members.

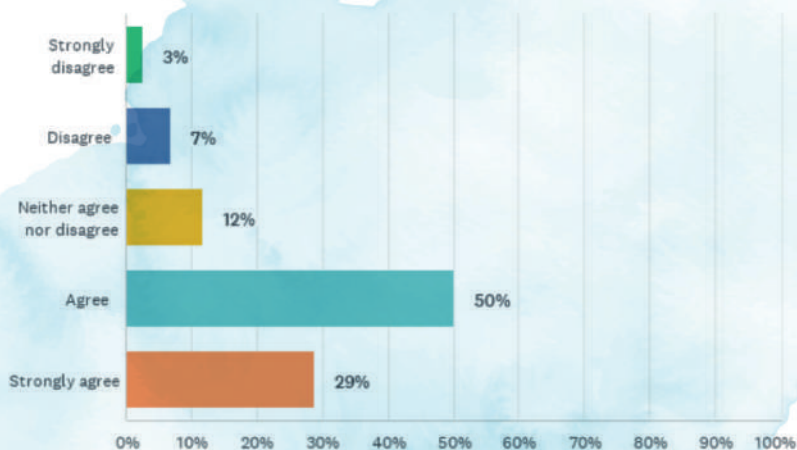
#### Q26: I would know where to get help in my local area if I was having the same experience as Sarah



### MQ27: If I was feeling like Sarah, I would seek help from my GP or a mental health professional

79% of respondents in total either agreed (50%) or strongly agreed (29%), that they would seek help from their GP or mental health professional if they were feeling like Sarah. This finding is important, as advocates for promoting positive mental health would always encourage those experiencing poor mental health to seek medical and/or therapeutic help, as it is shown to increase chances of recovery and improve well-being.

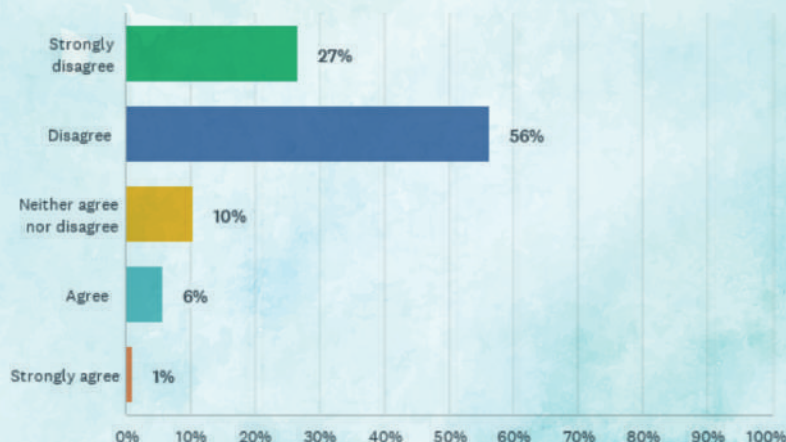
#### Q27: If I was feeling like Sarah, I would seek help from my GP or a mental health professional



### MQ28: I think Sarah is experiencing normal everyday ups and downs

83% of respondents in total either disagreed (56%) or strongly disagreed (27%) that Sarah was experiencing normal every day ups and downs. This suggests that respondents may have a reasonable understanding and awareness of symptoms of poor mental health and corresponds with the literature<sup>23</sup> which suggests that educating faith communities to increase mental health literacy and awareness is increasingly important.

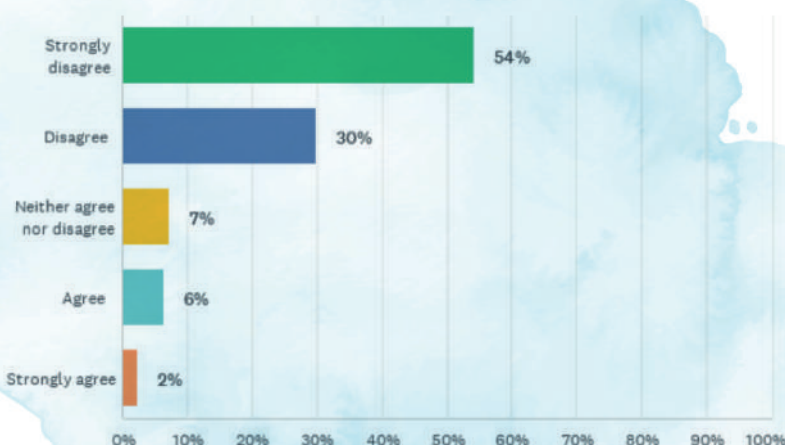
*Q28: I think Sarah is experiencing normal everyday ups and downs*



### MQ29: Seeing a GP or mental health professional for an issue like Sarah's means you are not strong enough to manage your own difficulties

84% of respondents in total disagreed (30%) or strongly disagreed (54%) with the statement. This suggests that respondents understand the importance of seeking help if someone is experiencing a mental health issue, and that looking for help is not perceived as a weakness. It contributes to one of the research findings which is that there is a good understanding of care pathways for mental health problems.

*Q29: Seeing a GP or mental health professional for an issue like Sarah's means you are not strong enough to manage your own difficulties*

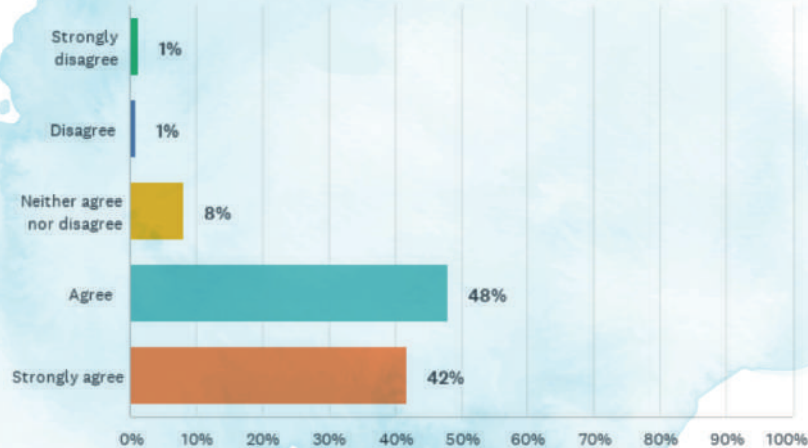


<sup>23</sup> Meadows Mental Health Policy Institute.

**MQ30: I think treatment provided by a GP or mental health professional would be helpful for Sarah**

A high majority of respondents agree (48%) or strongly agree (42%) that they think the treatment provided by a GP or mental health professional would be helpful for Sarah. This finding emphasises the importance of seeking help when feeling unwell.

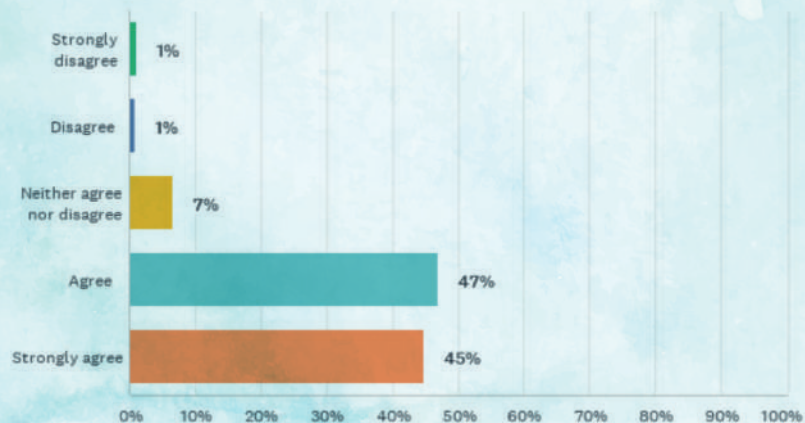
**Q30: I think treatment provided by a GP or mental health professional would be helpful for Sarah**



**MQ31: If I was feeling like Sarah, it would be good to seek help from a GP or mental health professional**

An understanding of the importance of seeking help was affirmed with most respondents agreeing (47%) or strongly agreeing (45%) that, if they were feeling like Sarah, it would be good to seek help from a GP or mental health professional.

**Q31: If I was feeling like Sarah, it would be good to seek help from a GP or mental health professional**

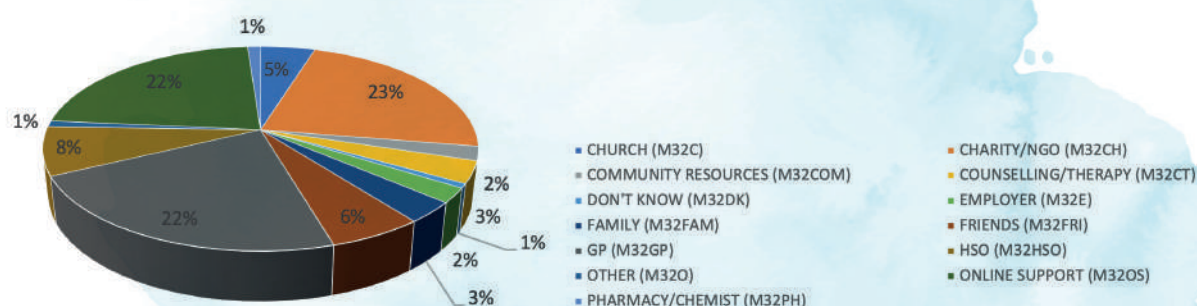




**MQ32: Where do you think Sarah can find out information about how she is feeling?**  
**[Think about and list where you might source information for mental health issues]**

As the graph illustrates, respondents suggested 12 different places where Sarah could find information about how she was feeling. Suggestions ranged from charity / non-governmental organisations, to the GP and online supports. A small number suggested friends, Church and family. This suggests that there is a good understanding of the supports in the community available to people experiencing poor mental health.

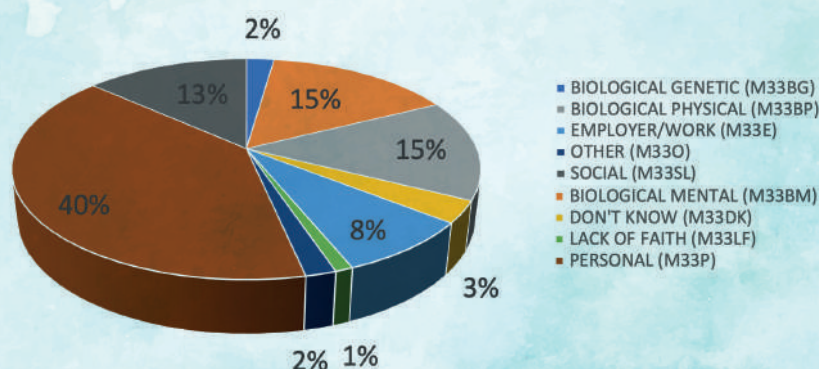
*Q32: Where do you think Sarah can find out information about how she is feeling?*



**MQ33: What, if any, do you think are the causes of how Sarah is feeling?**  
**[List any personal, social, or biological causes you can think of]**

Just under half of respondents (40%) suggested that personal circumstances may have been the cause of how Sarah is feeling, with a smaller number (15%) suggesting physical or biological factors that are contributing to the way Sarah is feeling. Some comments included that it could be relationship problems, bullying, loneliness or financial difficulties, which provides some insight into the respondents' understanding of what can contribute to poor mental health.

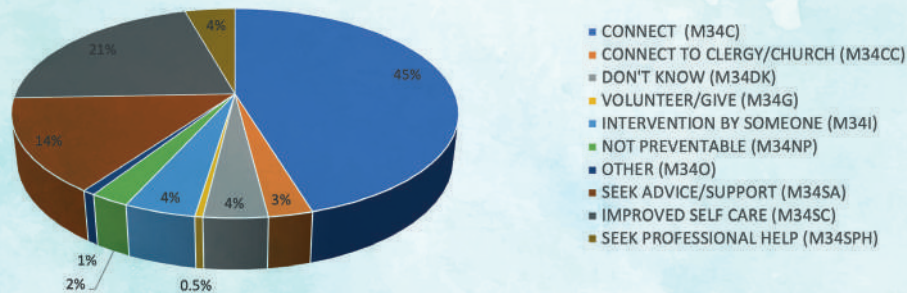
*Q33: What, if any, do you think are the causes of how Sarah is feeling?*



**MQ34: How, if at all, do you think Sarah's issue might have been prevented?**  
**[Think about things that Sarah or others can do to stop issue/s like this from happening]**

45% of respondents suggested that stronger connections may have prevented Sarah's issue, suggesting she talk to friends and/or family. 21% said that improved self-care may have helped - e.g. diet, exercise, sleep, having a hobby and a daily routine. Seeking professional help was mentioned in 14% of the responses, which primarily consisted of suggesting that Sarah should go to see her GP.

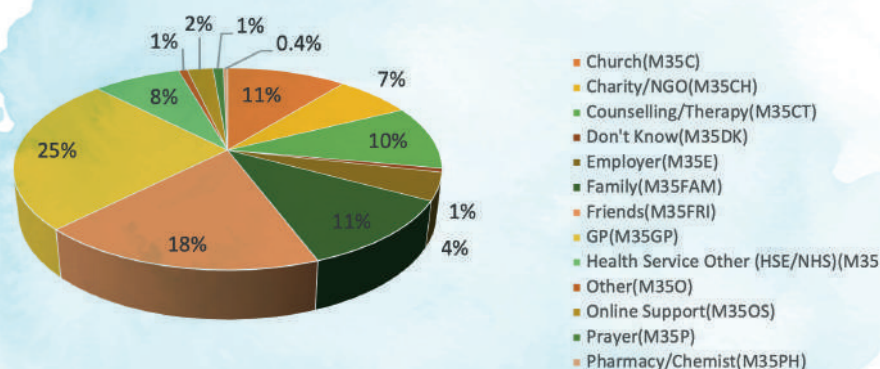
**Q34: How, if at all, do you think Sarah's issue might have been prevented?**



**MQ35: Who do you think Sarah should try and get help from?**  
**[Think about any professionals and any non-professionals that you think might be able to help]**

43% of respondents suggested that Sarah should try and get help from professionals including her GP, other Healthcare Professionals, or a Counsellor/Therapist. 29% of respondents suggest talking to family or friends and 11% suggested approaching the Church, predominately the rector. Interestingly, only 1% suggested prayer as a source of help, although the overall project findings suggest that both faith and prayer are important for maintaining good mental health, and that prayer is the most important support for clergy if they have a mental health issue.

**Q35: Who do you think Sarah should try and get help from?**

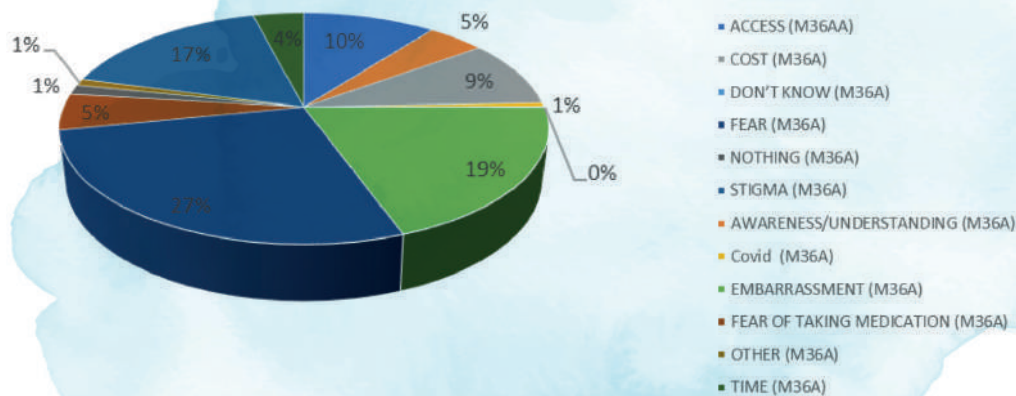


## MQ36: What do you think might stop Sarah from seeking help for how she is feeling from the following people?

### Healthcare professionals

27% of respondents cited fear as their main reason for not seeking help. Embarrassment (19%) and stigma (17%) were also significant reasons cited as reasons for not seeking help from healthcare professionals.

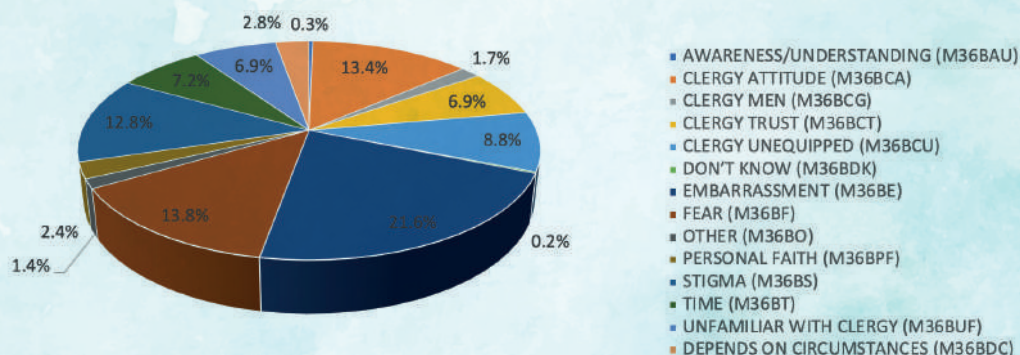
*Q36a: What do you think might stop Sarah from seeking help for how she is feeling from the following people?*



### Member of clergy

Over 21% of respondents cited embarrassment, with a lower proportion (13.8%) suggesting fear or stigma (12.8%). Respondents also suggested they would not seek help from clergy due to the attitude of the clergy (13.4%), that they felt clergy were unequipped to respond adequately (8.8%) or that they didn't trust (6.9%) or know the clergy well enough to make a disclosure (6.9%).

*Q36b: What do you think might stop Sarah from seeking help for how she is feeling from the following people: Clergy?*

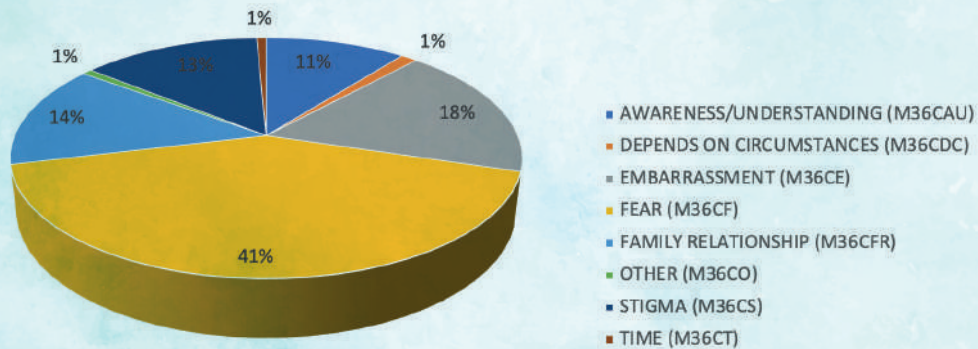




## Family

41% of respondents said that fear was the primary reason for not seeking help from family. This included fear of upsetting them, worrying them, bothering them, showing weakness, letting them down. Embarrassment was also a reason given for not talking to family (18%), along with stigma (13%).

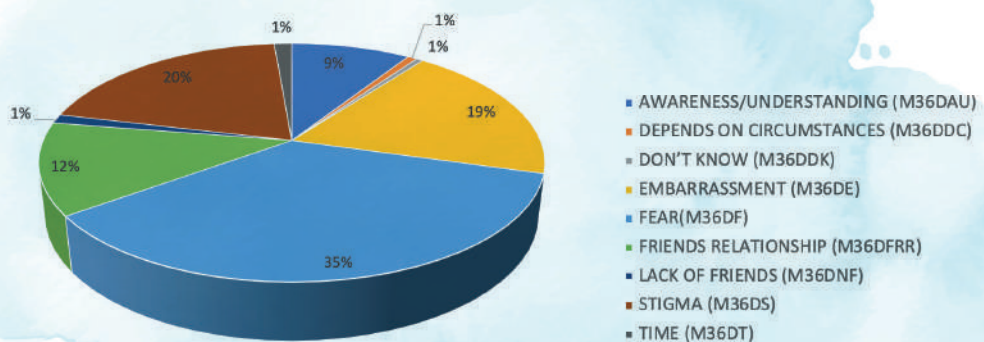
**Q36c: What do you think might stop Sarah from seeking help for how she is feeling from the following people: Family?**



## Friends

35% of respondents suggested that fear was the main reason they would not seek help from friends. 19% of respondents said embarrassment would be the primary reason why they would not talk to friends, with 20% concerned that levels of stigma might be high. This finding may suggest that people are more willing to share their mental health issue with family than friends due to the stigma associated with mental health issues.

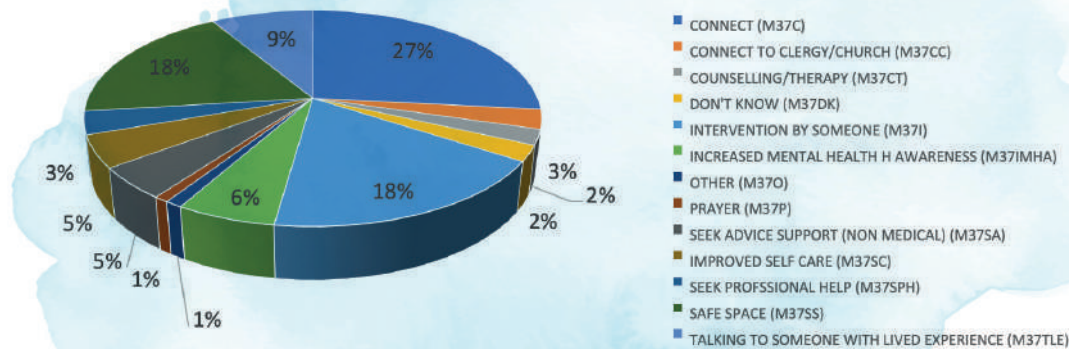
**Q36d: What do you think might stop Sarah from seeking help for how she is feeling from the following people: Friends?**



### MQ37: What do you think might help Sarah to talk about how she is feeling?

27% of people suggested connections, and connecting with people, might help Sarah to talk about how she is feeling. A smaller number suggested a safe space to talk (18%) or an intervention by someone (18%), suggesting that people around Sarah should be proactive and approach Sarah to ask how she is feeling. Interestingly, only 1% of respondents suggested prayer as a way of helping Sarah to talk about how she is feeling.

Q37: What do you think might help Sarah to talk about how she is feeling?

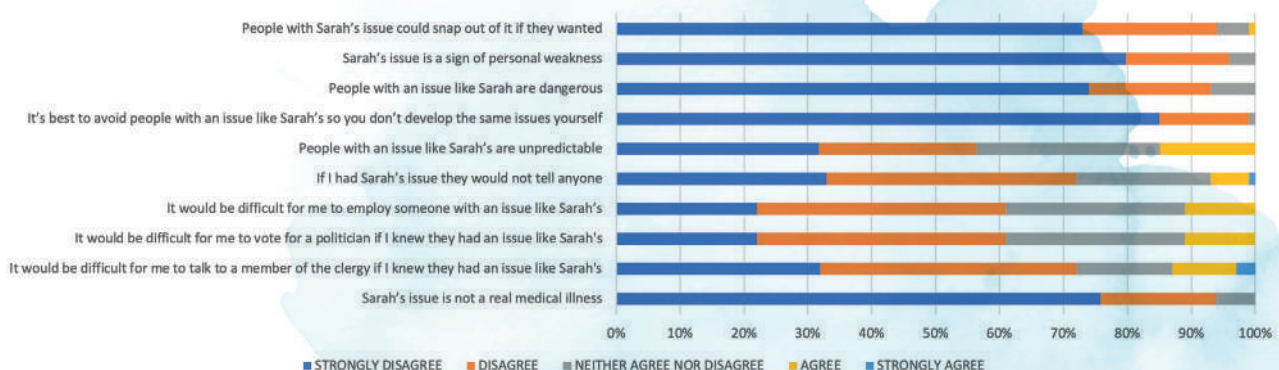


### MQ38: To what degree do you agree with the following statements?

This question is asking what YOU think about Sarah

This question gave respondents an opportunity to agree or disagree with 10 statements. As illustrated from the graph, a number of statements received no agreement from respondents. These statements include the following: "Sarah's issue is a sign of personal weakness"; "people like Sarah are dangerous"; "it's best to avoid people with an issue like Sarah so you don't develop the same issues yourself"; and "Sarah's issue is not a real medical illness".

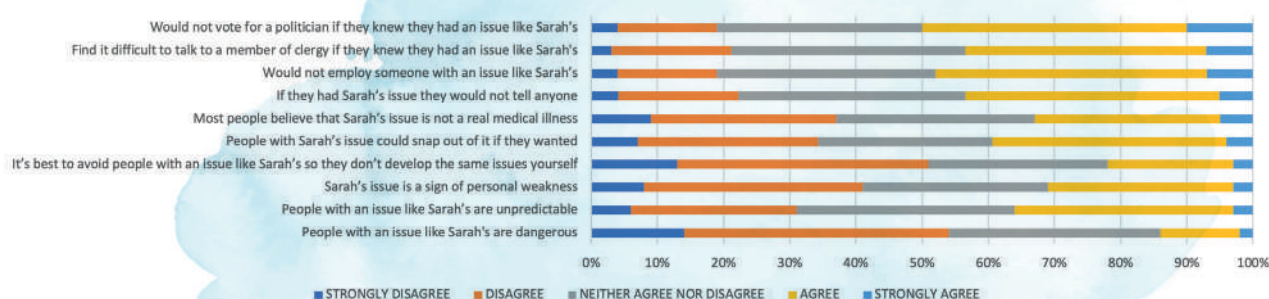
15% of respondents agreed with the statement that people with an issue like Sarah's are unpredictable, with 11% of respondents suggesting it would be difficult to employ someone with an issue like Sarah's and that it would be difficult for them to vote for a politician if they knew that the politician had an issue like Sarah's. 10% of respondents also agreed that they would find it difficult to talk to a member of the clergy if they knew the clergyperson had an issue like Sarah's. These findings contribute to the need to create an open culture around mental health, and start a discussion about how mental health can affect our perceptions of others.





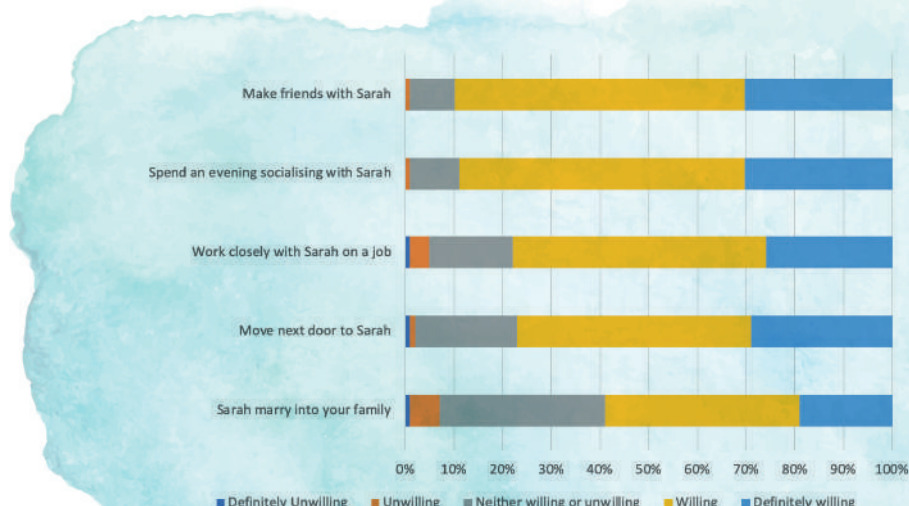
**MQ39: To what degree do you agree with the following statements? This question is asking what you think OTHER PEOPLE might think about Sarah**

Interestingly, the answers to this question are in some contrast to the answers provided for Q38, now that the question focused on 'other people'. For example, half of respondents agreed (40%) or strongly agreed (10%) that other people would not vote for a politician if they knew they had an issue like Sarah's, whilst, when self-reporting, 11% of respondents suggested this would be a difficulty for them (Q38). 48% of respondents agreed (41%) or strongly agreed (7%) that they would not employ someone like Sarah, compared with 11% of people in Q38. A further contrast is clear when answering the statement 'I would find it difficult to talk to a member of clergy if I knew they had an issue like Sarah's', with 43% of respondents agreeing (36%) or strongly agreeing (7%) with this statement. This compares with 10% respondents in Q38. In terms of making a disclosure, 43% of respondents agreed (38%) or strongly agreed (5%) that 'other people' would not tell anyone if they had Sarah's issue. This provides some insight into levels of stigma with regard to mental health, and can be linked back to earlier findings that suggest that fear and embarrassment would be reasons why a person might not make a mental health disclosure. Finally, 39% of people agreed (35%) or strongly agreed (4%) that others might suggest that people with Sarah's issue could "snap out of it" if they wanted.



**MQ40: How willing or unwilling would you be to engage with Sarah in the following situations?**

The graph indicates a good willingness of respondents to engage with Sarah in a number of different situations. For example, 89% of respondents were willing (59%) or definitely willing (30%) to make friends with Sarah and spend an evening socialising with Sarah. A slightly smaller number (78%) would be willing (52%) or definitely willing (26%) to work closely with Sarah on a job and move next door to Sarah. Nearly two-thirds of respondents (59%) would be willing or definitely willing for Sarah to marry into their family.





## APPENDIX TWO

### CLERGY SURVEY QUESTIONS AND RESPONSES

#### SECTION ONE: ABOUT YOU

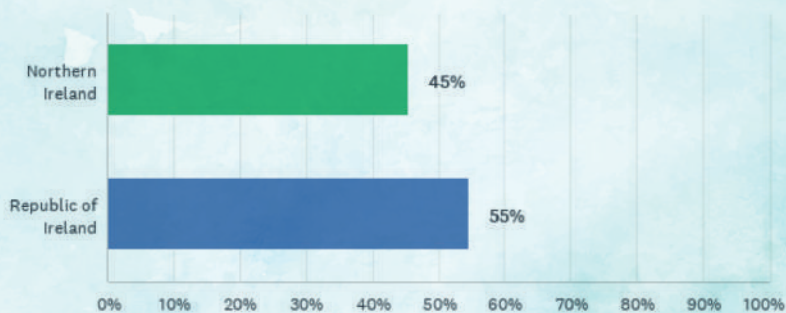
##### CQ1: Consent. n=292

After data cleansing consented to participate in this study. 3 members of the Clergy did not give consent to participate in the survey.

##### CQ2: Which jurisdiction do you live in?

Just over half (55%) of respondents are based in the Republic of Ireland, with 45% living in Northern Ireland.

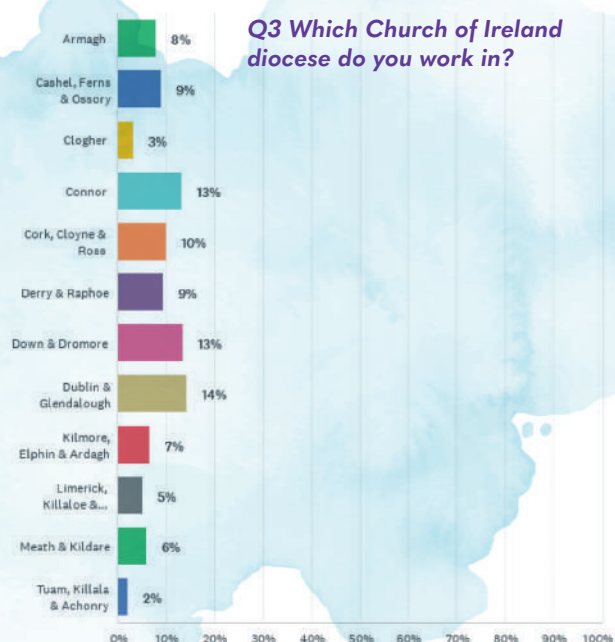
*Q2: What do you think might help Sarah to talk about how she is feeling?*



##### CQ3: Which Church of Ireland diocese do you work in?

The greatest number of respondents work in the dioceses of Dublin and Glendalough (14%), Down & Dromore (13%), Connor (13%) and Cork, Cloyne & Ross (10%).

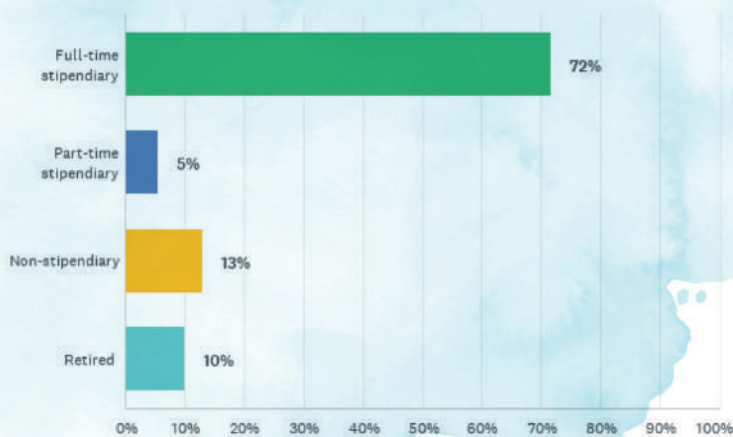
*Q3 Which Church of Ireland diocese do you work in?*



#### CQ4: Which form of ministry are you engaged in?

Full-time stipendiary ministers represented almost three quarters (72%) of all respondents, with non-stipendiary clergy being the second largest group at 13%.

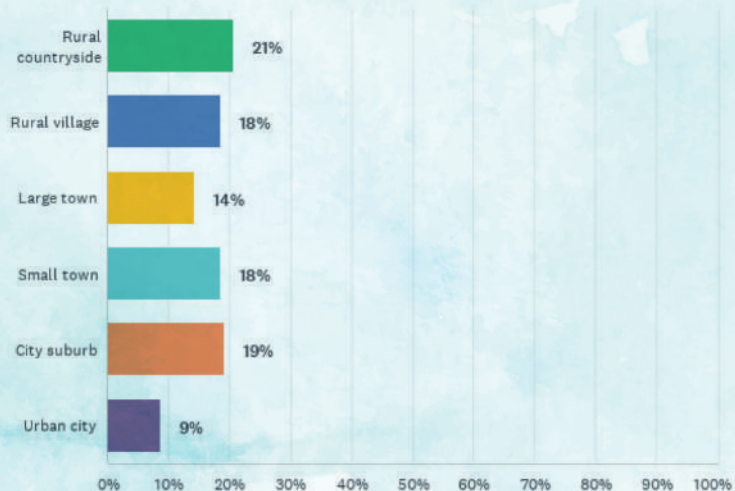
Q4: Which form of ministry are you engaged in?



#### CQ5: Which of the following best describes where you live?

57% of respondents reported living in the rural countryside (21%), a rural village (18%) or a small town (18%). The CSO reports that approximately 31% of the population of the Republic of Ireland live in 'rural' areas, including those living in towns with a population of less than 1,500. This is similar to the figure for Northern Ireland which NISRA<sup>24</sup> reports as 35%.

Q5: Which of the following best describes where you live?

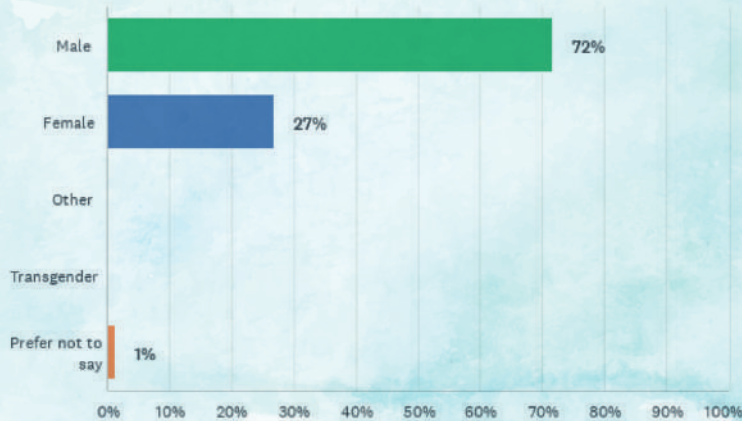


<sup>24</sup> <https://www.nisra.gov.uk/support/geography/urban-rural-classification>

### CQ6: What is your gender?

Male respondents (72%) outnumbered females (27%) by almost 3 to 1. This is broadly in line with the overall gender breakdown of active clergy, with 77% being male and 23% female.

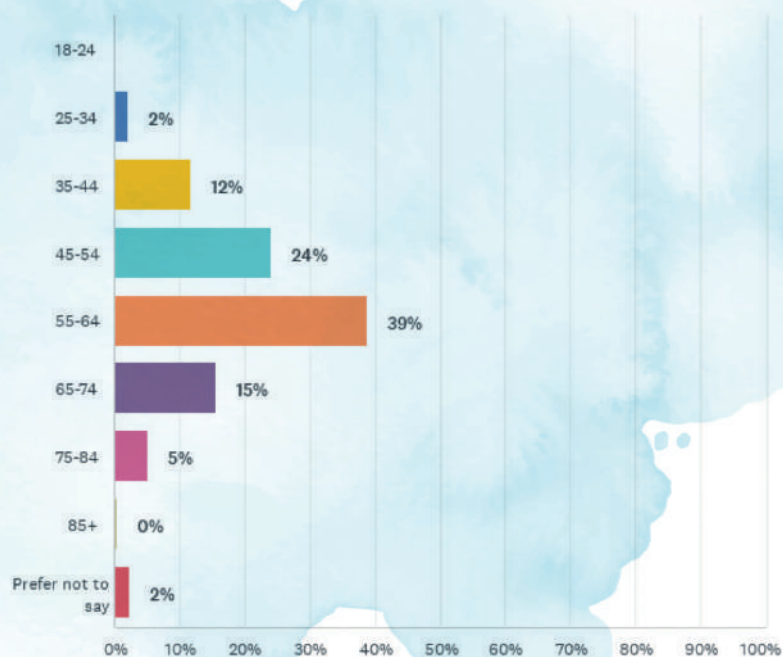
Q6: What is your gender?



### CQ7: Which age range do you fit into?

A clear majority of respondents (59%) were 55 years of age or older, with 38% being under 55 years old and 2% preferring not to say.

Q7: Which age range do you fit into?

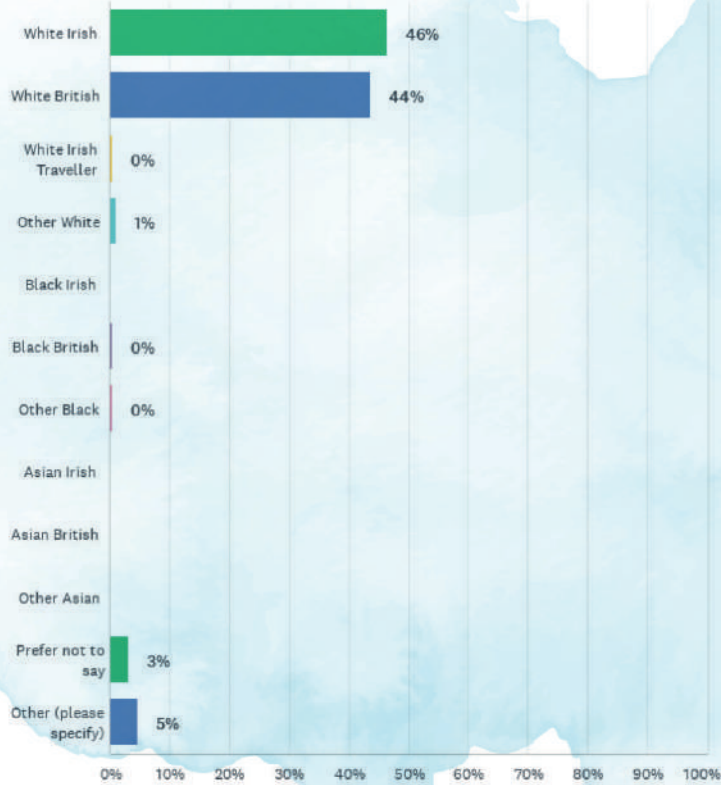




### CQ8: What is your ethnicity?

90% of respondents classified themselves as either White Irish (46%) or White British (44%).

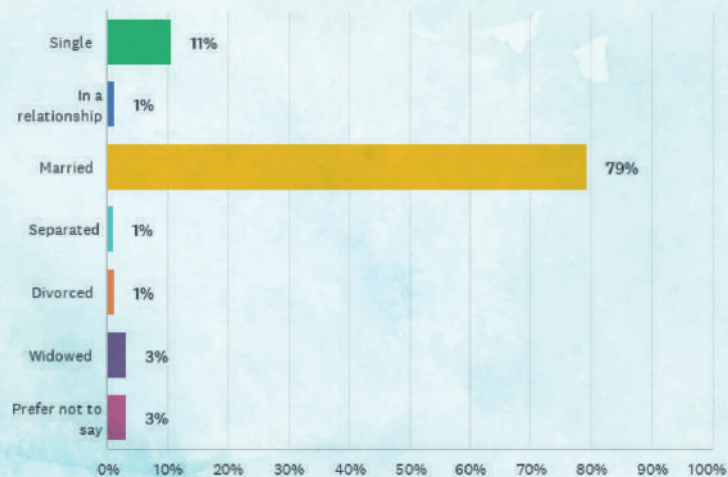
*Q8: What is your ethnicity?*



### CQ9: What is your current relationship status?

Over three-quarters of respondents were married, with 11% reporting their status as single.

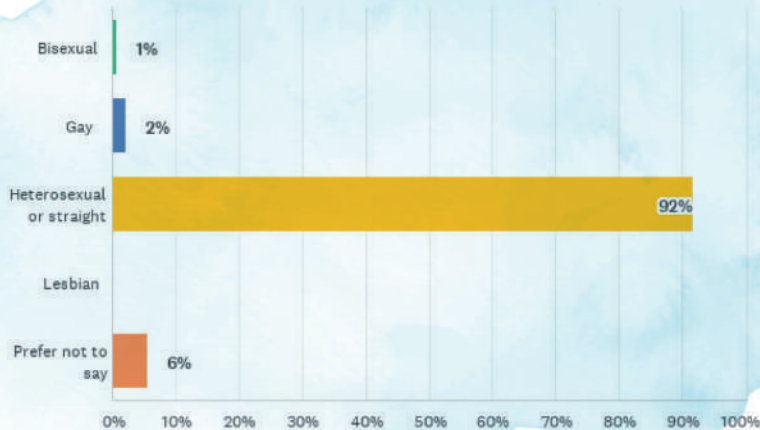
*Q9: What is your current relationship status?*



### CQ10: What is your sexual orientation?

The respondents overwhelmingly identified as heterosexual or straight (92%), with only 2% identifying as gay and 1% as bisexual.

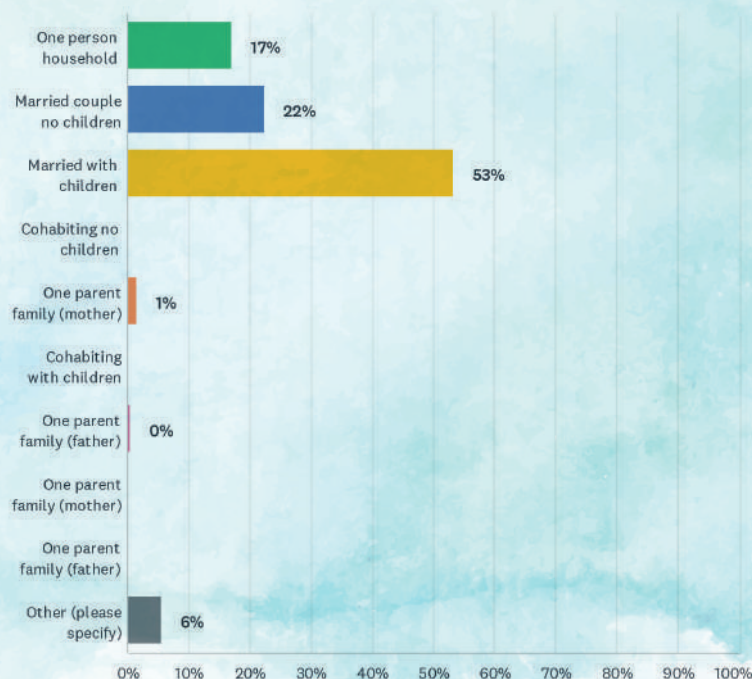
Q10: What is your sexual orientation?



### CQ11: Which of the following best describes your household?

Just over half (53%) of respondents reported being part of a married couple with children, with another 22% being married with no children.

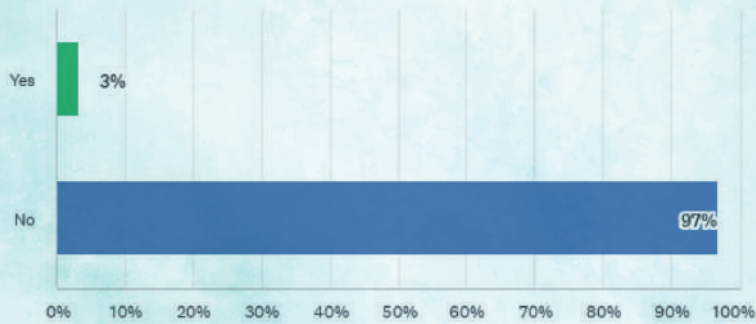
Q11: Which of the following best describes your household?



### CQ12: Are you registered disabled?

3% of respondents reported being registered as disabled.

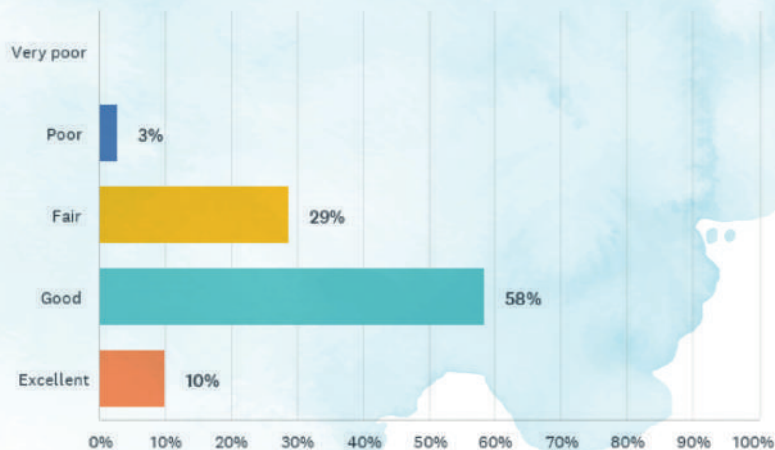
*Q12: Are you registered disabled?*



### CQ13: How would you rate your own awareness of the signs and symptoms of mental health problems?

Over two-thirds (68%) of respondents rated the awareness of the signs and symptoms of mental health as either good (58%) or excellent (10%).

*Q13: How would you rate your own awareness of the signs and symptoms of mental health problems?*

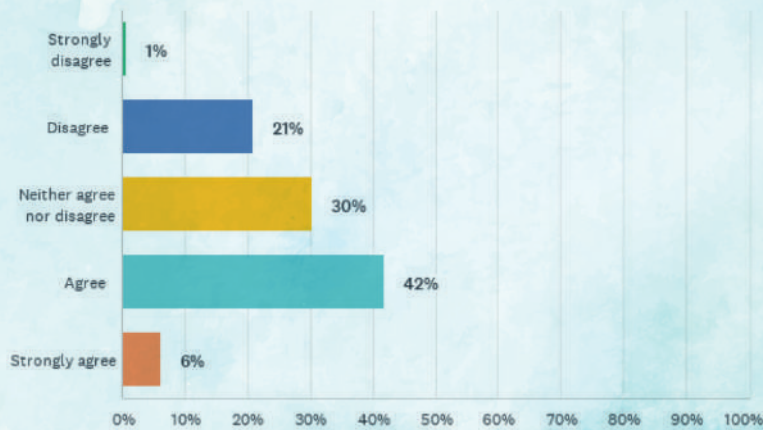




**CQ14: I have enough knowledge to support a member of my congregation with a mental health issue**

Almost half (48%) of respondents either agreed (42%) or strongly agreed (6%) that they had enough knowledge to support a parishioner with a mental health issue. That compares strikingly to the less than a quarter (22%) who disagreed or strongly disagreed.

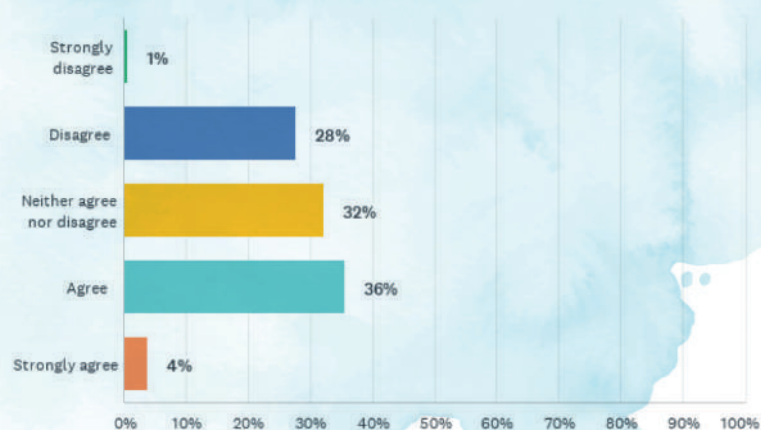
*Q14: I have enough knowledge to support a member of my congregation with a mental health issue*



**CQ15: I have the appropriate skills to support a member of my congregation with a mental health issue**

40% of respondents in total either agreed (36%) or strongly agreed (4%) that they had the appropriate skills to support a parishioner with a mental health issue. By contrast, 29% either disagreed (28%) or strongly disagreed (1%).

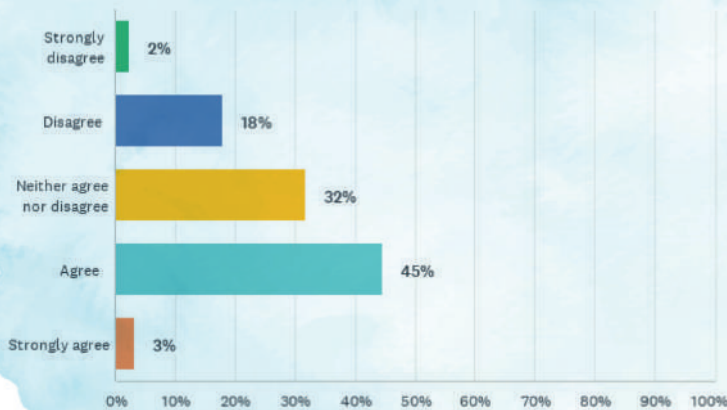
*Q15: I have the appropriate skills to support a member of my congregation with a mental health issue*



**CQ16: I have the confidence to support a member of my congregation with a mental health issue**

Just under half of respondents (48%) reported having the confidence to support a parishioner with a mental health issue. This is more than twice the number (20%) who felt they did not have the confidence, with a further 32% neither agreeing nor disagreeing with the statement.

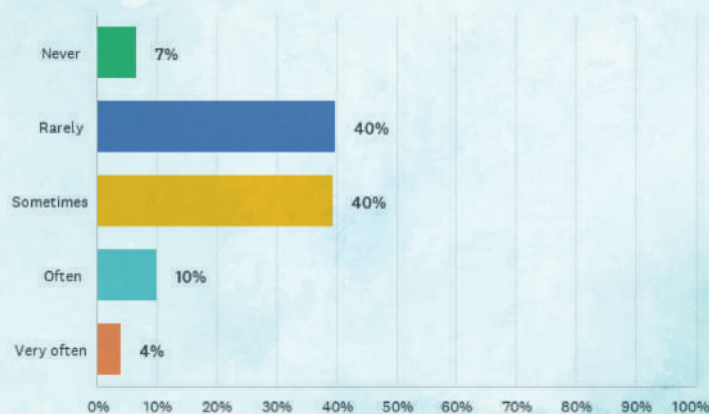
*Q16: I have the confidence to support a member of my congregation with a mental health issue*



**CQ17: How often does a member of your congregation come to you for support, guidance or advice about their own mental health?**

Almost half of respondents (47%) stated that members of their congregation approach them about mental health issues either never (7%) or rarely (40%). Only 17% reported being approached often (10%) or very often (4%), with 40% being approached sometimes.

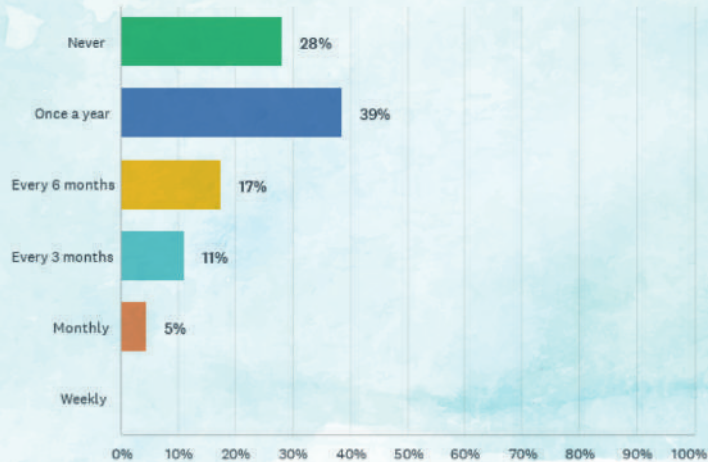
*Q17: How often does a member of your congregation come to you for support, guidance or advice about their own mental health?*



**CQ18: How often would you signpost a member of your congregation to mental health supports or services?**

More than two thirds of respondents (67%) signpost mental health supports or services to members of their congregation either once a year (39%) or never (28%). The remaining one third signpost services twice a year (17%), quarterly (11%) or monthly (5%).

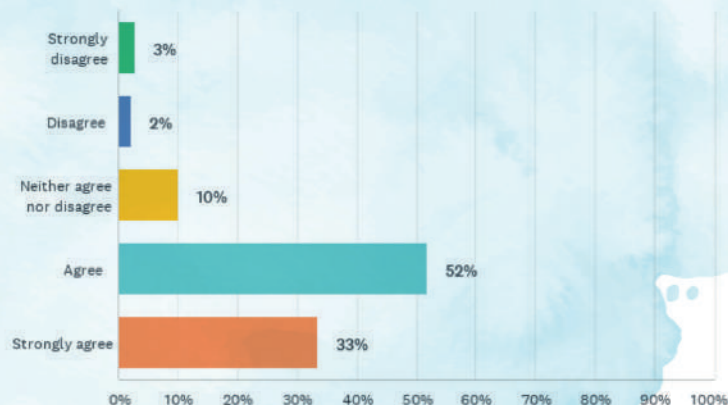
*Q18: How often would you signpost a member of your congregation to mental health supports or services?*



**CQ19: It is the responsibility of the Church to support people with mental health issues**

A very significant majority (85%) of clergy either agreed (52%) or strongly agreed (33%) that the Church has a responsibility to support people with mental health issues. Only 5% either disagreed (2%) or strongly disagreed (3%), with the remaining 10% neither agreeing nor disagreeing.

*Q19: It is the responsibility of the Church to support people with mental health issues*

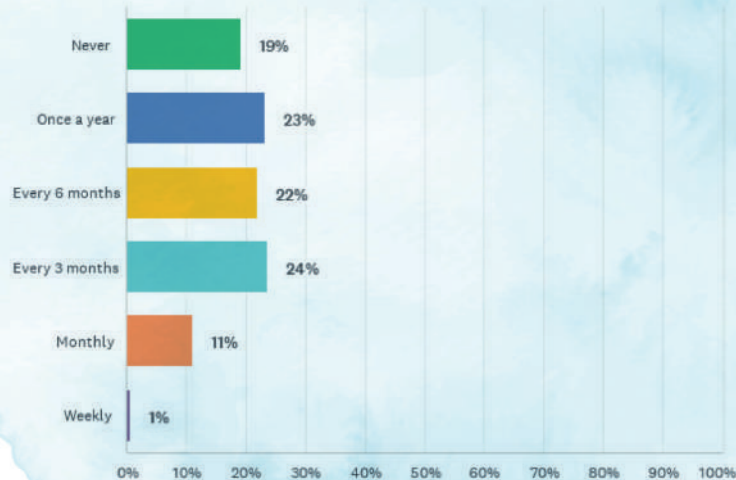




## CQ20: How often do you refer to mental health and mental health issues in your sermons?

Less than half (42%) of respondents reported referring to mental health in their sermons either never (19%) or once a year (23%). The other respondents do so either twice a year (22%), four times a year (24%) or more frequently (12%). By contrast the LifeWay Study (2016)<sup>25</sup> study found that 66% of clergy referred to mental health once a year or less

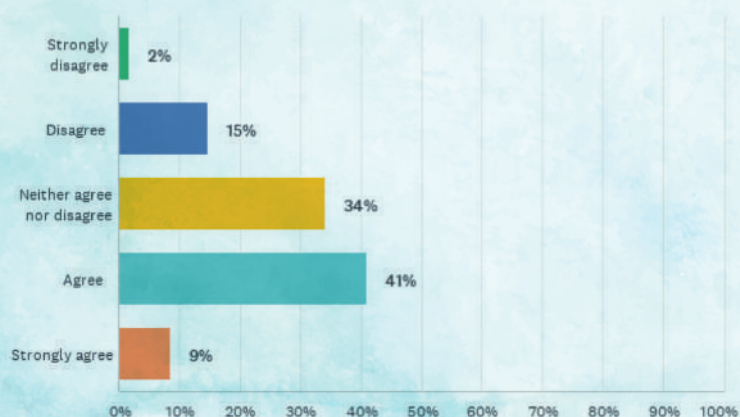
**Q20: How often do you refer to mental health and mental health issues in your sermons?**



## CQ21: Stigma of mental health issues is common in the Church of Ireland (*Stigma is when someone sees a person in a negative way because of their mental health issues*).

Half of our respondents either agreed (41%) or strongly agreed (9%) that stigma of mental health issues is common in the Church. This is almost three times the number (17%) who either disagreed (15%) or strongly disagreed (2%). Just over one third (34%) neither agreed nor disagreed.

**Q21: Stigma of mental health issues is common in the Church of Ireland**

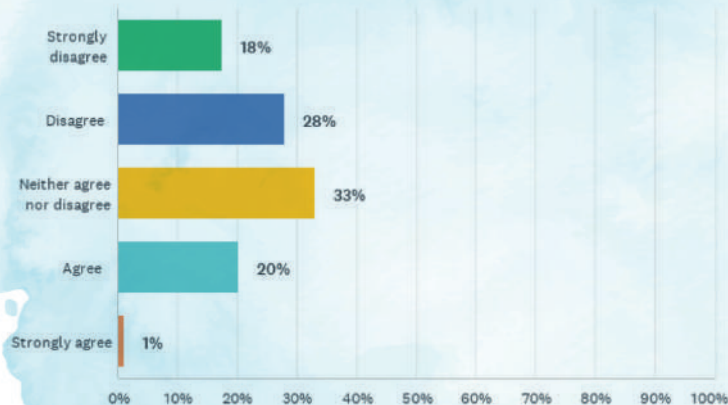


<sup>25</sup> Lifeway (2016). *The study of acute mental illness and Christian faith*. Lifeway. Nashville

### CQ22: The Church of Ireland provides me with good support for my own mental health

Just under half (46%) of clergy either disagreed (28%) or strongly disagreed (18%) that the Church provided them with good support for their own mental health. This was more than twice the number (21%) who either agreed (20%) or strongly agreed (1%). One third (33%) neither agreed nor disagreed.

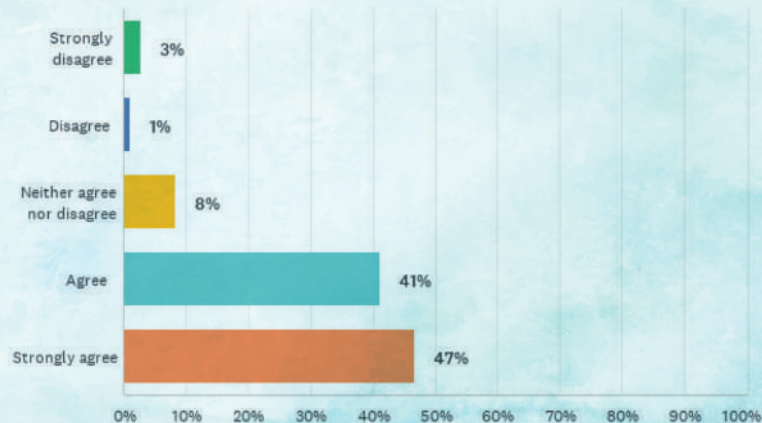
*Q22: The Church of Ireland provides me with good support for my own mental health*



### CQ23: My faith is important to my mental health

A very large majority (88%) either agreed (41%) or strongly agreed (47%) that their faith was important to their mental health. Only 4% either disagreed (1%) or strongly disagreed (3%) with 8% neither agreeing nor disagreeing.

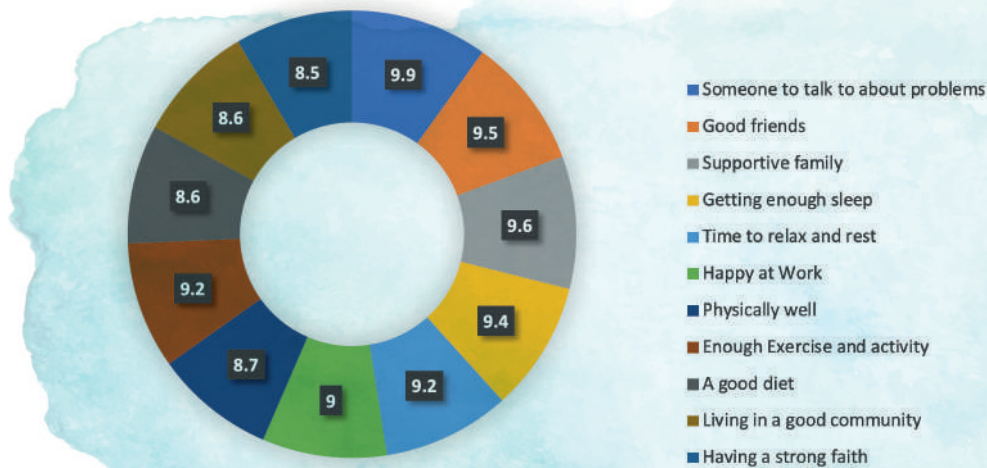
*Q23: My faith is important to my mental health*



## SECTION TWO: YOUR THOUGHTS ON MENTAL HEALTH

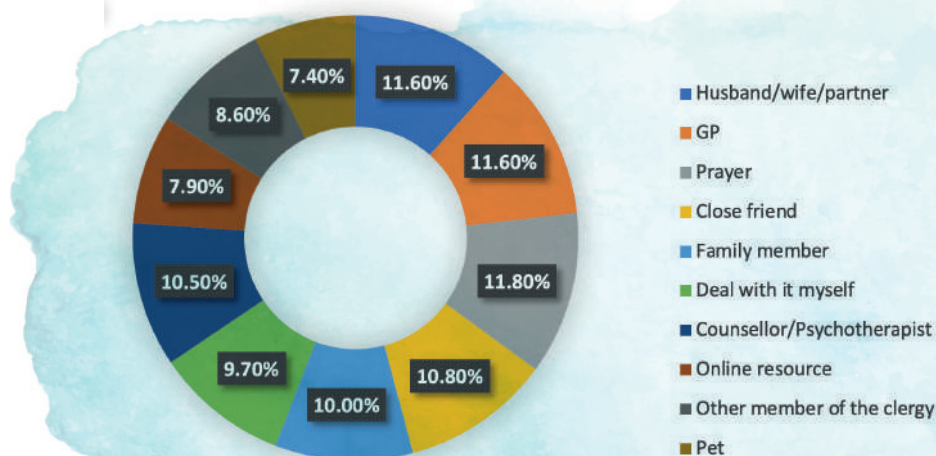
### CQ24: How important are the following for good mental health?

Physical factors were cited by almost two thirds (36%) of respondents. These consisted of getting enough sleep (9.4%), being physically well (8.7%), getting enough exercise (9.2%) and having a good diet (8.6%). Personal relationships were chosen by 29%, broken down into someone to talk to (9.9%), good friends (9.5%) and supportive family (9.6%). Having a strong faith was chosen by 8.5% of respondents.



### CQ25: If you thought you had a mental health issue, which of these would you be likely to seek support from?

Prayer was selected by 11.8% of respondents, making it the most popular choice for support. However, 32% chose their spouse (11.6%), a close friend (10.8%) or a family member (10%). Almost one quarter (22%) chose a medical professional, either a GP (11.6%) or a counsellor (10.5%).





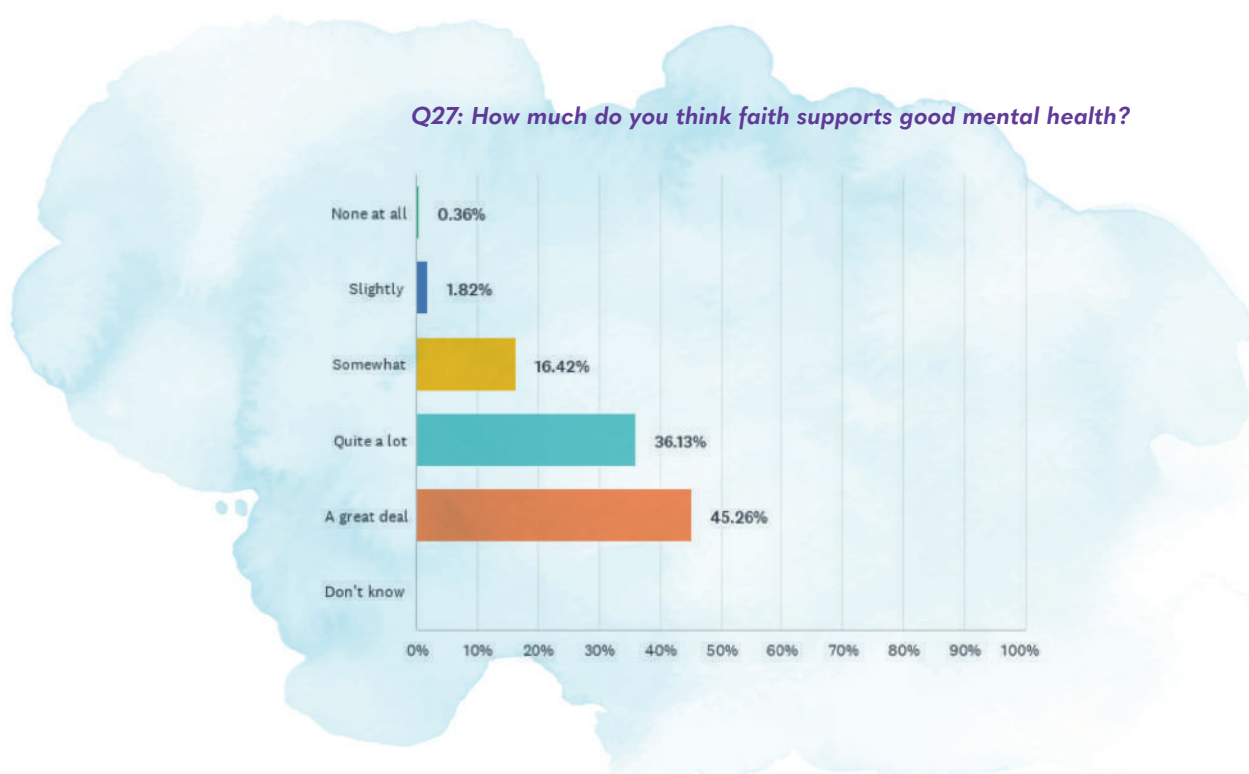
**CQ26: Which of these organisations/resources have you heard of?**  
(tick as many as you think are relevant)

The Samaritans was recognised by almost all respondents (99%). Aware was recognised by 70% making it the only other organisation recognised by more than half the clergy. The top nine organisations recognised are:

Organisation/Resource	% of clergy who knew of the organisation
Samaritans (All Ireland)	99
Aware (All Ireland)	70
Lifeline NI (NI)	40
Jigsaw (ROI)	34
Mental Health Ireland (ROI)	33
Action Mental Health (NI)	33
PIPS (ROI)	24
Yourmentalhealth.ie (ROI)	24
Mindyourhead.info (NI)	21

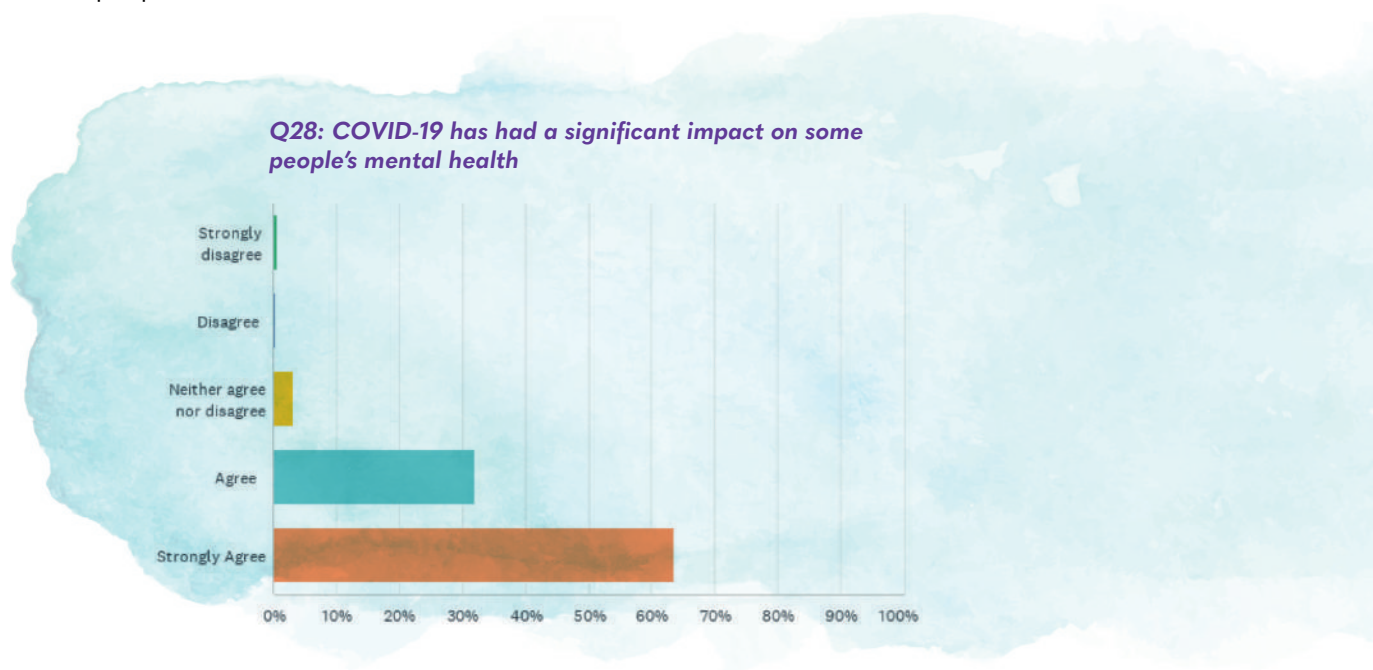
**CQ27: How much do you think faith supports good mental health?**

Over three quarters of clergy (81%) felt that faith supports mental health either a great deal (45%) or quite a lot (36%). Only 16% of respondents felt faith somewhat supported mental health and another 2% that it did so slightly.



### CQ28: COVID-19 has had a significant impact on some people's mental health

Almost all clergy (98%) either agreed (32%) or strongly agreed (63%) that COVID-19 has had an impact on some people's mental health.



### CQ29: Have you ever attended a training course for helping others with a mental health issue?

There was quite an even split between respondents who had (43%) and had not (57%) attended such a course. Among those who had attended courses, Church-related courses were attended by 22%, 16% participated in a mental health first aid or psychological first aid course, 15% went to other NGO courses relating to mental health and 14% stated they had attended ASIST or other suicide prevention training courses.

Course	%
ASIST/other suicide prevention courses (C29AS)	14%
AWARE course (C29AW)	3%
Counselling/therapy (C29CT)	2%
Continuous professional development (C29CPD)	2%
Church related course (C29CRC)	22%
Mental health first aid/psychological first aid (C29MHFA)	16%
NGO Course (C29NGO)	15%
Other (C29O)	10%
Safetalk (C29ST)	4%
Third level course (part of) (C29TL)	8%
WRAP (C29WRAP)	2%

### **CQ30: Have you ever attended a training course about mental health awareness?**

Responses were similar to those in the previous question, with 47% having attended training and 53% not. For those who had attended training Church-based training mental health awareness courses were the most popular (29%), 13% stated they had attended ASIST or other suicide prevention training courses. 7% attended a mental health first aid or psychological first aid course, and 8% participated in other NGO courses relating to mental health.

<b>Course</b>	<b>%</b>
ASIST/other suicide prevention courses (C30AS)	13%
AWARE course (C30AW)	3%
Counselling/therapy (C30CT)	3%
Continuous professional development (C30CPD)	5%
Church related course (C30CRC)	29%
Employer (C30E)	2%
Health Service/NHS (C30HSO)	7%
Mental health first aid/psychological first aid (C30MHFA)	7%
NGO Course (C30NGO)	8%
Other (C30O)	8%
Safetalk (C30)	3%
Third level course (part of) (C30TL)	8%
WRAP (C30WRAP)	2%

“THE RESPONSE AND ATTITUDE OF THE CHURCH TO MENTAL HEALTH SUFFERING MAY BE TO PROVIDE A PERSPECTIVE OF HOPE, RELIEF, COPING, OR MEANING IN LIFE.”

**BRAAM, 2017**

“THE LOCAL CHURCH IS A PLACE WHERE PEOPLE CAN CONNECT WITH OTHERS AS WELL AS RECEIVE ASSISTANCE, WARMTH AND KINDNESS PARTICULARLY DURING TIMES OF DISTRESS.”

**GALLET, 2016**



## SECTION THREE: SARAH'S STORY

**Sarah's Story**, a vignette approach, was used to explore attitudes to mental health in the survey. Vignettes are short stories about a hypothetical person, traditionally used within research on sensitive topics. Sarah's story was created using best practice guidelines in developing a story that respondents reviewed then were asked questions about.

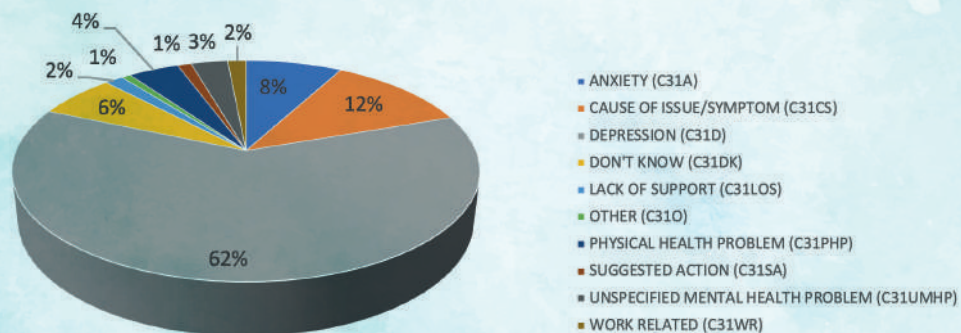
**Sarah's Story.** We are interested in your thoughts about Sarah's story. Please read her story and answer the following questions.

*Sarah, aged 25 and a member of the Church of Ireland, has been feeling unusually unhappy for the last few weeks. She is always tired and has lost her appetite. She has noticeably lost weight as she doesn't feel like eating most of the time. Focusing on her work is a real struggle as she has lost interest in her job which she previously enjoyed, and her performance at work has dropped recently. She is not joining the weekly online church services as often as she used to and her friends in the select vestry are concerned about her. Her other friends and colleagues have also noticed some of the changes and they are worried for her. Sarah is putting off making any decisions and even day to day tasks can seem too much for her, taking a lot of effort to complete. Sarah has stopped going to the gym and walking with her friend and feels guilty about this all the time. Sarah's family is very concerned.*

### CQ31: What, if anything do you think is Sarah's issue?

Overall there was a clear understanding by the large majority of respondents that Sarah's issue was likely to be depression, with 62% of responses reporting depression. This compares to 51% of members who identified depression as the key issue.

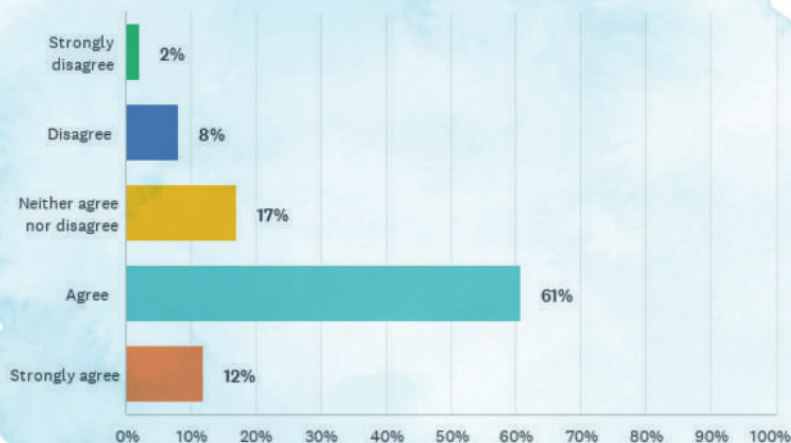
**Q31: What, if anything do you think is Sarah's issue?**



### CQ32: I would know where to get help in my local area if I was having the same experience as Sarah

The vast majority of clergy (73%) stated that they would know where to get help in their local area if they were struggling with the same experience as Sarah (61% agreed, 12% strongly agreed). The literature suggests that the Church could play a role in signposting information following the TEACHER mental health initiative (Grcevich, 2018) which includes providing a welcoming environment, good communication and offering education and support to members.

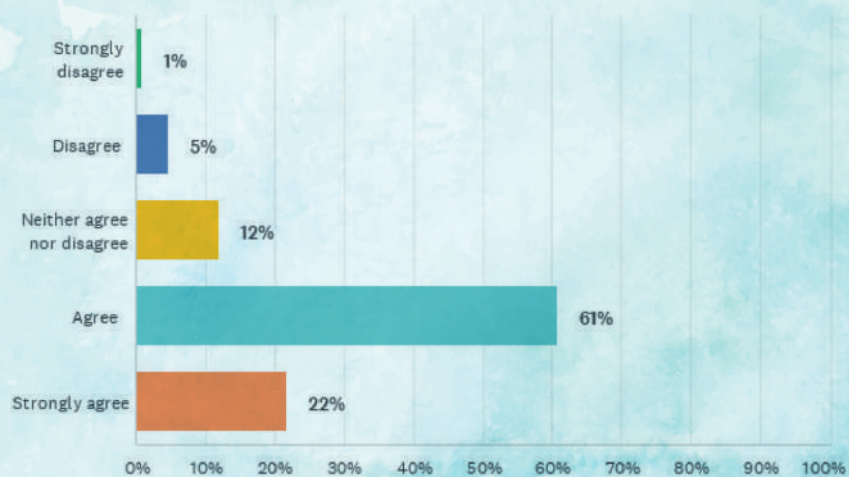
*Q32: I would know where to get help in my local area if I was having the same experience as Sarah*



### CQ33: If I was feeling like Sarah, I would seek help from my GP or a mental health professional

83% of respondents either agreed or strong agreed that they would seek help from their GP or a mental health professional if they were feeling like Sarah. Accessing the correct pathways of support is a crucial part of mental health recovery.

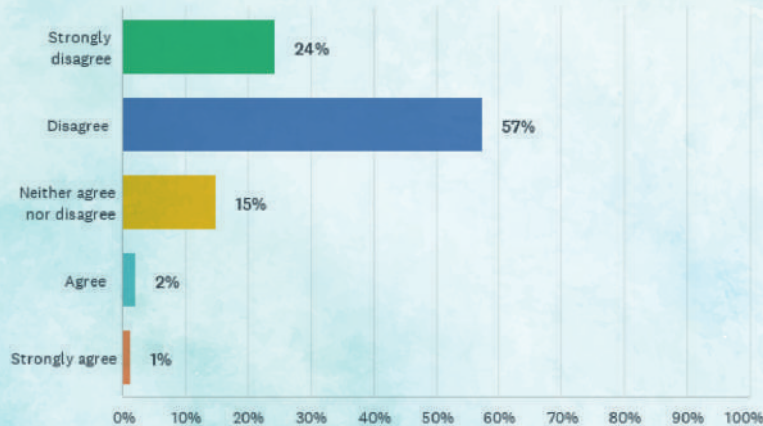
*Q33: If I was feeling like Sarah, I would seek help from my GP or a mental health professional*



#### **CQ34: I think Sarah is experiencing normal everyday ups and downs**

81% of respondents disagreed or strongly disagreed with this statement. This suggests that respondents may have a reasonable understanding and awareness of symptoms of poor mental health and corresponds with the literature<sup>26</sup> which suggests that educating faith communities to increase mental health literacy and awareness is increasingly important.

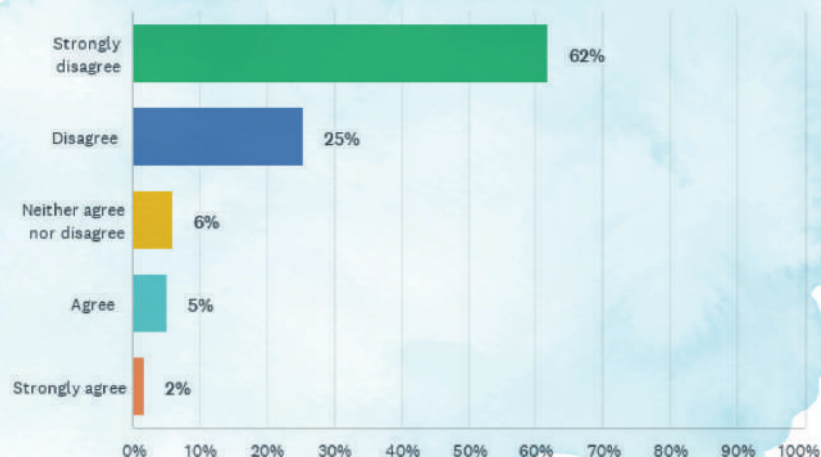
*Q34: I think Sarah is experiencing normal everyday ups and downs*



#### **CQ35: Seeing a GP or mental health professional for an issue like Sarah's means you are not strong enough to manage your own difficulties**

62% of clergy respondents strongly disagreed that seeing a GP or mental health professional for an issue like Sarah's meant that you were not 'strong' enough to manage your own difficulties. A further 25% disagreed (87% in total). Myths about strength and weakness are part of what makes mental health stigma so challenging.

*Q35: Seeing a GP or mental health professional for an issue like Sarah's means you are not strong enough to manage your own difficulties*



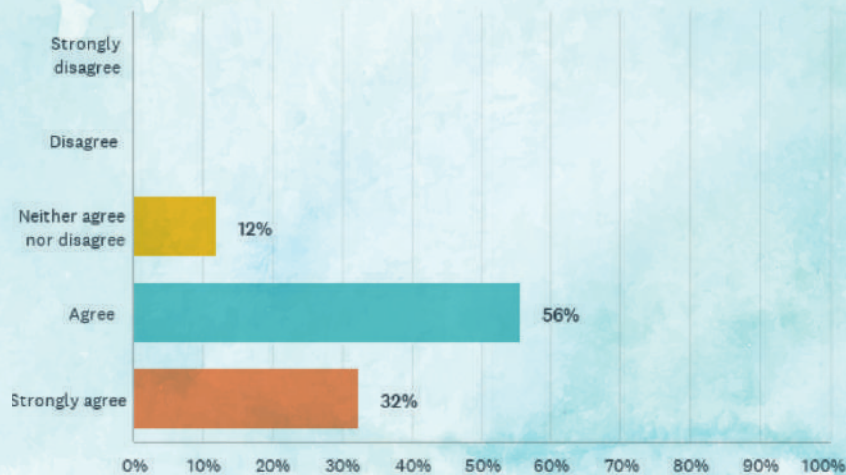
<sup>26</sup> Meadows Mental Health Policy Initiative



**CQ36: I think treatment provided by a GP or mental health professional would be helpful for Sarah**

There was practically unanimous agreement that treatment provided by a GP or mental health professional would be helpful for Sarah with no respondents disagreeing.

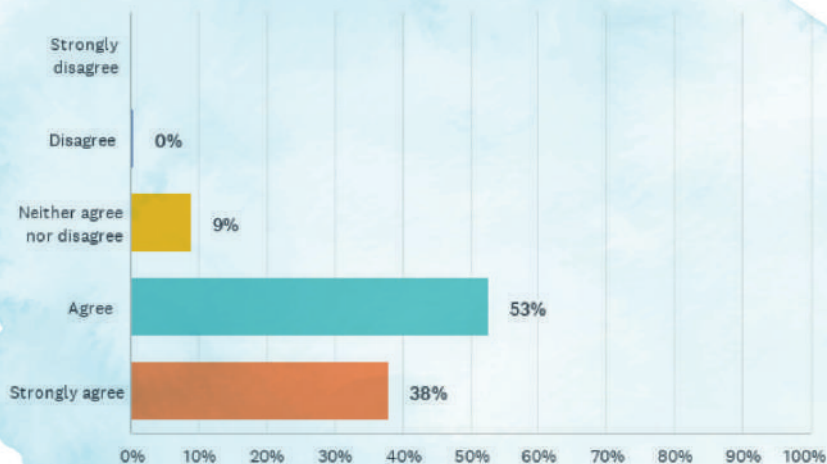
*Q36: I think treatment provided by a GP or mental health professional would be helpful for Sarah*



**CQ37: If I was feeling like Sarah, it would be good to seek help from a GP or mental health professional**

Similar to the previous graph, there was almost universal agreement from clergy respondents that it would be good to seek help from a GP or mental health professional if they were feeling like Sarah.

*Q37: If I was feeling like Sarah, it would be good to seek help from a GP or mental health professional*



**CQ38: Where do you think Sarah can find out information about how she is feeling?**  
**[Think about and list where you might source information for mental health issues]**

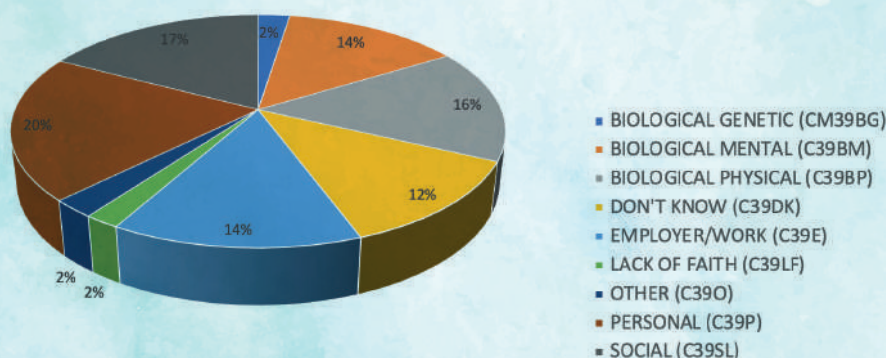
47% of clergy stated that someone like Sarah should seek help primarily from her GP, and 19% suggested she might seek online support or gain information from an online resource. 13% reported that support from the Church and the Church community would be useful. The breakdown of the top five information sources can be seen below.

RESPONSE	%
GP (C38GP)	47%
ONLINE SUPPORT (C38OS)	19%
CHURCH (C38C)	13%
CHARITY/NGO (C38CH)	11%
HEALTH SERVICE OTHER (C38HSO)	5%

**CQ39: What, if any, do you think are the causes of how Sarah is feeling?**  
**[List any personal, social, or biological causes you can think of]**

20% of clergy indicated that the cause of Sarah's issue was personal with a range of possible personal reasons or circumstances given. 17% stated cause might be socially based linked to isolation, lack of connection, loss of connection. 49% of this group linked the lack of connection to lockdown and COVID 19. 16% reported that Sarah's issue might be caused by physical issues such as thyroid problems or underlying physical health conditions.

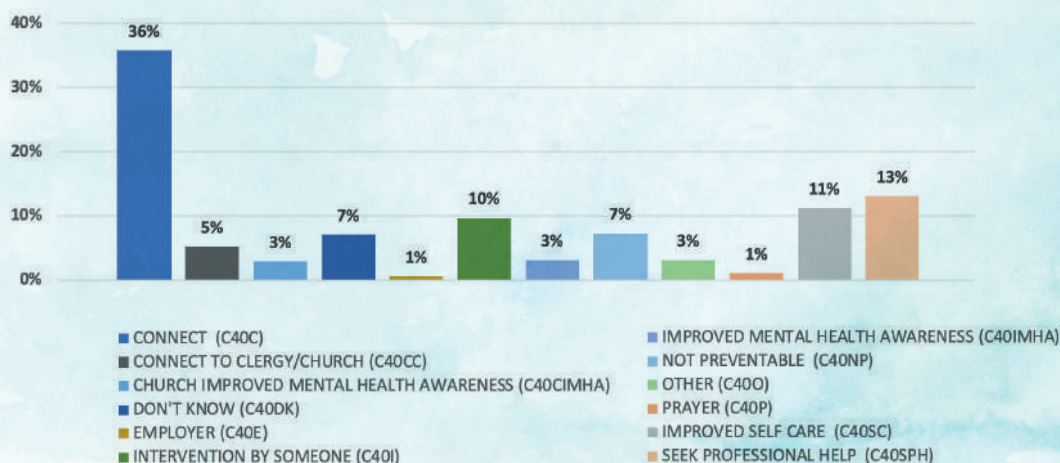
**Q39: What, if any, do you think are the causes of how Sarah is feeling?**



**CQ40: How, if at all, do you think Sarah's issue might have been prevented?**  
**[Think about things that Sarah or others can do to stop issue/s like this from happening]**

36% of respondents believe that connecting with people might have prevented Sarah's issue (compared to 45% of members), with 13% saying that Sarah should have sought professional help. 11% felt that improved self-care would have helped (compared to 21% of members), and 10% that someone should have intervened. 5% suggested connecting with a clergy member might have prevented the issue.

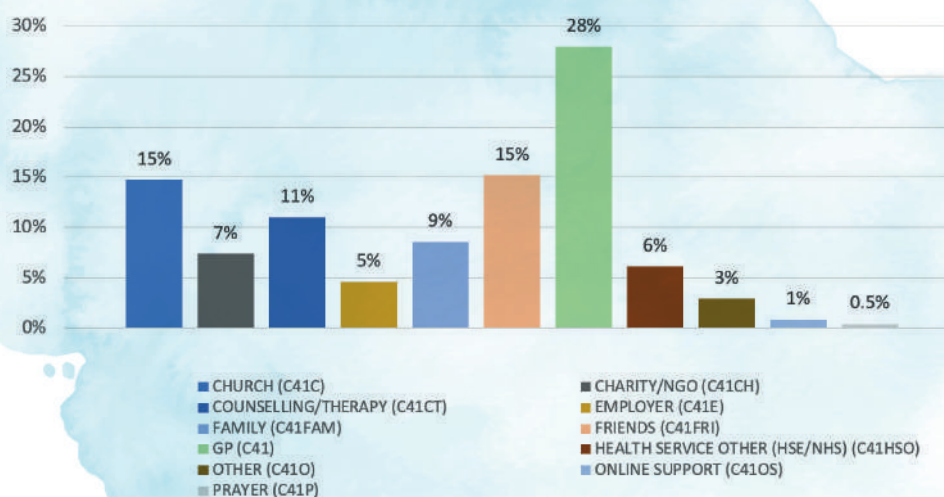
**Q40: How, if at all, do you think Sarah's issue might have been prevented?**



**CQ41: Who do you think Sarah should try and get help from?**  
**[Think about any professionals and any non-professionals that you think might be able to help]**

28% of respondents suggested Sarah should try and get help from her GP, with 15% suggesting she should turn to her friends or the Church, and 9% suggesting she should turn to her family. Interestingly, this differs from what members reported, with 43% of members suggesting Sarah should try and get help from her GP.

**Q41: Who do you think Sarah should try and get help from?**





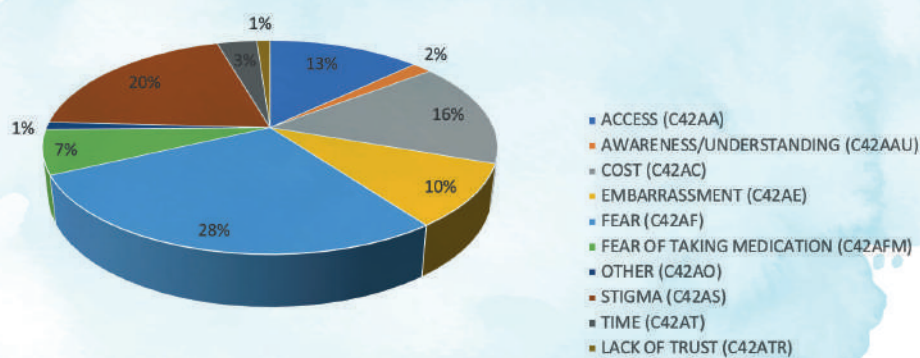
**CQ42: What do you think might stop Sarah from seeking help for how she is feeling from the following people?**

Overall respondents cited fear and stigma as the main reasons for not seeking help from anyone.

**Healthcare professionals**

28% cited fear, with stigma mentioned by 20% and cost by 16%. 13% said that access to services/ support as a reason and 10% embarrassment.

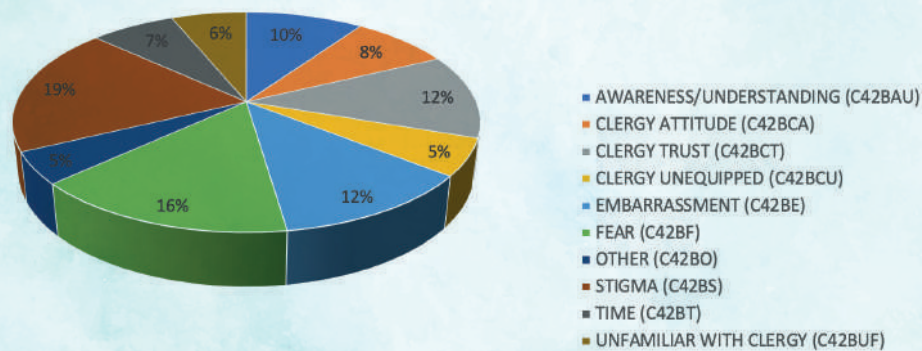
*Q42A: What do you think might stop Sarah from seeking help for how she is feeling from healthcare professionals?*



**Member of clergy**

Stigma (19%) was the most cited reason for not approaching a clergy member, followed by fear (16%) and embarrassment (12%).

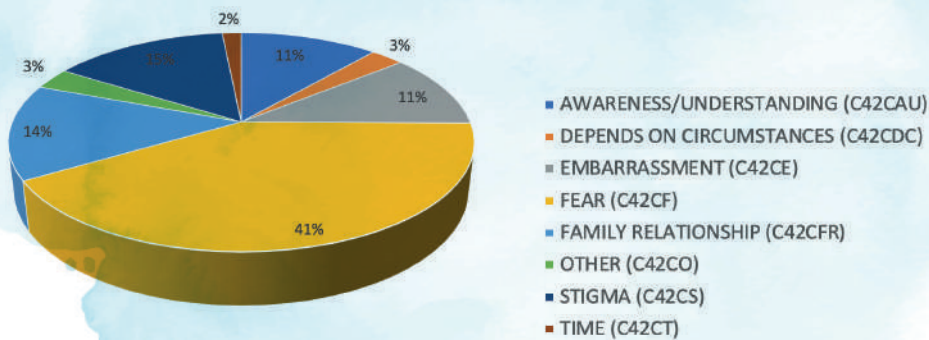
*Q42B: What do you think might stop Sarah from seeking help for how she is feeling from the Clergy?*



## Family

Fear was the predominant reason respondents thought Sarah would not seek help from family (41%), followed by stigma (15%) and then family relationships (14%).

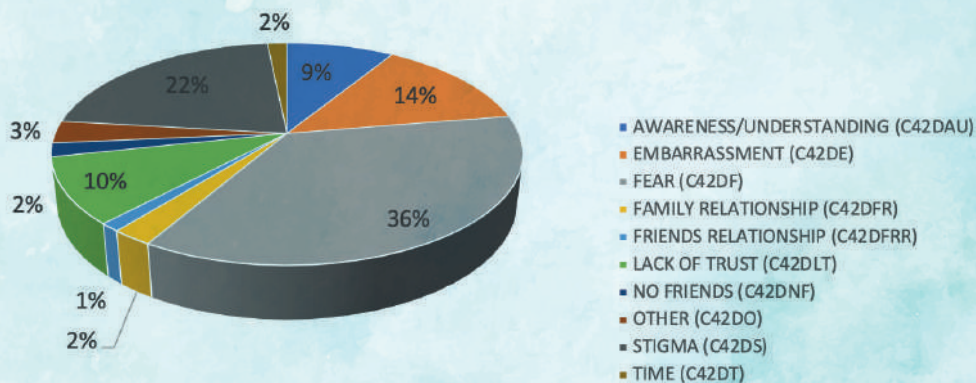
**Q42C: What do you think might stop Sarah from seeking help for how she is feeling from her family?**



## Friends

Fear was the most cited reason for not seeking help from friends (36%), followed by stigma (22%) and embarrassment (14%).

**Q42D: What do you think might stop Sarah from seeking help for how she is feeling from her friends?**

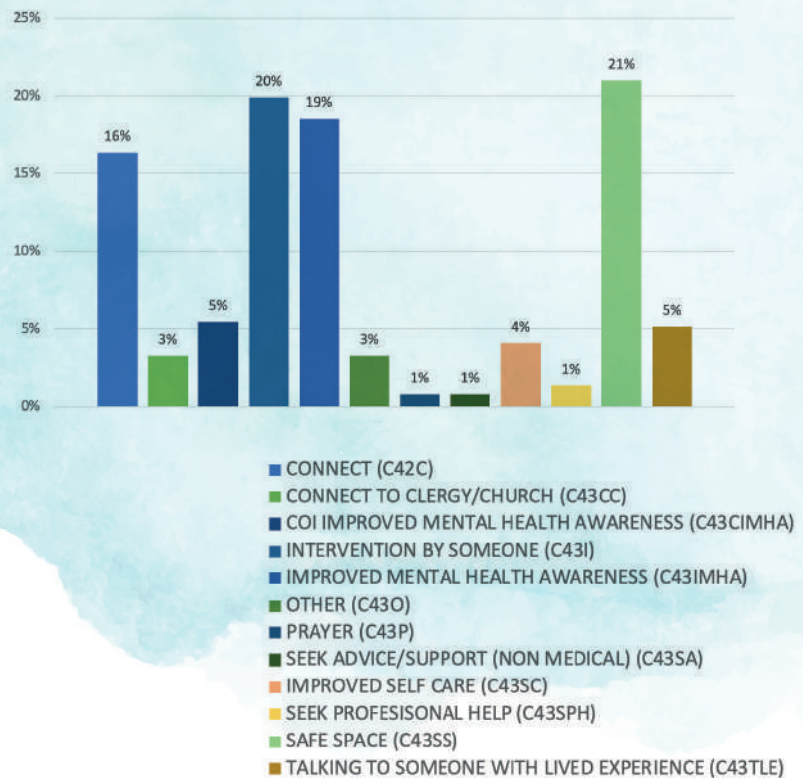




### CQ43: What do you think might help Sarah to talk about how she is feeling?

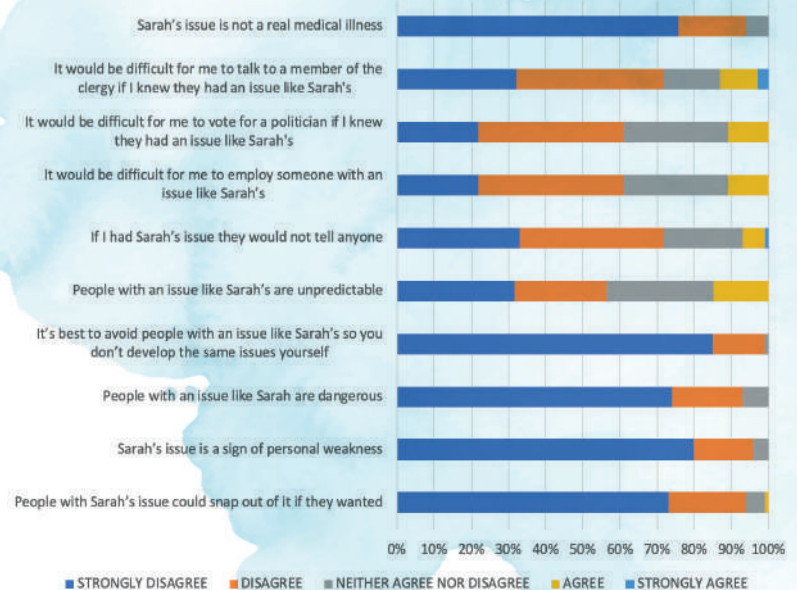
Respondents said providing a safe space for Sarah (21%) would help Sarah to talk, followed by a direct intervention (20%), and improved mental health awareness (19%). Connecting with others was also mentioned by 16% of respondents.

### Q43: What do you think might help Sarah to talk about this issue?



### CQ44: To what degree do you agree with the following statements? This question is asking what YOU think about Sarah.

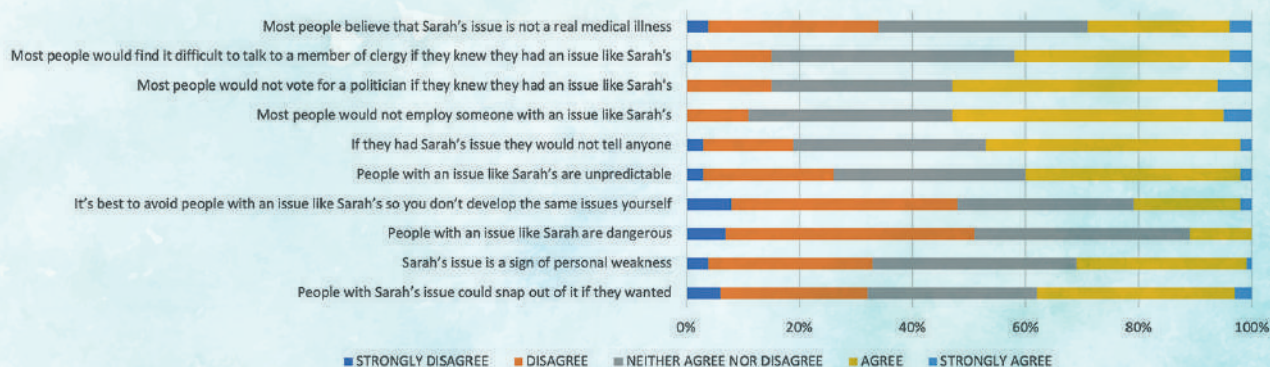
This question gave respondents an opportunity to give their own view i.e. agree or disagree with 10 statements. The vast majority of respondents recognised this was a real medical illness, that there was no need to avoid people suffering in this way, it was not a sign of personal weakness, people couldn't snap out of it if they wanted and they weren't dangerous. There was less certainty about talking to a member of the clergy if the cleric was struggling from mental health issues. Similarly employing, voting for someone or they themselves telling someone else about their own mental health problems. Unpredictability was also seen as a possible issue with 29% of respondents neither agreeing nor disagreeing that people with issues like Sarah's are unpredictable.





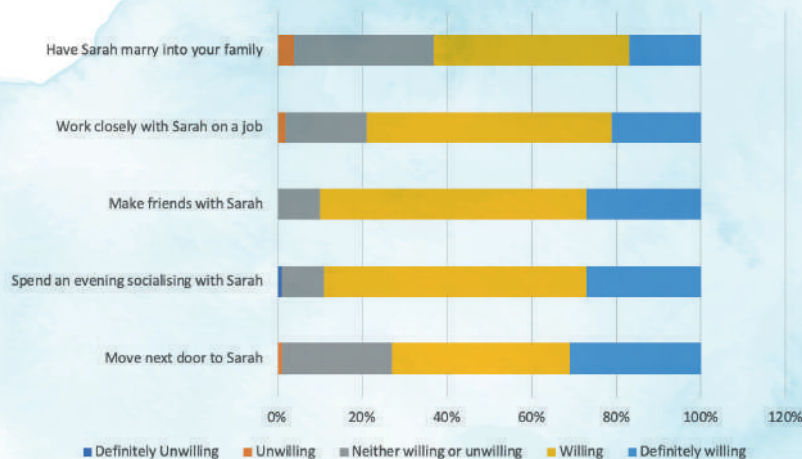
**CQ45: To what degree do you agree with the following statements? This question is asking what you think OTHER PEOPLE might think about Sarah**

The answers to this same question are in some contrast to the answers provided for the previous question and focus on how they imagine 'other people' would answer the same questions. For example, 93% of clergy said they believed Sarah's issues were a real medical illness. Only 34% however believed that others would view it that way. There was also significantly more 'neither agree nor disagree' answers.



**CQ46: How willing or unwilling would you be to engage with Sarah in the following situations?**

This question asked respondents how willing they would be to engage with someone struggling with the issues that Sarah has, in a number of different situations. For the majority these issues would not prevent engagement in any context. That said, marriage, close working and living next door with Sarah were seen as potentially more of an issue by respondents with for example 33% being neither willing nor unwilling to have Sarah marry into the family and 26% of respondents being neither willing nor unwilling to move next door to Sarah.



## APPENDIX THREE

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### LIST OF REFERENCES

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# NOTES

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Handwriting practice lines consisting of 20 horizontal dotted lines.



The Church of Ireland is working in partnership with existing community and statutory services. Information, support and assistance can be found on the project website.



MindMatters COI

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