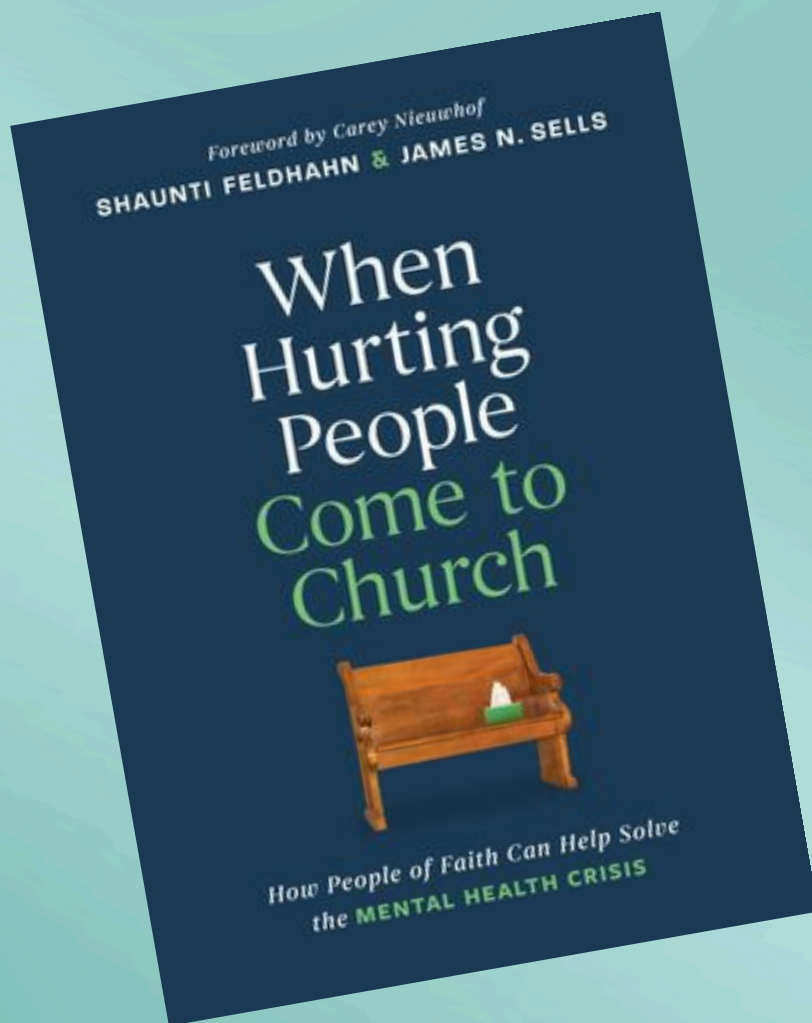


When Hurting People Come to Church

SURVEY DATA AND ANALYSIS
CURRENT AS OF 9/26/25



Detailed research methodology, resources,
and other details at

The
ChurchCares.com



Church and Mental Health: A Leadership Perspective Survey

To understand the current perspectives among leaders about the role and needs of the church in meeting today's mental, emotional, and relational challenges, Shaunti Feldhahn and Dr. James Sells interviewed and surveyed more than two thousand pastors, church leaders, and mental health professionals. This data gathering primarily occurred between February 2023 and February 2025. Several clear trends emerged, which are summarized in the following charts and tables.

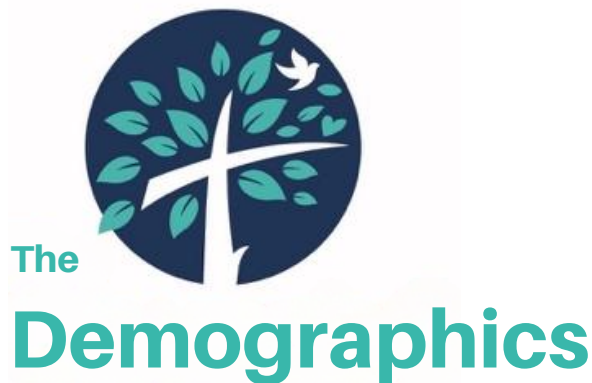
For the anonymous survey, we partnered with multiple organizations across many streams of the church, each of which sent a unique survey link to their pastors or other leaders. These partners included multiple denominations, ministries, and Christian mental health groups across the theological, ethnic, and cultural spectrum. We purposefully sought input from Protestants and Catholics; progressives and conservatives; churches with rich, well planned liturgies and those with highly flexible, led by the Spirit approaches; churches with one predominant ethnic group (e.g., Black, white, or Hispanic) and those that were culturally blended. We created a Spanish language version of the survey for several partner groups. The survey encompassed input from megachurches, large churches, midsize churches, small churches, and house churches.

Survey participants were clergy, church staff, ministry leaders, counselors, or other leaders who work extensively in or with the church. In total, 1,852 leaders participated in English, and 36 in Spanish. (The data presented here is from the English language version of the survey. The Spanish language results were similar in most meaningful respects.) Two thirds (66 percent) of participants were pastors, priests, or bishops. (Beyond the survey, roughly 200 pastors and other leaders were interviewed in person, over email or the phone, or via video call.)

Survey and interview results were analyzed and informed the content of *When Hurting People Come to Church* and The Church Cares Initiative.

For more, see thechurchcares.com or shaunti.com/research.

When Hurting People Come To Church



Q1. Gender

Answer Choices	%	Number
1. Male	63.9%	1,172
2. Female	36.1%	663
Total	100.0%	1,835

Q2. What is your primary ministry role in the church?

This may not be your “title” but is the best description of your role.

(If your people-helping role is not related to a local church in a substantial way, choose “13. Does not apply.”)

Answer Choices	%	Number
1. Bishop or district leader (oversees several pastors or priests)	3.8%	71
2. Senior Pastor / Senior Priest / Rector	45.2%	835
3. Other pastor / priest / vicar (executive / teaching / associate, etc.)	16.9%	312
4. Spouse of pastor	8.7%	161
5. Governing elder / church board member / parish council member	1.2%	23
6. Ministry director (e.g. director of women’s ministry, recovery ministry, etc.)	2.5%	47
7. Church staff member	1.4%	25
8. Licensed mental health professional - Highly church-related (for example, sees clients at church once a week, has onsite office, or dedicates certain hours for church members).	3.2%	59
9. Lay mental health counselor or coach - Highly church-related (e.g. lay / biblical counseling for the church, reserves notable coaching time for church referrals, etc.)	3.0%	55
10. Involved church volunteer	3.4%	62
11. Student / Intern - not yet directly engaged in ministry in the church	0.1%	1
12. Other	5.6%	104
13. This question does not apply; my primary ministry / people-helping role is not through the church	4.9%	91
Total (Note: percentages do not equal 100% due to rounding.)		1,846

When Hurting People Come To Church

Q3. The stream that most closely describes our local church is:

Answer Choices	%	Number
1. Protestant evangelical / theologically conservative	72.4%	1,270
2. Protestant evangelical / theologically progressive	8.4%	148
3. Protestant mainline / theologically conservative	5.5%	96
4. Protestant mainline / theologically progressive	2.6%	46
5. Catholic or Orthodox / theologically conservative	3.2%	56
6. Catholic or Orthodox / theologically progressive	1.0%	17
7. Other	6.8%	120
TOTAL (Note: percentages do not equal 100% due to rounding.)		1,753

Q4. The weekly in person and online attendance of our local church is (if multi-site church, report total of all sites):

Answer Choices	%	Number
1. 0-99	37.2%	652
2. 200-249	25.2%	442
3. 250-499	14.3%	251
4. 500-999	9.8%	171
5. 1000-1999	6.4%	113
6. 2000-9999	4.9%	86
7. 10,000+	2.2%	38
TOTAL	100.0%	1,753

When Hurting People Come To Church

Q5. Racially, the best description of our local church is:

Answer Choices	%	Number
1. Mostly White	68.0%	1,194
2. Mostly Black	7.7%	136
3. Mostly Hispanic	6.0%	105
4. Mostly Asian	0.7%	13
5. Multicultural (very diverse and/or no one group is in the majority)	15.2%	267
6. We have different worship services that each tend to attract one primary ethnic group (for example, services in different languages)	2.4%	42
TOTAL	100.0%	1,757

Q37. Age

Answer Choices	%	Number
1. Under 18 years old	0.0%	0
2. 18-24 years old	0.4%	6
3. 25-34 years old	5.4%	81
4. 35-44 years old	18.9%	282
5. 45-54 years old	27.7%	413
6. 55-62 years old	27.2%	406
7. 65-74 years old	16.6%	248
8. 75+ years old	3.6%	54
TOTAL		1,490

Note: percentages do not equal 100% due to rounding.

Q38. Your Ethnicity

Answer Choices	%	Number
1. White / Caucasian	77.6%	1,152
2. Asian or Asian-American	1.1%	16
3. Native Hawaiian or Pacific Islander	0.1%	1
4. Hispanic or Latino	7.7%	115
5. African-American or Black	9.7%	144
6. Native American	0.4%	6
7. Multi-ethnic	2.2%	32
8. Other	1.2%	18
TOTAL	100%	1,484

When Hurting People Come To Church

Q39. Religious Tradition:
I attend this denomination / hold to a religious tradition best described as:

(Open-ended responses)
1,433 participants described coming from dozens of Protestant and Catholic streams of the Church.

Q40. Where is the primary location of your church?

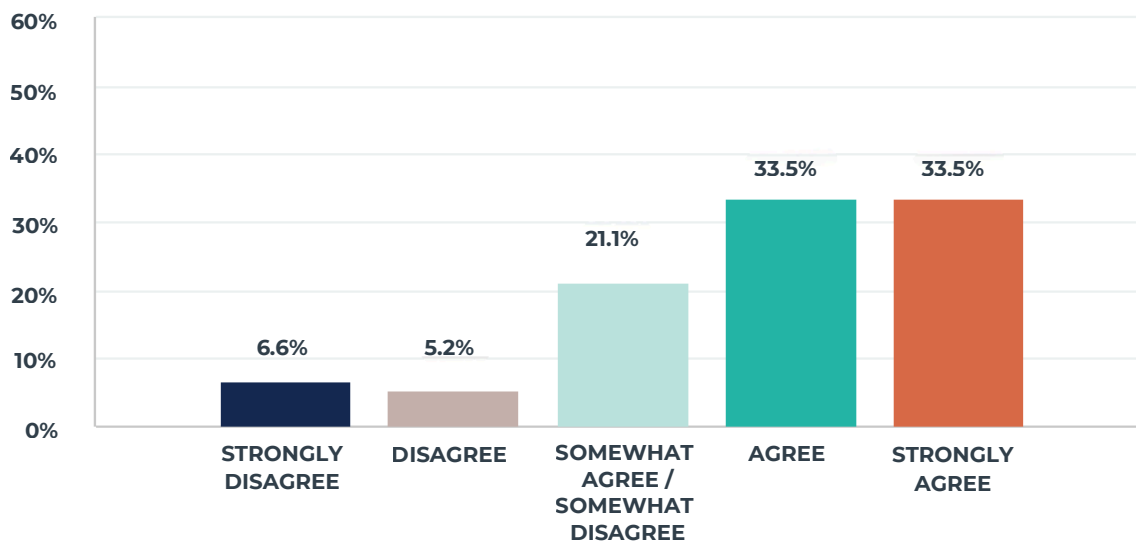
Answer Choices	%	Number
1. U.S.A.	97.2%	1,448
2. Canada	1.8%	27
3. Latin America	0.5%	8
4. Europe	0.3%	4
5. Middle East	0.0%	0
6. Asia	0.1%	2
7. South Pacific	0.1%	1
TOTAL	100.0%	1,490

When Hurting People Come To Church

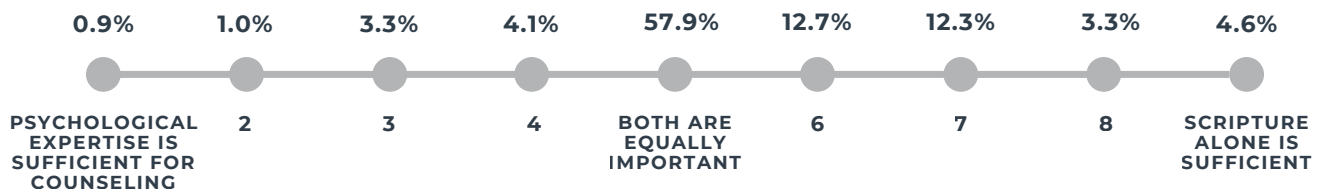


The Survey

Q6. If a person's presenting issue is primarily psychological rather than spiritual, the church's primary mental health service should be to refer to a mental health professional.



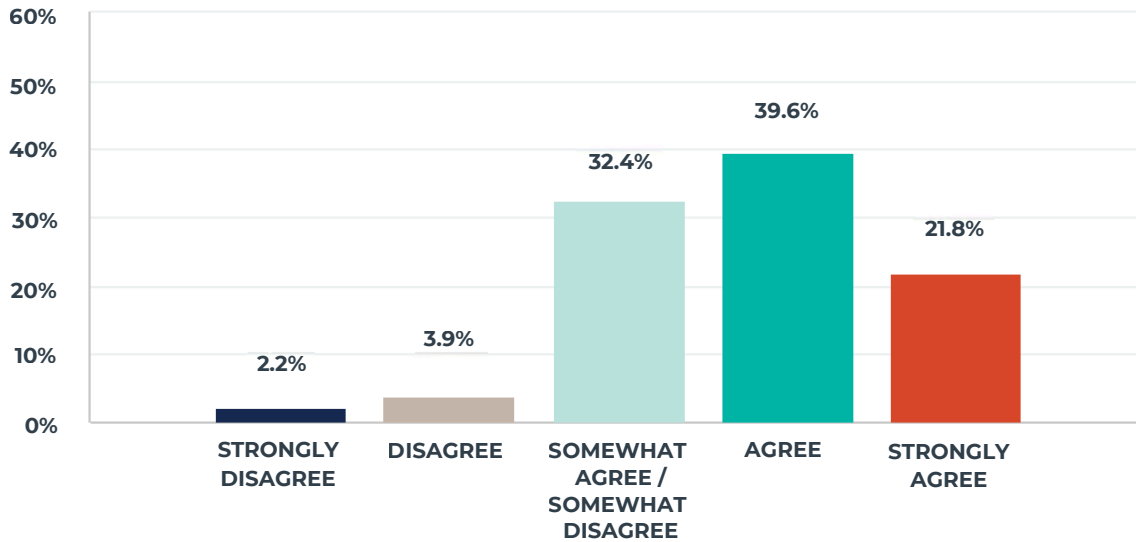
Q7. Place yourself on the spectrum from favoring purely secular psychology ("psychological expertise is sufficient for counseling") to favoring biblical counseling ("scripture alone is sufficient for counseling").



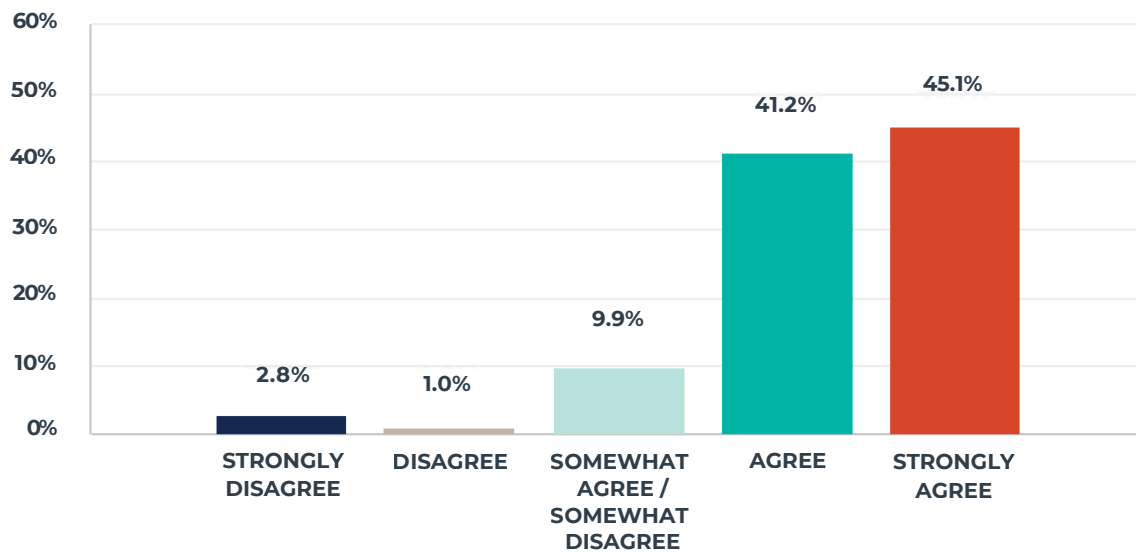
Note: where percentages do not equal 100%, it is due to rounding.

When Hurting People Come To Church

Q8. Most people with mental health issues can be greatly helped by spending time with a Christian lay counselor / coach who will listen to them and walk alongside them for a season.



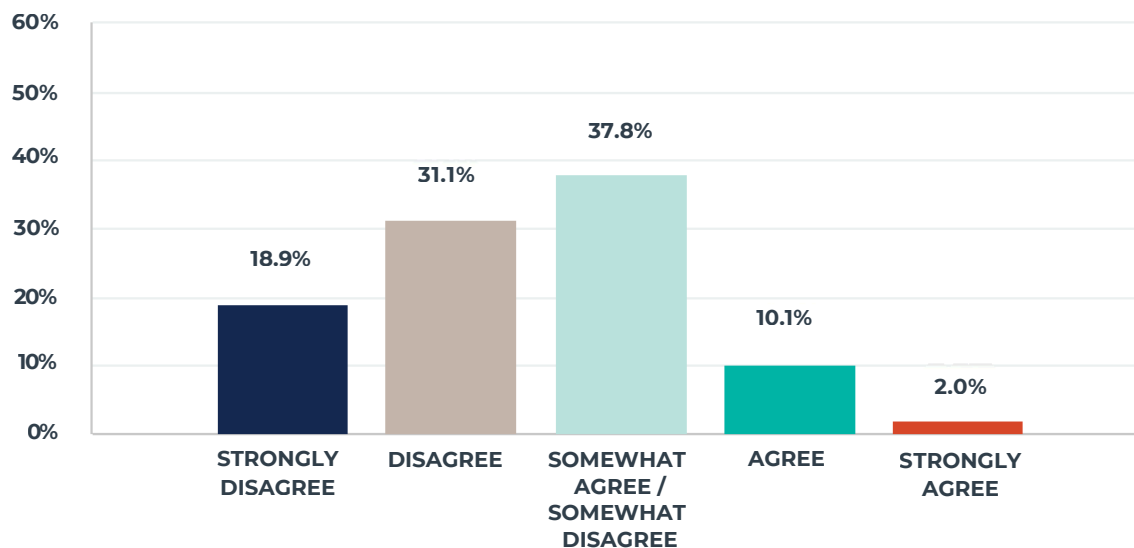
Q9. A community of believers supporting one another is one of the best ways to foster good mental health inside the church.



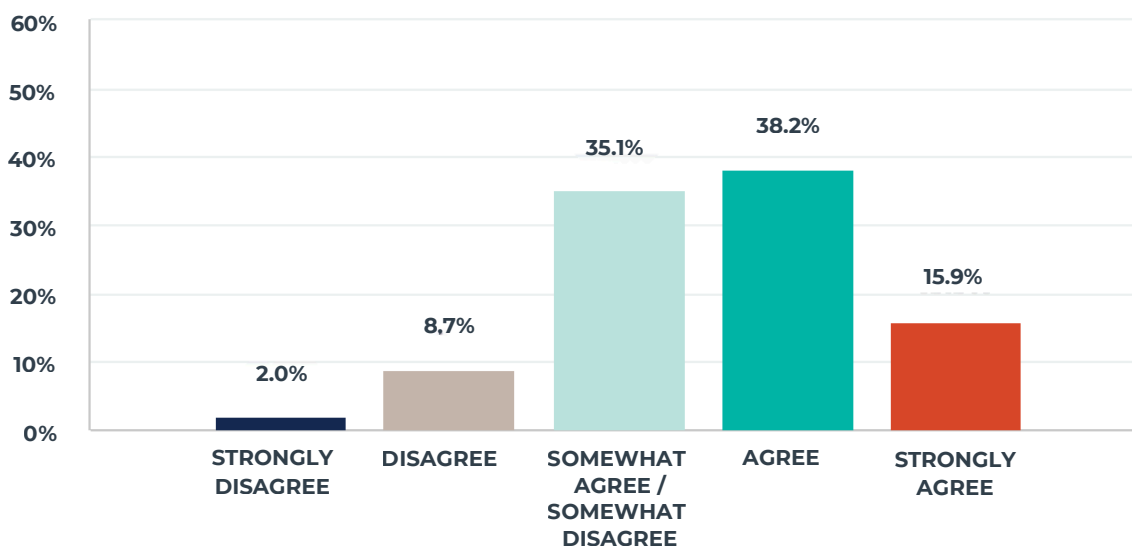
Note: where percentages do not equal 100%, it is due to rounding.

When Hurting People Come To Church

Q10. Remaining in mental health issues ultimately stems more from sin, self-focus, fear, and a lack of trust in God than from psychological or biological issues.



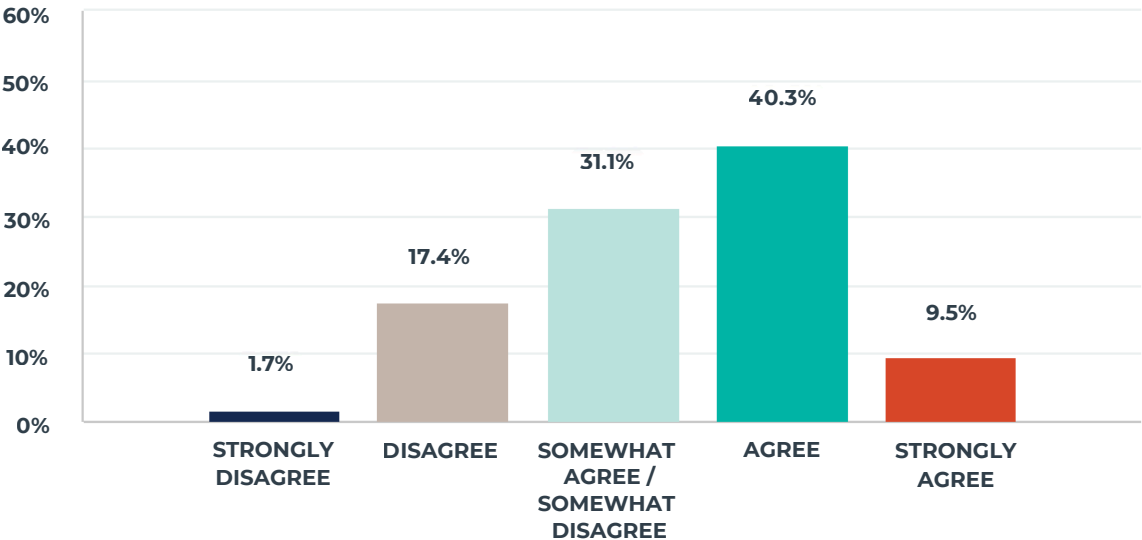
Q11. Helping someone with mental health issues is risky without extensive training.



Note: where percentages do not equal 100%, it is due to rounding.

When Hurting People Come To Church

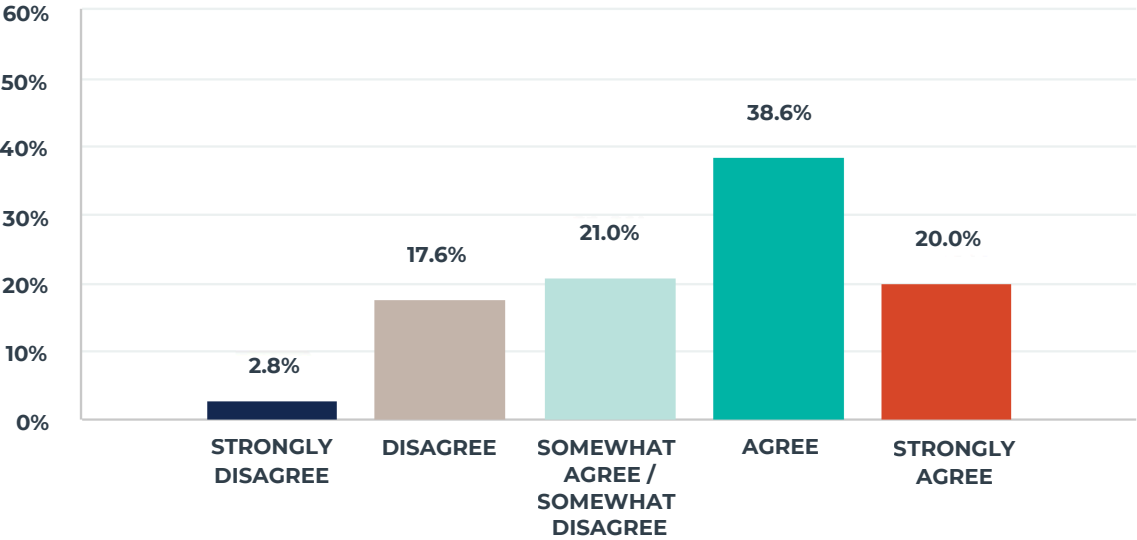
Q12. Mental health issues are common among people in my church.



How prevalent are mental health issues in the congregation?
The view by ministry role:

Primary ministry role in the church	Senior pastor	Other pastor	Ministry director	Licensed mental health professional
Believe mental health issues are common	46%	63%	66%	68%
Believe mental health issues are not common	23%	13%	5%	2%
Note: This is not a full list of roles in the church. Columns do not total 100% because the middle group (those who answered "somewhat agree/somewhat disagree") is not included.				

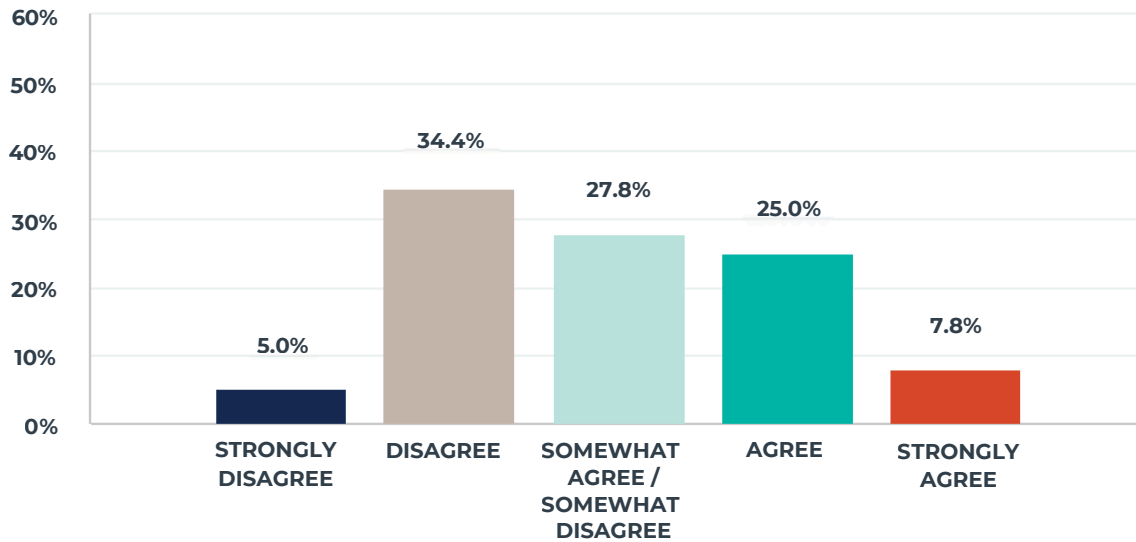
Q13. The current mental health need in my church is greater than I can address alone.



“The current mental health need in my church is greater than I can address alone.”
A view by prevalence beliefs:

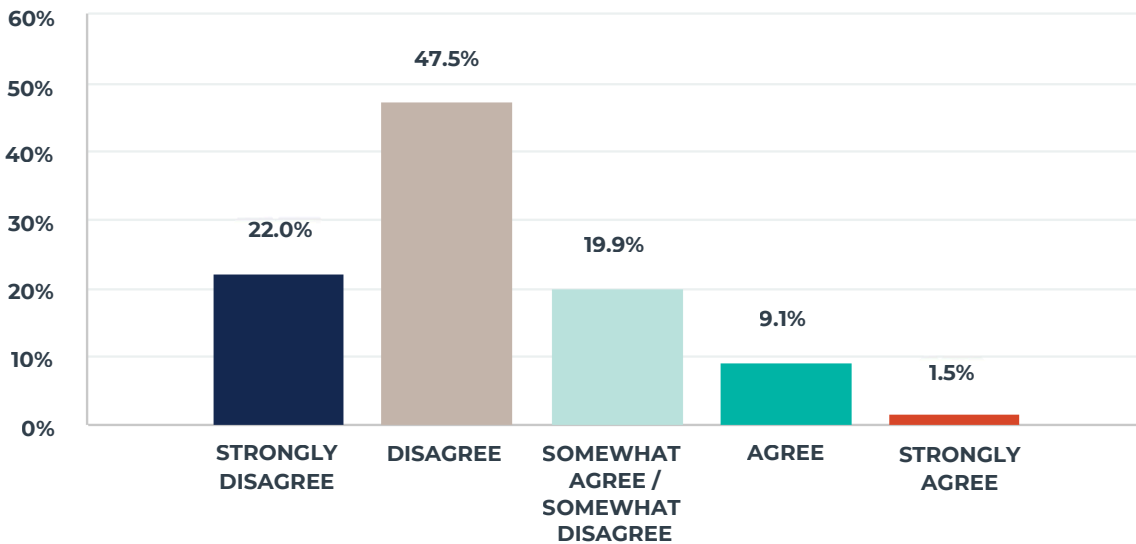
	Disagree	Somewhat agree/ Somewhat disagree	Agree
Those who believe mental health issues are common	6%	11%	83%
Those who believe mental health issues are not common	59%	25%	16%

Q14. Addressing the mental health needs of the congregation has contributed to the pastor(s) in our church being overworked.

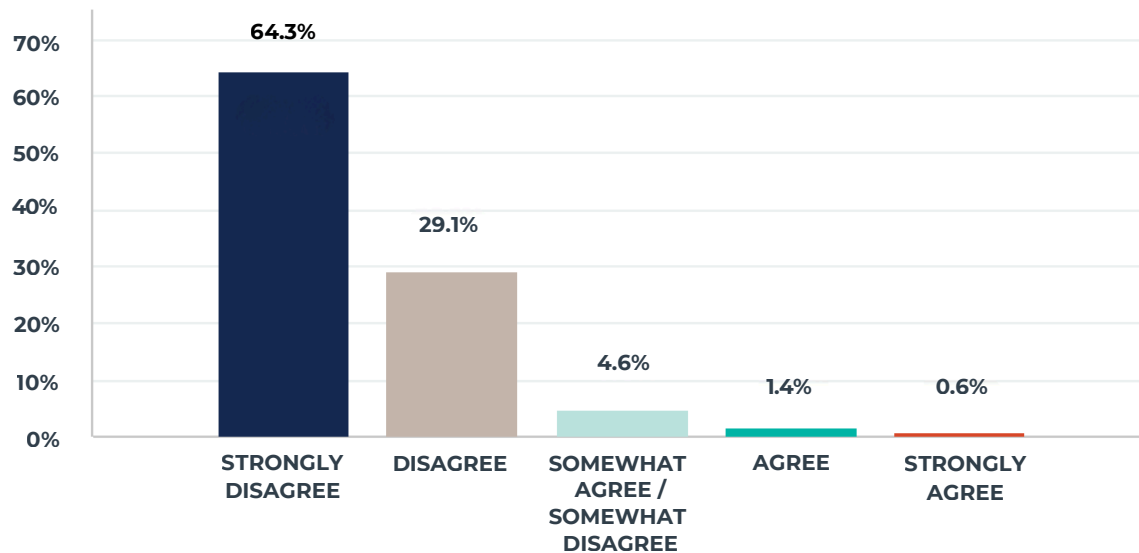


Note: Questions 15-19 are the Stigma Scale for Receiving Psychological Help (SSRPH).

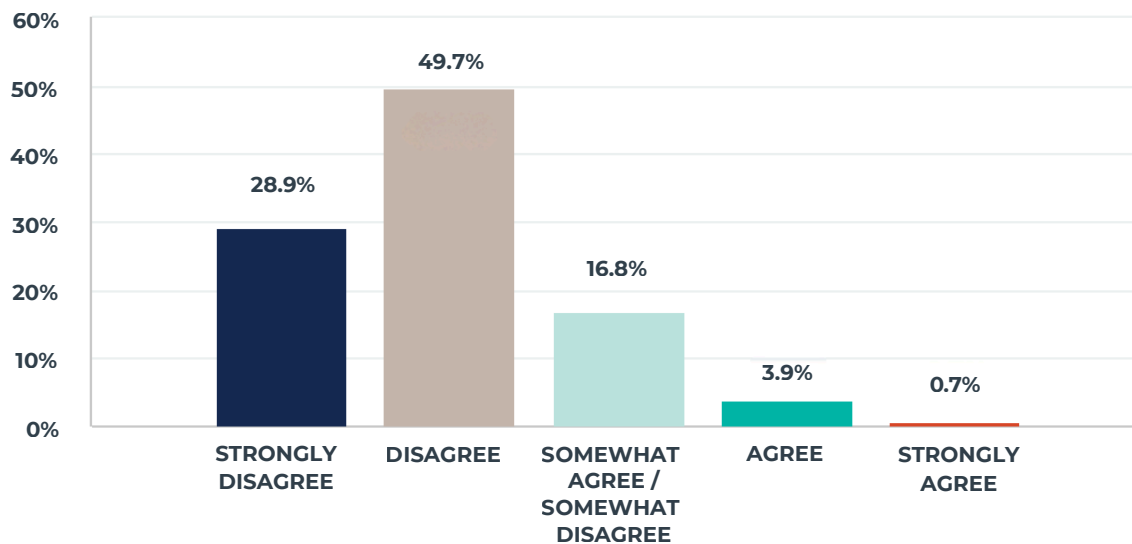
Q15. In my church, seeing a therapist for emotional and interpersonal problems carries social stigma.



Q16. It is a sign of personal weakness or inadequacy to see a therapist for emotional or interpersonal problems.

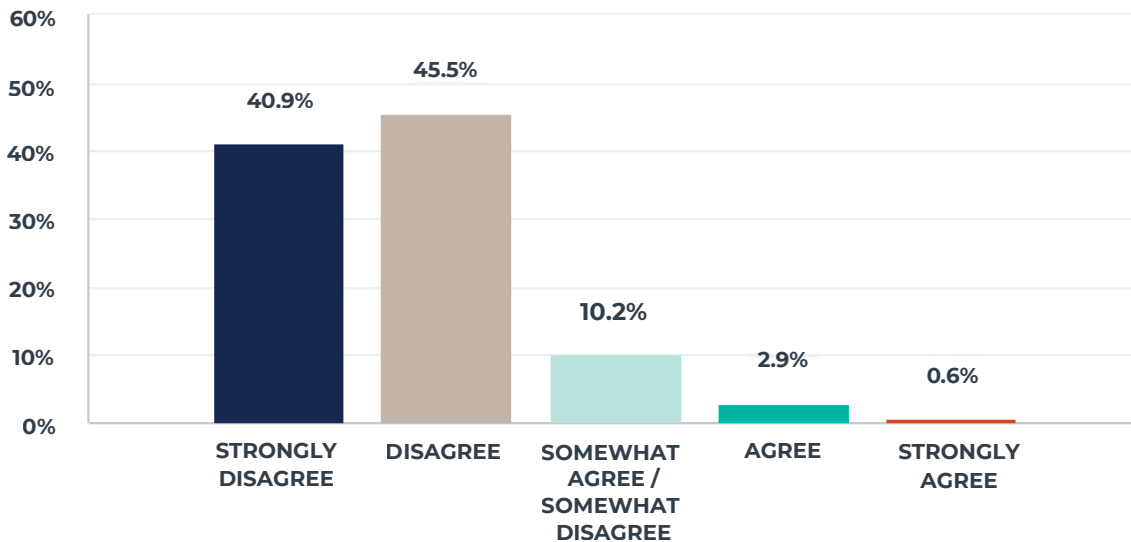


Q17. People in my church will see a person in a less favorable way if they come to know that he/she has seen a therapist.

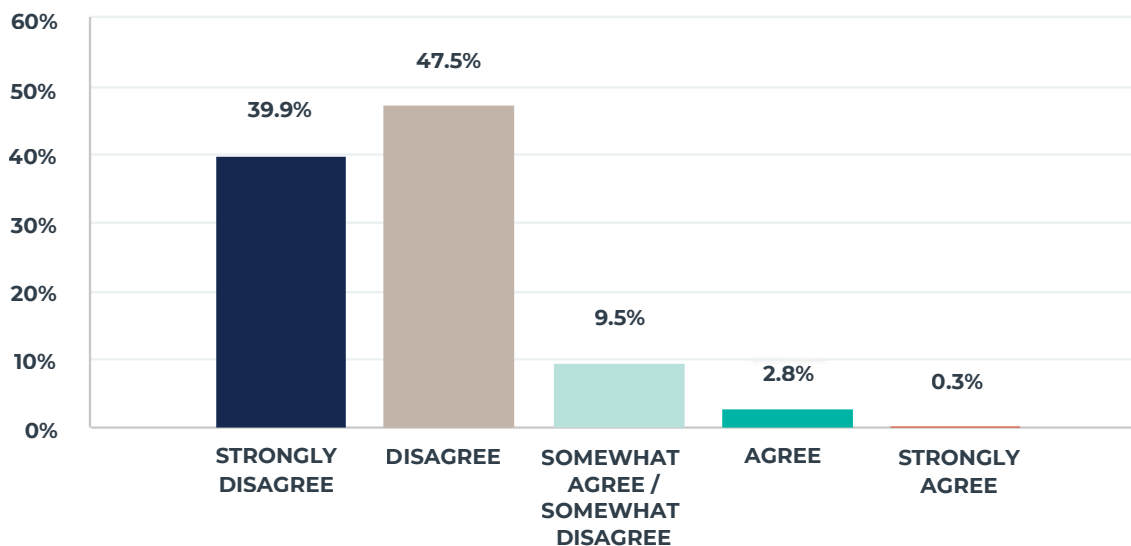


When Hurting People Come To Church

Q18. In my church, it is advisable for a person to hide that he / she has seen a therapist.



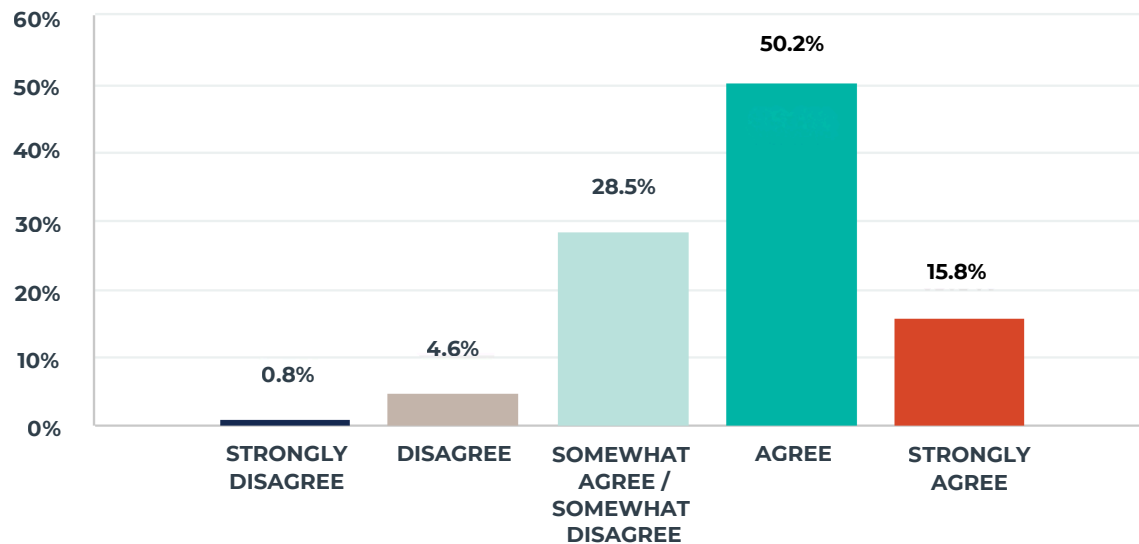
Q19. People in my church tend to like less those who are receiving professional therapy help.



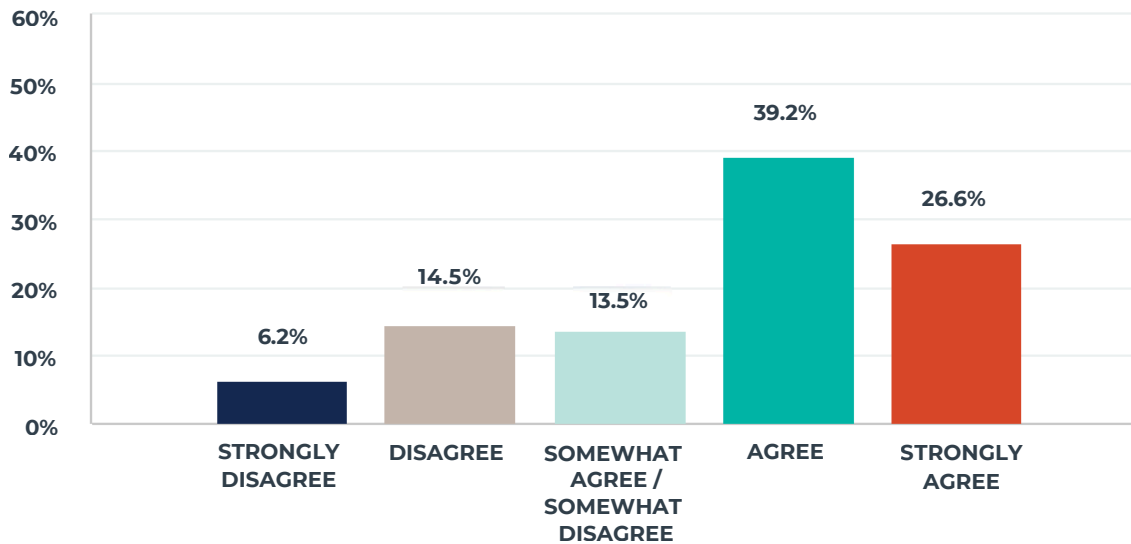
Note: where percentages do not equal 100%, it is due to rounding.

When Hurting People Come To Church

Q20. In my church, being in counseling is seen in a favorable light.



Q21. I have one or more Christian mental health professionals whom I trust and to whom I refer when needs occur in our church.



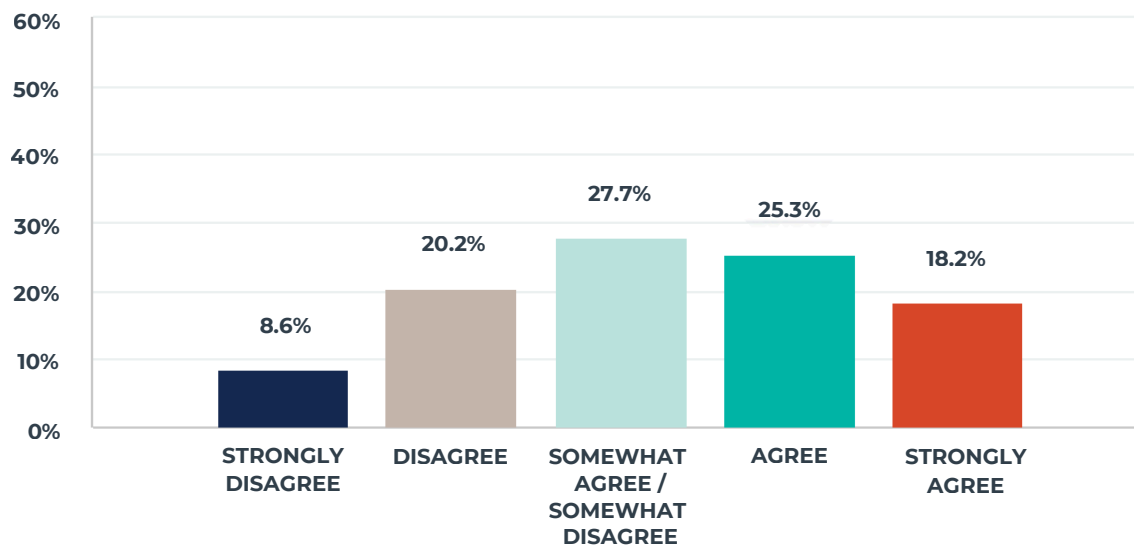
Note: where percentages do not equal 100%, it is due to rounding.

When Hurting People Come To Church

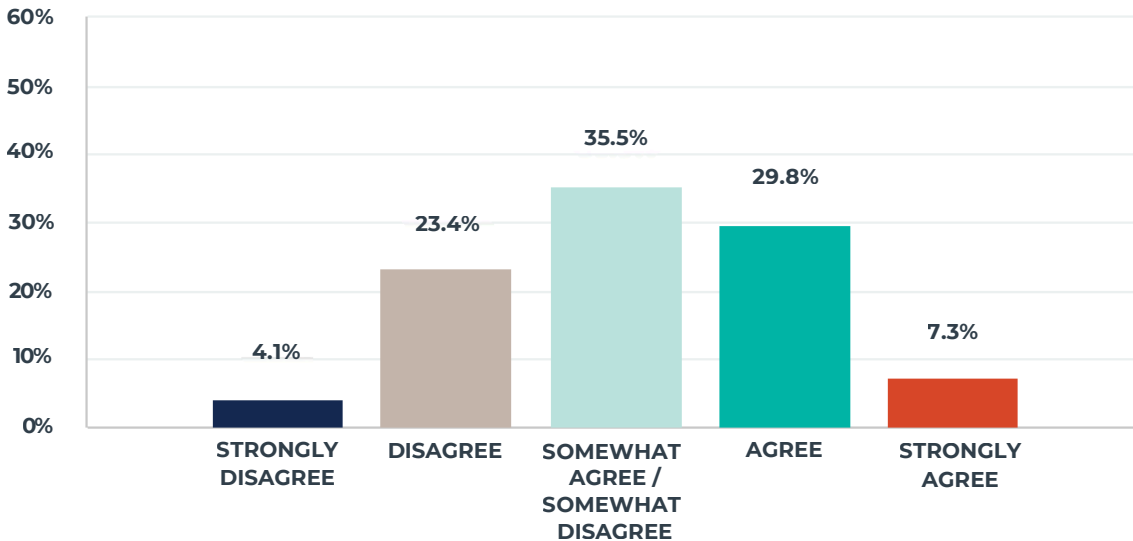
Q22. Does your church have a relationship with a mental health professional that is designed to get your people in more quickly? (For example, with a professional who agrees to hold open several hours a week for your church members.)

Answer Choices	%	Number
1. Yes, we have such an arrangement.	18.8%	291
2. We don't have an official arrangement, but certain professionals try to accommodate us when we call.	27.9%	433
3. No, we don't have an arrangement like that; we attempted it, but it was unsuccessful.	6.2%	96
4. No, we don't have an arrangement like that, and we haven't tried to set one up.	36.7%	570
5. This does not apply to our church.	3.7%	58
6. I'm not sure.	6.7%	104
TOTAL	100.0%	1,552

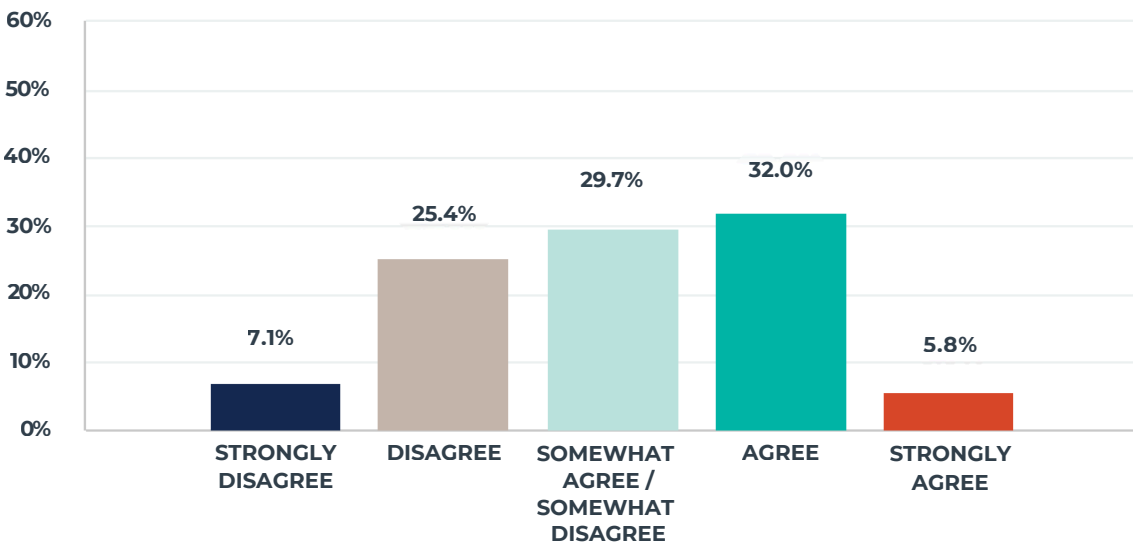
Q23. I will not refer someone from my church to a purely secular mental health professional - I will only refer to a Christian professional.



Q24. Even if I refer to a Christian professional, until I know I can trust that person I still worry that they may give advice that is non-biblical, damaging, or opposes the church's teaching.



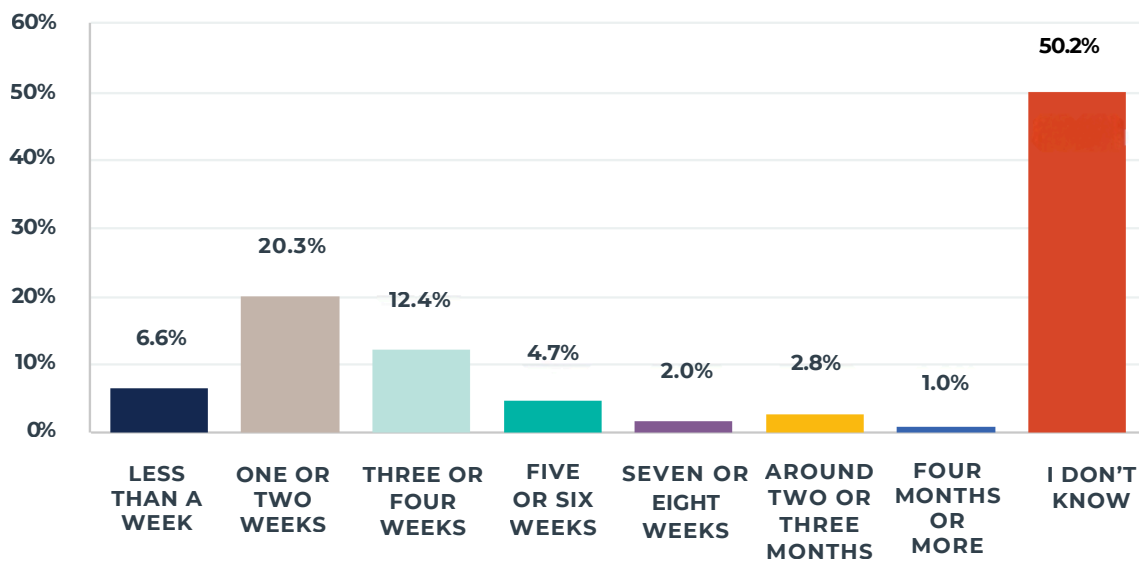
Q25. One main reason I refer to a professional is because I worry that I won't know what to say or do, or I worry about causing harm.



Note: where percentages do not equal 100%, it is due to rounding.

When Hurting People Come To Church

Q26. When I refer my people to professionals these days, this is the usual wait time (if you're not sure, choose "8"):

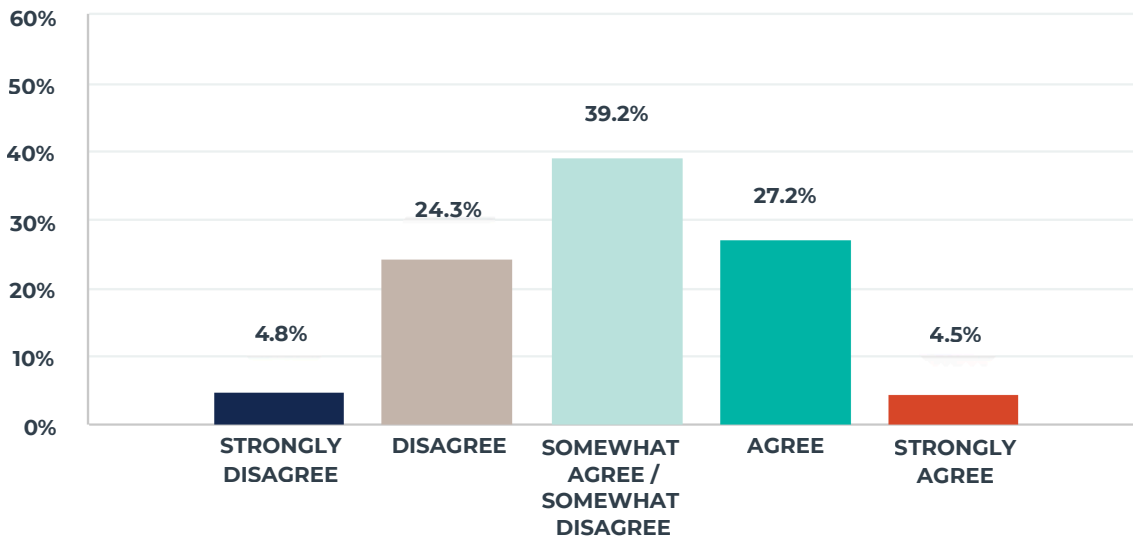


Wait times for professional care depend on whether the church has a relationship with the professional (Q22):

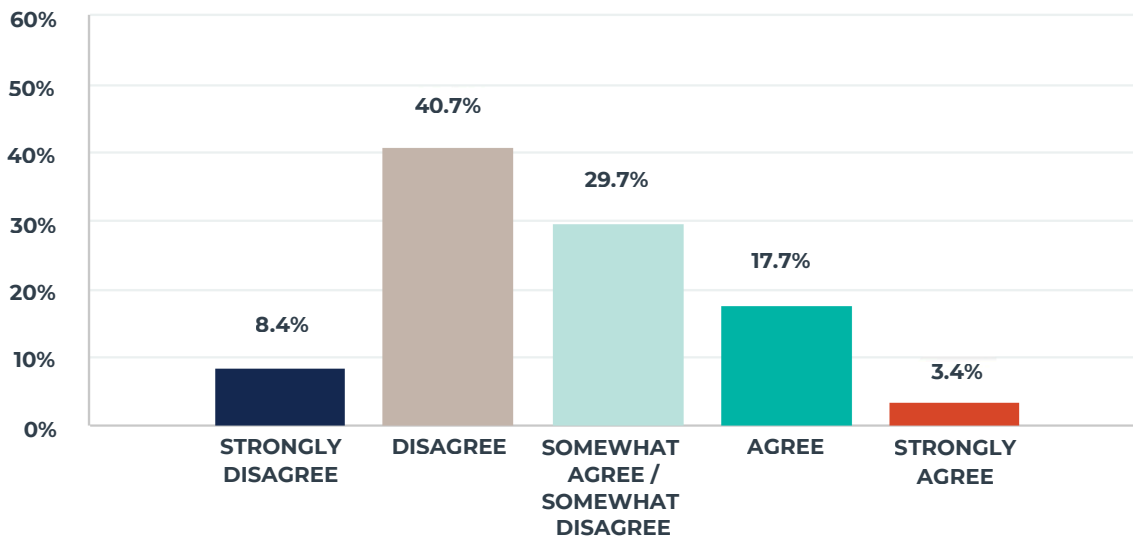
Usual wait time to see a professional*	Church does not have an official arrangement (or does not apply/not sure).	Church has no official arrangement, but certain professionals try to accommodate.	Church has an official arrangement with mental health professionals to get members in more quickly.	National average**
Less than a week	6%	16%	19%	13%
One to two weeks	28%	46%	52%	41%
Three to four weeks	29%	25%	19%	19%
Five or more weeks	37%	13%	11%	21%
*Excludes those who do not know. Percentages may not total 100% due to rounding.				
**Averages are likely improved from the true national average, as the source is pastors who were attuned to and following the referral.				

When Hurting People Come To Church

Q27. I would say that our church has a effective process in place; we are doing a good job of addressing the mental health needs of our people.

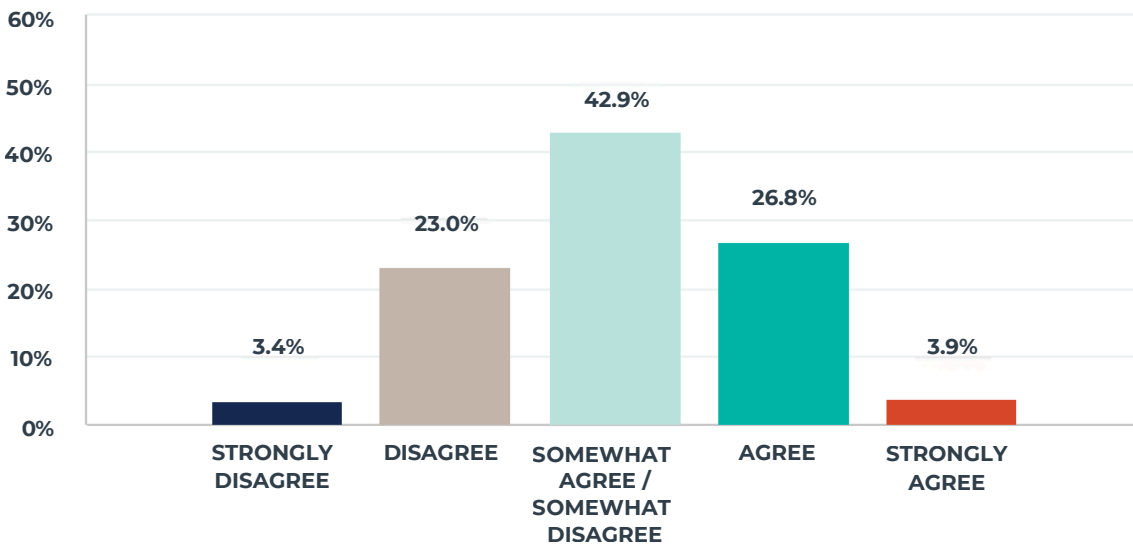


Q28. I am concerned with the liability of church-based mental health care ministries and that the church could be sued.

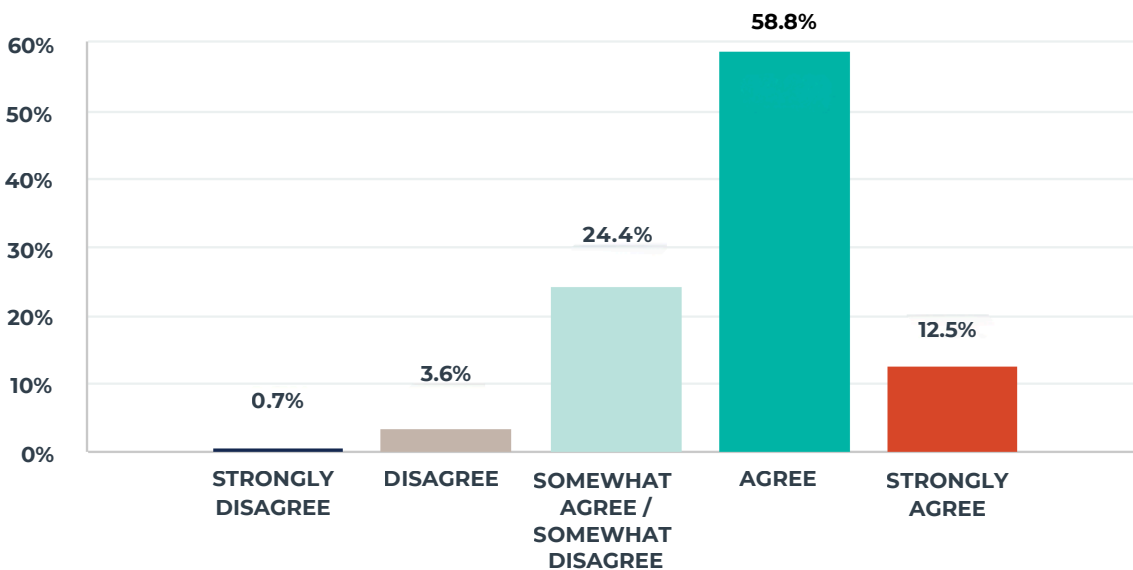


Note: where percentages do not equal 100%, it is due to rounding.

Q29. Within our church, people know where to go to get help for their mental health issues.

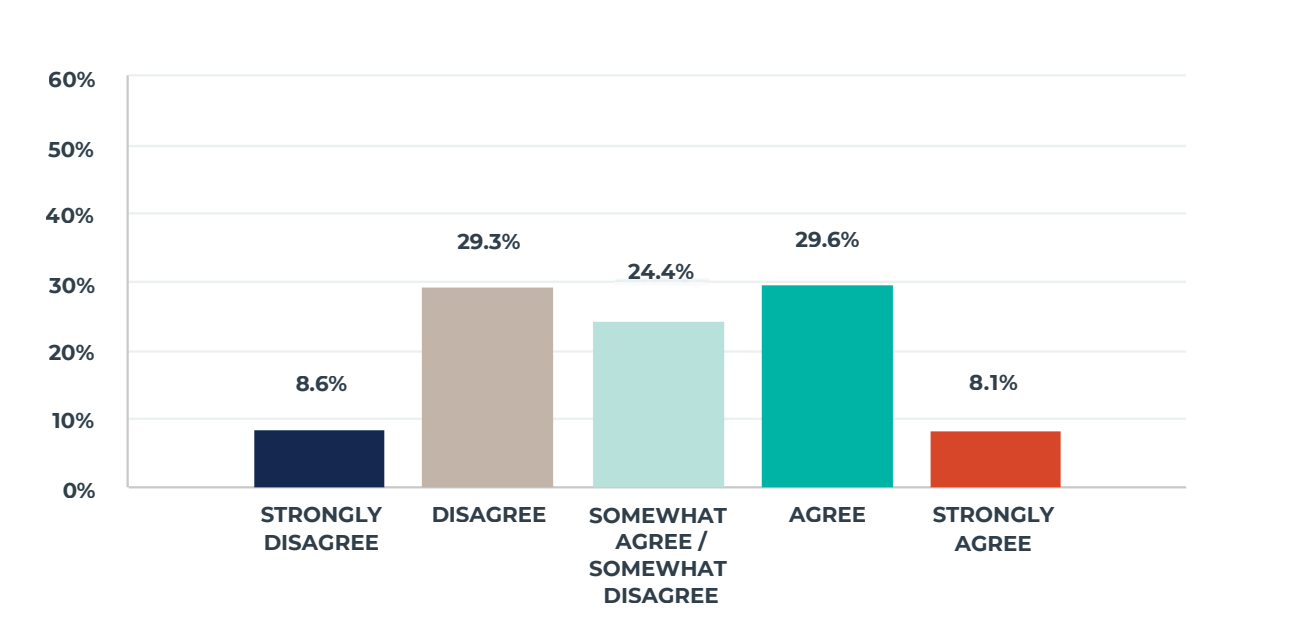


Q30. People in my church would say it is a safe place for those with mental health issues.



When Hurting People Come To Church

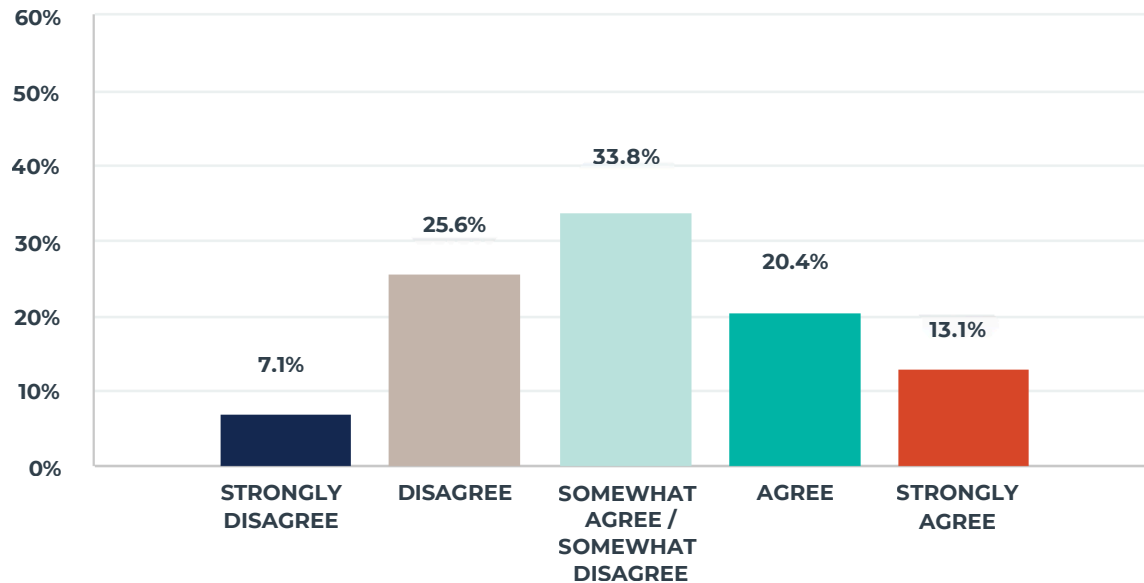
Q31. There are lay people in my church who are adequately trained to address basic mental health needs.



Can trained laypeople help? Do you have them?

	Disagree	Somewhat agree/ Somewhat disagree	Agree
Most people with mental health issues can be greatly helped by a Christian lay counselor/coach who will listen and walk alongside them for a season (Q8).	6%	32%	61%
Among those who agreed/somewhat agreed:			
We have laypeople who are adequately trained to address basic mental health needs (Q31).	38%	25%	38%
Note: Question wording shortened. Percentages do not total 100% due to rounding			

Q32. I personally consider myself experienced and trained in dealing with mental health issues.



When Hurting People Come To Church

Q33. What ministries addressing mental health concerns already exist in your church? (Choose all that apply)

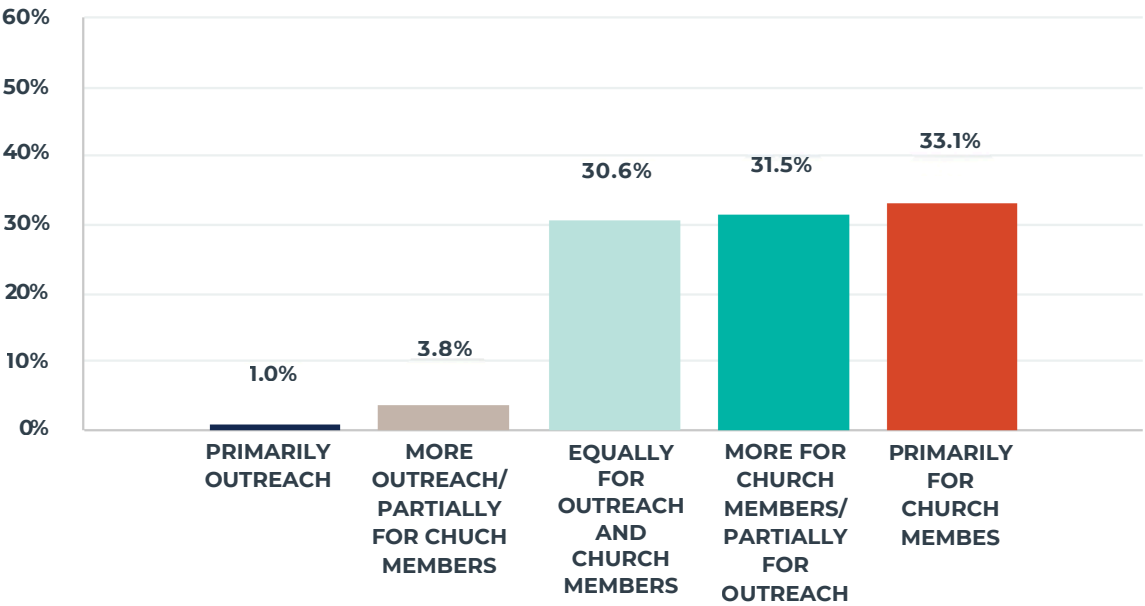
Answer Choices	%	Number
1. Small groups / life groups	56.9%	858
2. Pastoral counseling by the pastoral team	75.4%	1,138
3. Dedicated licensed mental health professional(s) (either onsite or offsite, but with dedicated hours for church members)	17.8%	268
4. Referral to licensed mental health professional(s) in private practice	59.8%	903
5. Dedicated biblical counselor(s) (either onsite or offsite, but with dedicated hours for church members)	18.3%	276
6. Referral to biblical counselor(s) in private practice	34.2%	516
7. Lay counseling or coaching program (e.g. a client sees a trained lay person for a certain number of sessions)	16.0%	242
8. One-to-one basic care and support (e.g. trained lay listeners, Stephen ministry, etc.)	25.1%	379
9. Recovery ministry (e.g. Celebrate Recovery)	26.0%	392
10. Divorce ministry (e.g. small groups for those divorced)	12.9%	195
11. Grief ministry (e.g. GriefShare)	30.2%	455
12. Marriage ministry (e.g. Re:New, Blended, marriage groups, etc.)	27.7%	418
13. Inner healing ministry	12.5%	188
14. Prayer / intercession ministry	57.7%	871
15. All of the above	2.1%	32
16. Other (includes open response answers)	6.2%	94
17. None of the above	3.1%	47

Q34. Regarding the cost of mental health care, does your church (choose all that apply):

Answer Choices	%	Number
1. Provide professional counseling in our church at a cost that is typical for our area	4.6%	69
2. Provide reduced cost counseling in our church	8.9%	134
3. Provide free professional counseling in the church	14.6%	219
4. We refer out for counseling, without financial support	39.6%	593
5. We refer out for counseling, with a small fund to support	20.4%	306
6. We refer out for counseling, with a substantial fund to support	7.5%	112
7. None of the above apply	16.7%	250
8. I'm not sure	9.7%	145
9. Other (includes open response answers)	5.7%	85

When Hurting People Come To Church

Q35. On the following scale, do you see your mental health efforts as being more for church members, more as an outreach to the community, or equally both?



Do you see your mental health efforts as being more for church members, more as an outreach to the community, or equally both?
A view by mental health process (Q27).

	Primarily outreach	More as outreach/ partially for church members	Equally for outreach and church members	More for church members/ partially outreach	Primary for church members
National Average	1%	4%	31%	32%	33%
Those with an effective mental health process	1%	4%	36%	33%	26%
Those without an effective mental health process	1%	5%	26%	27%	41%

Q36. Answer the appropriate question below:

If you already have mental health related ministry efforts in your church, what is the most important thing you would tell another pastor who is considering starting the same thing?

If you don't yet have robust mental health ministry efforts in your church, but would like to offer them, what is the most important thing you would like to know from pastors who have created one?

(Open-ended responses) Individual responses were analyzed and informed the content of When Hurting People Come to Church and The Church Cares Initiative.

Q41. Do you have any final comments you would like to share - either on this topic, the survey questions, or to clarify your answers?

(Open-ended responses) Individual responses were analyzed and informed the content of When Hurting People Come to Church and The Church Cares Initiative.