



PATHWAYS TO PROMISE

Interfaith Ministries and Mental Illnesses

POSTER PROJECT FINAL REPORT

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Poster Project Final Report

The *Pathways to Promise* Poster Project commenced in April of 2006, upon receipt of funding from the American Psychiatric Foundation. This project, national in scope, aimed to distribute informational materials on mental illness to 26,000 local congregations. It represented a collaboration with nine (9) faith groups, the National Alliance on Mental Illness (NAMI), and the American Association of Pastoral Counselors (AAPC).

Materials distributed by *Pathways* included a poster packet, which can be found in **Appendix 2**. The packet included a poster with a message about mental illness; information sheets on the prevalence and significance of mental illness, as well as on resources available to congregations; a postcard survey about the poster packet; and order forms for additional materials. Congregations who responded to the postcard survey also received *Pathways to Partnership: An Awareness and Resource Guide*, and some congregations who were interviewed by phone chose to order a workshop manual entitled, *Walking Together*.

Following is a report on the implementation and outcomes of this project, using the seven Grant Reporting Guidelines required by APF. A Final Evaluation Report (see **Appendix 1**) provides more detailed information and data for some of the items addressed below.

1. Compare your original goals to your actual outcomes. Discuss which goals were met, which were not, and why.

One goal was to engage nine (9) faith groups in the process of distributing informational materials to local congregations throughout the United States. In the proposal development process, *Pathways* had obtained preliminary commitments from nine faith groups. The actual implementation did include significant participation from nine faith groups, but two of the groups in the original list did not participate, while two additional faith groups agreed to participate after funding had been received. One of the faith groups that, in the end, did not elect to participate at this time was the Union of American Hebrew Congregations, the only Jewish organization in an otherwise Christian cadre of faith groups giving preliminary commitment to the project. Despite the setback, *Pathways* considered it vital to invite this important group's participation and to, hopefully, set the stage for participation in the future. Please see **Appendix 1**, the **Final Evaluation Report**, for more information on the nine participating faith groups.

Another goal was to distribute "poster packets" with information on mental illness to 26,000 local congregations nationwide. This goal was exceeded in that over 29,000 poster packets were distributed. In the case of one faith group, the implementation led to the distribution of another 350 packets to congregations in Canada. Please see the **Final Evaluation Report** in **Appendix 1** for more information on the denominational and geographical distribution of the over 29,000 local congregations receiving poster packets. Also, see **Appendix 2**, which contains two sample packets, one in English and the other in Spanish.

Indeed, a third goal was to produce Spanish versions of the poster packet. This was achieved (see **Appendix 2**), and 96 congregations chose to request Spanish versions of the packet. While 96 out of 29,000 may seem like a small percentage, it is important to note that the 96 requests for Spanish versions of the packet came primarily from the 628 respondents who completed and returned postcard surveys that were included in the poster packets. (The postcard surveys included a box that could be checked if a congregation wished to receive a Spanish version of the packet.) Thus, approximately 1 in 7 congregations who directly responded to receipt of the poster packet requested Spanish versions. This suggests that making Spanish versions of informational materials is very important.

A fourth goal was to make available additional materials and opportunities to congregations who were interested in participating in the project beyond merely displaying the poster and the accompanying materials in the poster packet. To this end, 628 congregations received *Pathways to Partnership: An Awareness and Resource Guide* (see **Appendix 3**), after responding to the postcard survey. In addition, a few dozen respondents requested further information from NAMI or AAPC. And, several also requested consultation directly from *Pathways*. The Executive Director of AAPC, Dr. Douglas Ronsheim, personally responded to at least two dozen requests. Likewise, Rev. Robert Dell, Acting Executive Director of *Pathways*, personally responded to requests for consultation. NAMI materials sent out usually provided information on the availability of support groups and other resources in a given location. Most of these opportunities for follow-up were only made very explicitly available in the phone-based interviews that were conducted by the project's evaluators with 138 congregations. Please see the **Final Evaluation Report in Appendix 1** for more information on congregations' responses to the *Awareness and Resource Guide*.

In addition, mid-way through the project, another manual, called *Walking Together*, developed for use as a workshop guide in the local congregation, was completed in partnership between *Pathways* and a congregation from New Zealand. *Pathways* instructed the evaluators to make mention of the availability of this additional resource, at no cost, to congregations who were interviewed by phone. Thirty-five congregations requested this additional resource and were sent copies from *Pathways*' central office.

2. What impact did this project have on the intended audience? How did it make a difference?

For a more complete answer to these questions, we refer the reader to the **Final Evaluation Report**, found in **Appendix 1**. However, following is an extensive summary of the project's impact, as well as a description of additional project effects not explicitly mentioned in the Evaluation Report. Note that the intended audience for this project was local congregations that were members of nine national faith groups.

Findings from a Survey of 628 Local Congregations

First, the postcard survey indicated that most respondents found the poster packet to be helpful in several ways: it effectively communicated to faith based organizations about

mental illness; it provided a compassionate view of mental illness; it encouraged some congregations to take action concerning mental illness, or to make plans to take action; and it was helpful to many congregations in learning more about how to make referrals for effective treatment and to seek additional information. In particular, respondents indicated that the poster packet was effective in providing a compassionate view of mental illness and in providing useful information related to seeking referrals and more information on mental illness. Please see the **Final Evaluation Report** in **Appendix 1** for more information on the postcard survey responses from 628 congregations in over 44 states and two Canadian provinces.

Findings from Phone Interviews with 138 Local Congregations

The 138 phone-based interviews that were conducted by the project evaluators revealed several interesting ways in which recipients of the poster packet and the *Awareness and Resource Guide* were able to use the poster project as a springboard for greater involvement in supporting individuals with mental illness and their families. (See **Appendix 4** for a copy of the **Phone-Based Interview Schedule**.) Note that much of what follows is taken from an interim report on the phone-based interviews that Dr. Zahniser wrote as the basis for a *Pathways* Newsletter article.

a. Many respondents reported that the poster packet and the Awareness and Resource Guide made it easier to talk about mental illness.

Several respondents expressed satisfaction and, at times, even relief that the Pathways materials had given greater visibility and validity to the agenda of de-stigmatizing mental illness. “I liked the fact that the poster project brought about more discussion and open awareness of mental illness,” said an **Evangelical Lutheran Church of America (ELCA)** pastor from Wisconsin. As a **United Church of Christ (UCC)** pastor from Iowa put it, “People are aware of mental illness, but this helped bring it out into the open and moved people to acknowledge mental illness publicly and to talk about it.” Another **UCC** pastor from Massachusetts agreed: “A formal campaign is really important in communicating the importance of mental illness issues.” An **ELCA** pastor from Pennsylvania said that one of the ways in which the poster packet helped make it easier to discuss mental illness was by showing how prevalent it was and that effective treatment is available: “The Pathways materials remind people that mental illness is common, but also that we don’t have to settle for just suffering with it. It is good to know there is help available.” Similarly, a **United Methodist** lay person from Missouri, who had successfully used the Pathways materials to refer people to appropriate treatment said that “the Pathways materials opened up an opportunity to talk about it [mental illness] and they gave us more freedom to mention mental illness in church. This allowed family members to talk about it with me, where they might not have otherwise.”

For some respondents, the Pathways materials provided the impetus to plan and carry out more formal discussions of mental illness. For example, a **Presbyterian USA** pastor from California said that he had given the Pathways to Partnership awareness and resource guide to a special committee within the church charged with presenting a workshop on mental

illness. That committee will be using the Pathways manual, along with a book by Susan Gregg-Schroeder to develop the curricula and readings for the workshop. A **UCC** pastor from New Hampshire made copies of the Pathways to Partnership awareness and resource guide and used them to educate a core team of persons interested in learning more about mental illness and ministering to people suffering from mental illness within the congregation. “I initiated conversation with a small group of caregivers who make contact with people who are hospitalized and need support. We are currently working through the *Awareness and Resource Guide* together.”

Some even used the Pathways materials for conferences or large-scale workshops. For example, an **Episcopalian** Parish Nurse in Virginia ordered about 50 extra poster packets for distribution at a seminar that she helped to host on mental illness in November, 2006: “This was extremely well-received,” she said, “and the target audience was people from faith communities. They rated the seminar very highly. We had speakers from NAMI, the state mental healthy agency, and from the Parish Nurses group.” The seminar was so successful that they repeated the program at a hospital in January, 2007, and again it was well received. “We used the Pathways to Promise packets as a resource and we handed them out to people attending the seminars.”

Another Parish Nurse within the **Roman Catholic** church in the St. Louis area used the *Pathways* materials to plan a diocese-wide conference on mental illness this summer. She consulted with *Pathways* on identifying speakers who could be invited to speak about the stigma of mental illness and opportunities for recovery.

b. The poster packet and the Pathways to Partnership guide increased pastors’ and lay persons’ resources for supporting people with mental illness and referring people to appropriate treatment and other supports.

Some respondents, especially pastors, used the materials either to learn more about referral resources available to them, or to assist members of the congregation in obtaining appropriate treatment and support. As mentioned briefly above, dozens of respondents requested a contact from the American Association of Pastoral Counselors, whose Executive Director, Dr. Douglas Ronsheim, had agreed to consult with congregations on mental health resources available in their geographic areas. Several respondents reported using the *Pathways* materials in working directly with parishioners in obtaining referrals for treatment. One **UCC** pastor from Ohio, for example, said that she used the Pathways materials to help several members of her congregation to find treatment for bipolar disorder and unipolar depression. Another pastor from Ohio, this time an **ELCA** pastor, indicated that the Pathways materials had helped him to know better when to refer people for treatment and to whom. A lay person from a **Presbyterian Church USA** congregation in Virginia said that she had used a NAMI brochure from the packet with a family that was having some difficulties coping with a relative’s bipolar disorder: “This was tremendously helpful,” she said, “because the family was seeing this as a motivational problem, and not an illness. Talking to me about the situation and using the brochure turned things around for them.”

Many respondents indicated that the multiple sources of information and the “completeness” of the packet and awareness/resource guide were useful. A UCC pastor from New Hampshire, for example, said, “We have experience with people who have mental health and mental illness concerns, but the packet was helpful in presenting in a comprehensive manner a way to respond, and it was a helpful tool to disseminate information about mental illness to the congregation. The websites listed were helpful, too.” An ELCA pastor from Nebraska reported that she “liked its completeness. It had handouts, posters, and everything that was included made it a good package.”

c. The poster packet and the Awareness and Resource Guide led to the incorporation of mental illness issues into sermons and worship services, as well as to support of programming related to mental illness.

Many respondents used the Pathways materials in programmatic ways, some of which are described in previous sections. However, examples of additional approaches included using the materials as guides for discussion and support groups. For example, a UCC pastor from Pennsylvania is going to use the Pathways to Partnership awareness and resource guide as part of the curriculum for a special support group and class for people coping with depression. An ELCA lay person from Ohio reported that using *Pathways to Partnership* as a discussion guide in Sunday School gave some parishioners the courage to disclose that they had struggled with suicidal thoughts. This allowed the class to express caring and to give support.

Several pastors reported using the Pathways materials as supplementary material to inform special sermons and services focused on mental illness. A UCC pastor from Iowa, for example, said that she had enjoyed the *Pathways* poster packet and at some point will use the *Awareness and Resource Guide* programmatically in her congregation: “This is rural Iowa and we sometimes have difficulty talking about mental illness. However, I preached on mental illness [after receiving the poster packet] and people responded. Several approached me afterwards and shared their stories of struggling with mental illness.”

Another UCC pastor from Pennsylvania reported using the *Pathways* materials to help plan a “Mental Health Awareness Sunday” in January, 2007: “I utilized the Pathways materials and my own experience as a pastoral counselor to lead a healing service in which people came forward both to show support for people coping with mental illness issues, but also to express concern for themselves and others in this area.” The pastor reported that numerous families became emboldened by this service to share with him their personal experiences with mental illness. The service was so successful in breaking down barriers to communication about mental illness that the congregation has decided to have services like this more regularly. “The Pathways materials were great as background material for my sermon at the special service. I tried to de-stigmatize mental illness by explaining that mental illness is not God’s punishment.” He went on to report that the successful experience with his own congregation had led him to take this message to other churches in the area.

Some respondents already had special programs and supports for people with mental illness, but said that the Pathways materials were nice to receive, because they supported their

ongoing efforts and because it was encouraging to know there was a national effort to address mental illness in local congregations. For example, a Parish Nurse within a UCC church in that state of Washington said that they already had an array of programs and supports for people with mental illness, including two or three residential programs and an on-the-street ministry to homeless persons with mental illnesses. However, they liked the *Pathways* materials and made them available to people by posting and displaying them in a special resource room.

These findings from the phone-based interviews with a sub-sample of 138 congregations are not necessarily representative of all 29,000 congregations who received the poster packets. In fact, they probably are not a very representative sample of those congregations, but, rather, are representative of congregations who have at least one person who is interested enough in mental illness resources to examine a mailed packet, locate a survey within that packet, and take the time to complete it.

Furthermore, the examples and quotes presented above are not necessarily representative of the 138 congregations who were interviewed by evaluators, Dr. Jim Zahniser and Dr. Edwin Estévez. Not all respondents had made use of the poster packet or the *Awareness and Resource Guide*.

However, the interviews do reveal that there are many congregations around the United States who are hungry for resources to help them better support people in their communities with mental illnesses, as well as the family members who often suffer along with them. Moreover, the interviews reveal that, when stimulated by an appealing set of resources, many congregations will respond in creative and assertive ways to the issue of mental illness.

3. What specific indications do you have of the positive long-term effects of this project/program?

The 138 phone-based interviews that were conducted by the project evaluators also revealed that many congregations were hungry for additional resource and to participate in even more ambitious ways in the agendas of de-stigmatizing mental illness and of better supporting individuals with mental illnesses and their families.

Respondents expressed great interest in receiving additional resources and in participating in more comprehensive awareness and anti-stigma campaigns in the future.

Most respondents expressed interest in obtaining additional resources for supporting people with mental illnesses and their families. A few months into the interview process the interviewers began to alert respondents to the possibility of an upcoming collaborative project between *Pathways*, Faith and Values Media and Mennonite Media, which would link a television documentary series on mental illness and related topics to follow-up resources delivered via a web site and through phone consultation and in-person “first-person accounts” of coping with mental illness. If funded, this “Building Bridges Project” (see

Appendix 6) would begin either in the fall of 2007 or the spring of 2008. Respondents almost invariably indicated a desire to participate in Building Bridges and to mobilize their congregations' own resources to promote and support it.

The idea of using the documentary series as a springboard for discussion at the local congregation level was very appealing to respondents, as were the possibilities of being able to download training and other materials from a Building Bridges website. Many respondents also thought they might want to make use of phone-based consultation and the availability of special speakers to help reduce stigma and to develop better supports for families in their congregations who are struggling with mental illness. A sizable subgroup of respondents, especially those from the UCC denomination, felt that the best way to connect to the Building Bridges project would be to organize a cluster of churches—either within the denomination or ecumenically—that would participate at the various stages and promote its use in an effort to reduce stigma and to create greater awareness, understanding and support.

4. Describe any additional plans for follow-up.

In the response to item 3 above, we mentioned to a follow-up project with Faith and Values Media and Mennonite Media, both of which have been heavily involved in using various media outlets to help de-stigmatize mental illness and to bring hope to individuals and their families that effective treatment and community support can make a difference. A collaborative effort with Faith and Values and Mennonite is by far the most significant, tangible approach to sustaining our APF-funded Poster Project.

Soon after the press release by *Pathways* on June 1, 2006 (see **Appendix 5**), Faith and Values Media, whose headquarters are in New York City, contacted *Pathways* to explore possibilities for collaboration on projects aimed at de-stigmatizing mental illness and equipping faith groups and local congregations to better support individuals and their families. In the past several months, *Pathways* has developed a collaborative effort with F & V Media and their partner organization, Mennonite Media. The collaborative effort was aimed at building on the American Psychiatric Foundation funded Poster Project and to marry the faith-based connections of *Pathways* with the media connections of Faith and Values and Mennonite Media.

The result was a comprehensive program proposal that would bring together the following:

- Televised airing of five (5) special programs on mental illness-related issues:
 - Two of these already have been completed, one on suicide (*A Fierce Goodbye*), one on mental illness (*Shadow Voices*)
 - Three additional programs were still in development – one on substance abuse, one on aging, and another on return to the community from prison
 - All five programs would have mental illness-related themes
 - These programs would be aired on a combination of the Hallmark Channel (with whom Faith and Values has a contract), ABC, and PBS.

- Mailings of information on mental illness and the different components of the project to local congregations
- A website where congregations could download training materials, video clips, and other materials; In addition to the mailing, the website would afford congregations the opportunity to order DVDs of the five programs produced by Faith and Values and Mennonite.
- Consultation from Pathways and an emerging network of persons expert in both mental illness and faith contexts; and
- On-site, first-person accounts of successful treatment, coping, and recovery from mental illness. This latter component would be in collaboration with NAMI's "In Our Own Voice" program.

In collaboration with Faith and Values Media, Mennonite Media, and Dr. Jim Zahniser, Pathways has drafted a concept paper that is ready to be submitted to foundations (see Executive Summary in **Appendix 6**).

The hope is that this project may begin either in November, 2007 or in the spring of 2008.

Additionally, Pathways has strengthened connections with NAMI, the AAPC, and with Rev. Craig Rennebohm, a nationally recognized expert on working with people who are homeless and have mental illness from a faith base. Mr. Rennebohm, who has served for years as a chaplain in the United Church of Christ, reaching out to homeless persons with mental illness, is collaborating with *Pathways* to develop ways of reaching seminaries with information about how to support individuals with mental illnesses and their families. And, Mr. Rennebohm has expressed interest in helping Pathways develop a network of consultants who will be available through the project with Faith and Values Media project.

With AAPC and Dr. Ronsheim, *Pathways* has already begun to explore various ways of seeking additional grant funding to address the problems of children and youth with mental illnesses in the faith group/local congregation context. Recent epidemiological research suggests that many mental illnesses that were once thought of as "adult" illnesses are evident much earlier than adulthood. Congregations may be able to help with early detection and referral to appropriate treatment, if they are properly trained.

With NAMI, *Pathways* hopes to collaborate on the comprehensive project, described just above. Please see the *Chicago Tribune* article in **Appendix 5** for a highly-publicized write-up of the work of Pathways, NAMI and other organizations that is mobilizing the faith community to create greater understanding, compassion, and support for individuals with mental illnesses and their families.

5. *Will the program continue? Why is it important to continue and how will it be supported?*

This program is important because faith groups and local congregations do not usually have ready access to resources on mental illness, even though virtually every local congregation faces mental illness in its midst. The project will continue in several different ways.

First, as described in more detail above, *Pathways* plans to collaborate with Faith and Values Media and with Mennonite Media on a larger project that will incorporate the kind of dissemination of information utilized in this project with other ways for faith groups and congregations to connect to resources on mental illness.

In addition, the materials developed for this project will continue to be made available to faith groups and local congregations through the *Pathways* website and order form materials. (Incidentally, several congregations learned of the Poster Project through the *Pathways* website and ordered the poster packet materials through the website.)

Third, the Christian Reformed Church in Canada has indicated plans to “Canadize” the poster project – ie., add resource information that is more directly relevant to Canadians.

Finally, the translation of the entire poster packet (poster, brochures, accompanying information on resources related to mental illness, etc.) into Spanish was seen as a success and also as a needed advancement in the *Pathways* storehouse of resources for faith groups. *Pathways* will continue to pursue Spanish versions of its materials.

6. *Were there any unintended benefits or spin-off programs that resulted from this project?*

The collaborative effort with Faith and Values Media, and the “Canadization” of the poster materials were not expected from the outset. (Please see above for descriptions.)

Final Evaluation Report

Pathways to Promise
Poster Project

**Funded by
The American Psychiatric Foundation**

**James H. Zahniser, Ph.D.
Edwin Estevez, Ph.D.**

May 30, 2007

Final Evaluation Report

Pathways to Promise Poster Project

Background and Purpose of the Poster Project

In collaboration with the National Alliance on Mental Illness (NAMI), the American Association of Pastoral Counselors (AAPC), and nine national faith groups, *Pathways to Promise* intended to distribute informational, anti-stigma poster packets in English or Spanish to approximately 26,000 congregations nationwide. The project’s aim was to expose congregations to the faith-relevant message that “light can emerge from darkness” for people with mental illnesses and their families. This was to be accomplished through the distribution of poster packets with information on the effectiveness of appropriate psychiatric treatment, how to access such treatment, how to obtain family support, and how to develop a more caring congregation for individuals and their families coping with mental illness. An attention-getting poster—based on artwork from a person with mental illness—photocopy-ready information sheets on resources on mental illness, and opportunities to obtain more information relevant to congregational programs on mental illness were to be distributed throughout the country. Based on results from a pilot project with over 700 local congregations, *Pathways* had estimated that 2,600 congregations would request further information and resources, including free manuals on how to become caring congregations. They also had anticipated that approximately that same number of local congregations would order additional resources from *Pathways*, NAMI, and AAPC to use in the life of the local faith community.

Pathways was awarded a grant from the American Psychiatric Foundation, in the amount of \$87,493, to pursue this project. The overarching **goals of the project** were to

- Increase awareness of and concern about mental illness issues, including stigma;
- Facilitate greater capacity for supporting individuals and families in local congregations;
- Increase knowledge of resources available for treatment and support

Overview of the *Pathways to Promise* Poster Project Evaluation

The evaluation pursued two general questions: 1) Did *Pathways* implement the project in a way that was consistent with its proposed plans?; and 2) Did the project lead to the overarching goals listed above – did it increase awareness, facilitate greater capacity for supporting individuals and families, and increase knowledge of available resources? More specific questions are addressed within each of these areas.

An important supplementary issue addressed by the evaluation was the extent to which *Pathways'* Poster Project would be sustainable, and/or would stimulate further efforts to de-stigmatize mental illness and mobilize faith groups and congregations to provide more support to individuals with mental illnesses and their families.

Process of Implementation

How many faith groups participated in the project?

Here, we want to know whether the poster packet materials were received by the number and diversity of congregations projected in *Pathways'* application to the APF. Prior to implementation of the APF grant-funded project, *Pathways* garnered the commitment or preliminary support of several faith groups to participate in the project, including the following:

- Christian Church-Disciples of Christ
- **Episcopal Church in the USA – Arkansas Diocese**
- **Evangelical Lutheran Church of America**
- **Lutheran Church – Missouri Synod**
- **Presbyterian Church USA**
- **Roman Catholic** National Catholic Partnership on Disabilities (and several Dioceses & Archdioceses)
- Union of American Hebrew Congregations (Jewish Reformed)
- **United Church of Christ**
- **United Methodist Church**

In addition, two faith groups at the state level (Illinois) – the United Church of Christ and the Christian Church (Disciples of Christ) – completed a pilot project with *Pathways* prior to submission of its proposal to the APF. A total of 700 congregations were sent poster packets and by the time of the grant submission a sample of respondents had indicated that the poster packet was appealing and informative. Feedback from the pilot led to some modifications of the packet, including the inclusion of smaller resources that could be used as bulletin inserts, and separation of the valuable information on resources and referrals from the (back side of) the poster to make it more accessible.

The faith groups in bold above participated in the project exactly as planned or in a way that was very close to what *Pathways* had expected. In addition, the following faith groups committed to the project, after *Pathways'* submission of its proposal to the APF, and they participated actively in the project:

- **Christian Reformed Church of North America**
- **Church of the Brethren**

Thus, the same number of faith groups participated in the project as was originally planned (nine), but two of the original faith groups did not choose to participate, due to the timing of the project. And, two additional faith groups participated nationwide, after the project had been funded.

How many faith groups participated in the project?

Project Goal	Evaluation Finding
Nine (9) national faith groups	Nine (9) national faith groups

How many congregations received poster packets?

Pathways' original expectation was that 26,000 local congregations would receive poster packets. This number was a relatively good estimate, based on the numbers of local congregations associated with the participating faith groups and a general expectation of the number of dioceses, conferences, and congregations likely to participate within each faith group.

The original expectation was that faith groups would send to *Pathways* mailing lists of congregations willing to participate in the project and that *Pathways* would then mail poster packets to each congregation. Early in the project implementation *Pathways* discovered that there was considerable diversity in the ways that congregations wanted to disseminate poster packets. For example, some faith groups, because they were hesitant to give out mailing addresses for local congregations, preferred to have *Pathways* mail all poster packets to a central office for distribution to all congregations in the United States. Some faith groups were happy to have *Pathways* distribute poster packets to their congregations. Other faith groups wanted to have poster packets distributed at conferences (e.g., for Parish Nurses), feeling that this would get the materials in the hands of people who would be most likely to attempt to use the materials in the local congregation.

This diverse set of approaches led to variability from faith group to faith group in the percentage of local congregations receiving poster packets. As can be seen in **Table 1** below, the bulk of the poster packets distributed were to three national faith groups: the Evangelical Lutheran Church of America; the United Church of Christ; and the Presbyterian Church USA, each of which elected to have poster packets distributed to all or a significant number of local congregations in the United States, either by *Pathways* or by themselves. Each of these three faith groups is considered a "mainline Protestant denomination."

However, several other faith groups participated in the project in very substantial ways. For example, the National Catholic Partnership on Disabilities, by virtue of the leadership from Jan Benton in that office, enthusiastically promoted the poster project with several dioceses around the country and through conferences held. This led to distribution of poster packets to nearly 2,500 dioceses and local parishes around the country. In addition, the Church of the Brethren and the Christian Reformed Church of North America also participated substantially in the project, electing to have poster packets sent to all congregations in the U.S. In the case of the CRCNA, poster packets were sent to 350 Canadian local congregations, as well. Some faith groups, such as the Episcopalians, chose to participate on a much smaller scale, lending even greater diversity to the distribution process.

The lack of uniformity in participation is most likely a given in any large-scale project like this one, in which an attempt is made to stimulate faith groups to take seriously a particular issue that may be seen as "ancillary" to the faith group's ordinary operations. Time will tell whether the

Pathways/APF poster project will lead to further work that establishes mental illness as a more central concern of faith groups in the United States.

Table 1. Distribution of Poster Packets, by Faith Group

Faith Group	# of Packets Distributed	Poster Packets Received By	Distributed By
Evangelical Church of North America	10,420	All congregations in the U.S.	Pathways to Promise
United Church of Christ	7,400	All congregations in the U.S.	United Church of Christ
Presbyterian USA	3,707	Key congregations in the U.S. +400 General Assembly attendees +40 denom. leaders	Presbyterian Church USA
Roman Catholic Church	2,452	Dioceses, Disabilities Ministries, or Catholic Charities Offices in: Washington, D.C., Orlando, Wichita, Portland, Lansing, MI, Springfield, IL, St. Cloud, MN, Manchester, NH, Virginia Beach, Sioux City, St. Louis, Houston,	Roman Catholic Dioceses/Offices (n=182) Pathways to Promise (n=270)
Lutheran Church-Missouri Synod	1,575	Two Parish Nurses Conferences (WI, MO) Northern Illinois District-LCMS	Lutheran Church – Missouri Synod
Church of the Brethren	1,060	All congregations in the U.S.	Pathways to Promise
Christian Reformed Church of North America	1,050	All congregations in the U.S. +350 Canadian congregations	Pathways to Promise
United Methodist Church	850	750 sent to Conferences 50 sent to Bishops	United Methodist Church
Episcopal Church USA	60	Diocese of Arkansas	Episcopal Diocese of Arkansas
<i>Sub-Total – Faith Groups</i>	<i>28,574</i>		
<i>Sub-Total - Miscellaneous</i> (website; NAMI conf)	<i>910</i>		
<i>TOTAL</i> English Spanish	<i>29,484</i> 29,484 96	<i>(96 of the 628 congregations who returned postcard surveys requested a Spanish version)</i>	

How many local congregations received poster packets?

Project Goal	Evaluation Finding
26,000 local congregations	29, 484 local congregations

Project Impact

All congregations who received poster packets were encouraged to respond to a survey about the poster and accompanying informational materials. *Pathways* had anticipated, based on the pilot study results and on the decision to provide an incentive for completion of the surveys, that about 10% of congregations receiving packets would respond to the survey. The incentive for completing the survey was that the congregation would receive, at no cost to the congregation, a manual for exploring mental illness issues in the context of the local congregation, entitled, *Pathways to Partnership: An Awareness and Resource Guide*.

Analysis of the returned surveys would enable the evaluation team of Zahniser and Estévez to begin assessing the poster packet’s impact on congregations. The sample of survey respondents would also constitute a pool of congregations from which a sub-sample would be contacted by phone for an interview. The combination of quantitative data from the survey and more in-depth, qualitative information gleaned from the phone-based interviews would provide a basis for evaluating the impact of the Poster Project.

Postcard Survey Results from 628 Congregations

Included in each of the poster packets was a postcard survey form, which, as mentioned above, doubled as a means of ordering, at no cost to the congregation, *Pathways’* publication, *Pathways to Partnership: An Awareness and Resource Guide*. The postcard surveys included pre-paid postage in order to increase the convenience and, therefore, the likelihood of response.

This component of the evaluation provides a quantitative summary of congregations’ responses to the poster packet materials. After describing the sample of responding congregations, we summarize responses to items on a postcard survey included in the poster packet materials.

Postcard Survey Responses by Denomination

Of the 29,484 congregations and individuals receiving poster packets, 628, or 2.1% returned postcard surveys. Return rates for congregations generally followed the rates of poster packet distribution, as the faith groups which received the most poster packets also tended to be the congregations who returned the most postcard surveys. Response rates ranged from a low of .6% to a high of 3.2%. **Table 2** and **Figure 1** below summarize the postcard survey response rates by faith group.

Table 2. Poster Packets Distributed and Postcard Surveys Received, by Faith Group

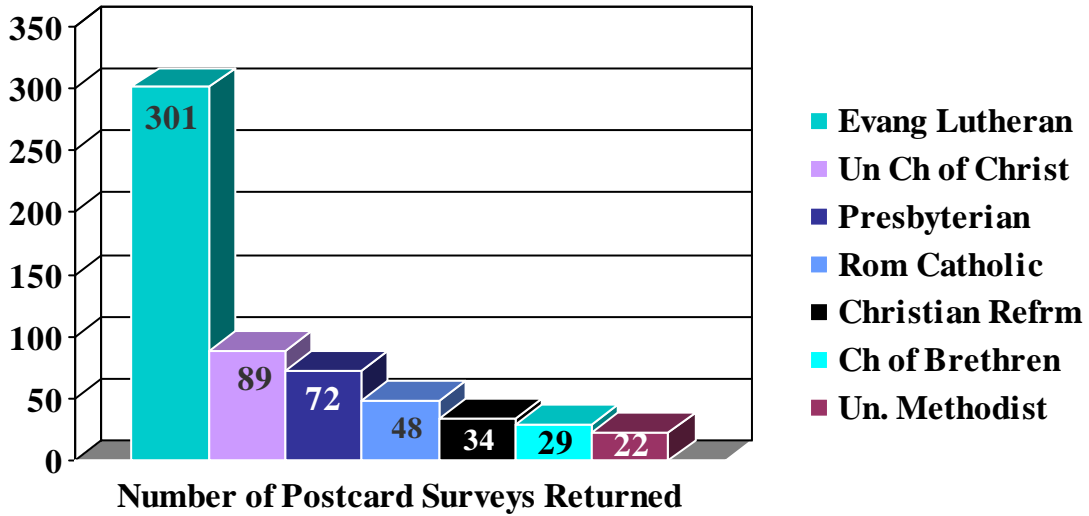
Faith Group	Number Received Poster Packets	Number Returned P'card Survey	Percent Returned P'card Survey*
Evangelical Lutheran Church of America	10,420	301	2.9%
United Church of Christ	7,400	89	1.2%
Presbyterian Church USA	3,707	72	1.9%
Roman Catholic Church	2,452	48	2.0%
Christian Reformed Church of North America	1,050	34	3.2%
Church of the Brethren	1,060	29	2.7%
United Methodist Church	850	22	2.6%
Lutheran Church – Missouri Synod	1,575	10	.6%
Baptist	n/a**	4	n/a
Nondenominational	n/a**	3	n/a
Unitarian	n/a**	2	n/a
Episcopal Church - Arkansas	60	3	5.0%
Unreported	n/a**	11	n/a
Total	29,484	628	2.1%

*The return rate is nearly accurate, but not exact because some respondents did not report denominational affiliation.

**There was no systematic mailing to these groups; a small number of packets were obtained at NAMI and Parish Nursing conferences, and some from the *Pathways* website.

Figure 1 below provides a graphic depiction of the number of postcard survey responses for the faith groups with the greatest number of responses. Note that this graph does not show response rates (percentages of congregations responding within each faith group). Those results can be seen in the far right column of **Table 1** above.

Figure 1. Faith Groups with the Highest Number of Responses to the Postcard Survey



How many local congregations responded to the postcard survey?

Project Estimate	Evaluation Finding
2,600 local congregations	628 local congregations

Obviously, *Pathways* had much less control over the postcard survey response rate than the distribution of poster packets to faith groups. The percentage of congregations responding to the postcard survey was much smaller than expected (response rate of 2.1%, versus 10%). This finding yields important information for future efforts, especially given the fact that a significant incentive (a free awareness and resource guide) was made available to respondents.

Postcard Survey Responses by State and Region

Local congregations returned surveys from 44 different states (including the District of Columbia) and from Ontario and British Columbia, Canada. **Table 3** on the next page shows the distribution by state. Pennsylvania was the state with the most returned postcard surveys by a wide margin: 74 or nearly 12% of the sample of congregations who returned surveys were from that state. There were no particular goals that were articulated by *Pathways* at the outset of the project related to the geographical distribution of congregations submitting surveys and receiving the *Awareness and Resource Guide*. However, the geographical distribution of responses may be important in helping to place the evaluation results in context.

Table 3. Distribution of Returned Postcard Surveys, by State

State	Number Returned	% of sample
Alabama	1	.2%
Alaska	3	.5%
Arizona	9	1.4%
Arkansas	2	.3%
California	33	5.3%
Colorado	9	1.4%
Connecticut	6	1.0%
District of Columbia	1	.2%
Florida	10	1.6%
Georgia	2	.3%
Hawaii	1	.2%
Illinois	35	5.6%
Indiana	14	2.2%
Iowa	28	4.5%
Kansas	15	2.4%
Kentucky	2	.3%
Maine	2	.3%
Maryland	15	2.4%
Massachusetts	9	1.4%
Michigan	30	4.7%
Minnesota	43	6.8%
Missouri	19	3.0%
Montana	1	.2%
Nebraska	14	2.2%
New Hampshire	8	1.3%
New Jersey	10	1.6%
New Mexico	1	.2%
New York	17	2.7%
North Carolina	21	3.3%
North Dakota	10	1.6%
Ohio	33	5.3%
Oklahoma	1	.2%
Oregon	11	1.8%
Pennsylvania	74	11.8%
South Carolina	10	1.6%
South Dakota	9	1.4%
Tennessee	5	.8%
Texas	15	2.4%
Vermont	3	.5%
Virginia	22	3.5%
Washington	14	2.2%
West Virginia	6	1.0%
Wisconsin	37	5.9%
British Columbia & Ontario	2 & 5	1.1%
Not reported	10	1.6%
TOTAL	628	100%

When the distribution of postcard survey responses is examined by four regions of the country—East, South, Midwest, and West—we find that the largest representation is from the Midwest, followed by the East, and then the West and South. The distribution of respondents may reflect the national distribution of congregations for the faith groups most heavily represented in the Poster Project, namely mainline denominations, such as the ELCA, the UCC, and PCUSA.

Table 4. Distribution of Returned Postcard Surveys, by Geographical Region

Region	Number of Postcard Surveys Returned	Percentage of the overall sample
East	151	25%
South	90	15%
Midwest	269	44%
West	101	16%
TOTAL	611*	100%

*17 respondents has missing data (10) or were from Canada (7)

Quantitative Survey Responses to the Poster Packet Material Items

Respondents addressed the following four postcard survey items:

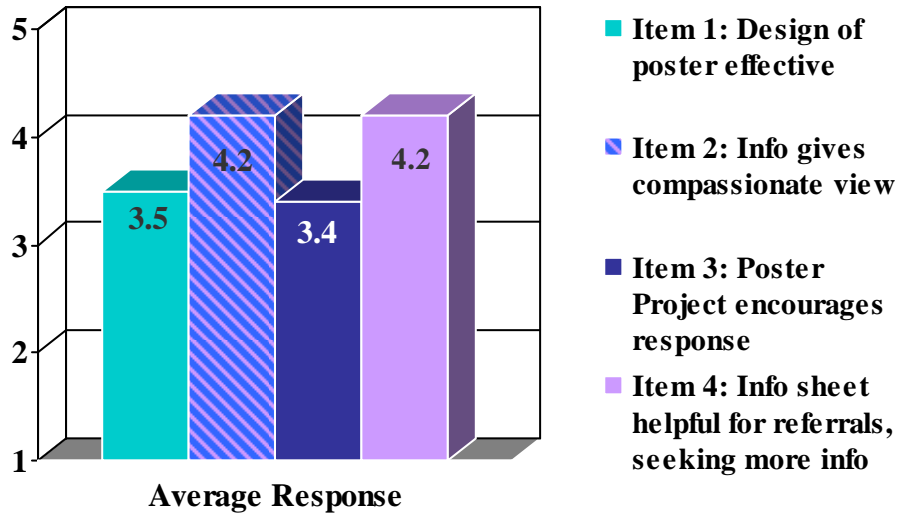
- Item 1.* The design of the poster is effective for communicating to faith based organizations about mental illness.
- Item 2.* The information included with this packet provides a compassionate view of mental illness.
- Item 3.* This poster project will encourage our congregation to respond more assertively to issues of mental illness in our community.
- Item 4.* The information sheet provided is helpful for making referrals or seeking additional information.

Each of the above items was followed by a set of responses, which were ordered using a commonly used Likert scale:

1 Strongly Disagree 2 Disagree 3 Neither Agree Nor Disagree 4 Agree 5 Strongly Agree

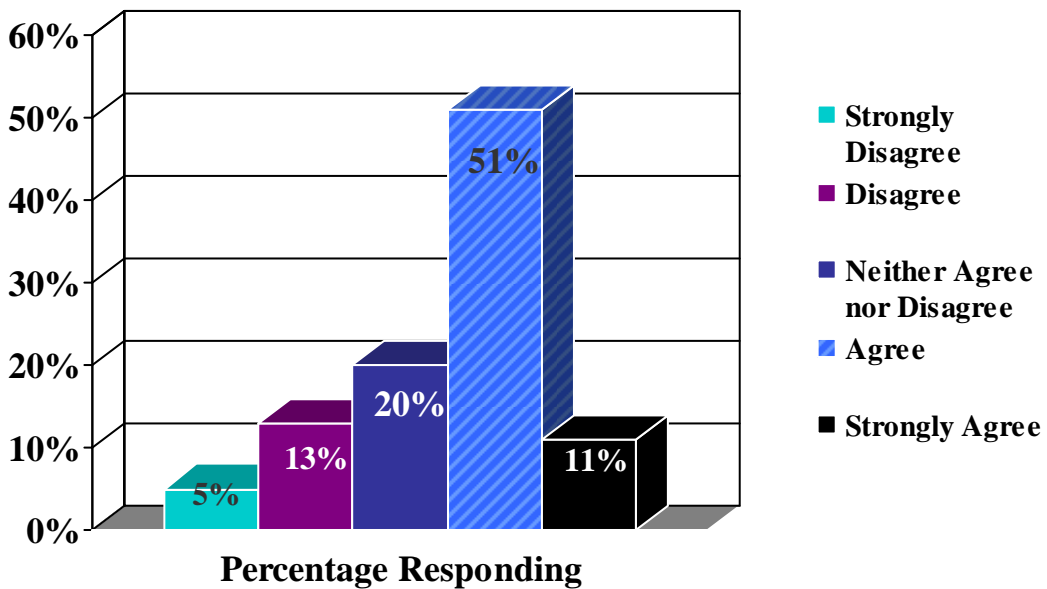
Figure 2 below summarizes responses for each of the four items listed above. Missing data were negligible and ranged from 1% to 2% for the four items. The number of respondents ranged from 617 to 624 for the various survey items.

Figure 2. Average scaled responses to each of the four postcard survey items



With the Likert scale shown above in mind, we see in **Figure 2** that for Item 1, which focuses on the effectiveness of the poster’s design in communicating to faith-based organizations about mental illness, the average response was between a Neutral and “Agree.” **Figure 3** below shows the percentage of respondents endorsing each of the possible responses to Item 1, from “Strongly Disagree” to “Strongly Agree.”

Figure 3. Breakout of responses to Item 1, “The design of the poster is effective for communicating to faith-based organizations about mental illnesses.” (n=622)

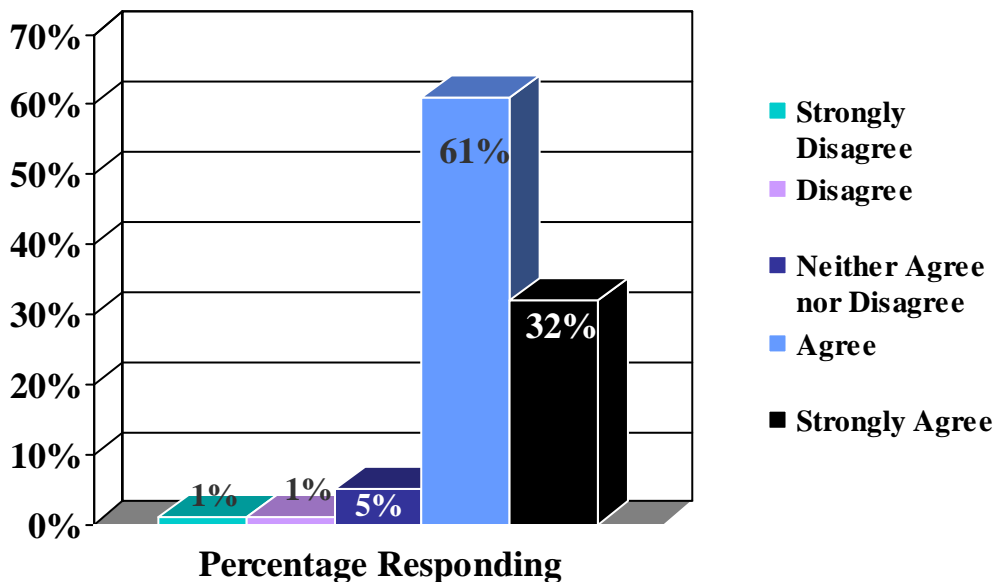


As can be seen in the **Figure 3** above, by far the most common response to Item 1 was “Agree.” A minority (18%) disagreed that the poster was effective in communicating to faith-based organizations about mental illnesses. Comments from some respondents in the phone-based

interviews indicated that they thought the poster’s message should have been more distinctly religious. However, on the whole, respondents were more likely to say that they found the poster’s message to be hopeful and inspiring.

Responses to Item 2 indicated that the poster and accompanying materials were effective in communicating a compassionate view of mental illness. Over 90% of respondents either agreed or strongly agreed with Item 2 (see **Figure 4** below).

Figure 4. Breakout of responses to Item 2, “The information included with this packet provides a compassionate view of mental illness.” (n=624)



Responses to the third item were mixed. (See **Figure 5** on the next page). Roughly half of respondents agreed that the poster would encourage their congregations to respond more assertively to mental illness, but a large percentage of respondents were either unsure or disagreed with the statement.

Figure 6 on the next page summarizes the response to Item 4. As with Item 2, well over 90% of respondents indicated agreement with a positive statement about the poster, namely, that the information provided would be helpful in making referrals and in seeking additional information.

Figure 5. Responses to *Item 3*, “This poster project will encourage our congregation to respond more assertively to issues of mental illness in our community.” (n=617)

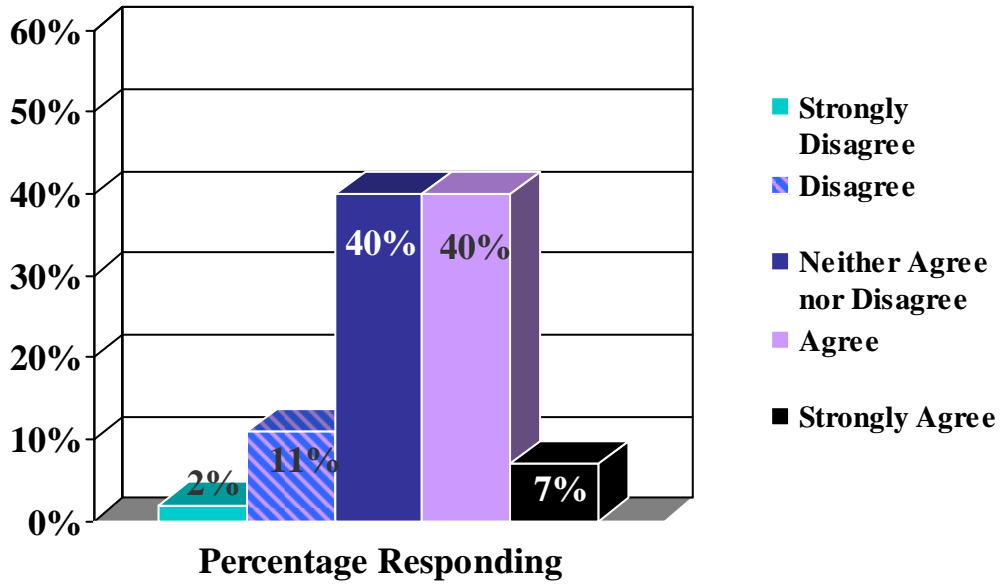
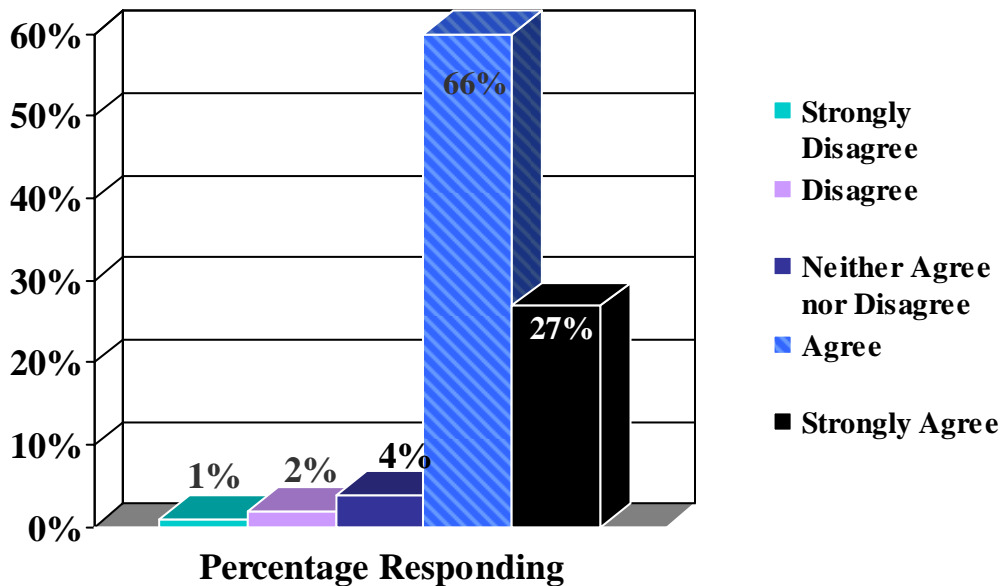


Figure 6. Responses to *Item 4*, “The information on the poster is helpful for making referrals or seeking additional information.” (n=26)



Did the poster packet lead to greater understanding, compassion, and action?

Project Goal	Evaluation Findings
Poster packet will increase understanding and compassion	<ul style="list-style-type: none"> • Congregations felt poster packet communicated compassionate view • Congregations felt poster packet was helpful in learning about referrals and where to get information.
Poster packet will lead to congregational response	<ul style="list-style-type: none"> • Congregations felt poster packet was helpful in making referrals and in obtaining more information. • <u>Some</u> congregations felt the poster packet would lead to congregational response or action

Discussion of Postcard Survey Item Responses

The postcard survey was intended both to capture relevant impressions from recipients of the poster packet and to encourage further engagement in the project by rewarding respondents with a manual, *Pathways to Partnership: An Awareness and Resource Guide*. Indeed, all 628 respondents received a copy of this manual and responses to it are summarized and examined in the section below on qualitative data from the phone-based interviews with a large sub-sample of postcard survey respondents.

With respect to the quantitative analysis from the four postcard survey items, it is striking that two items received very positive responses, with nearly all respondents agreeing that the poster packet’s information was compassionate and useful for providing or seeking practical help on mental illness. The other two items, one which had to do with the design of the poster, and the other with a prediction about the congregation’s response, had very mixed responses. Large percentages of respondents agreed with these items, but significant minorities indicated uncertainty or disagreement.

An important take-home message from our findings is that **materials like those contained in *Pathways’* poster packet can help congregations to make referrals for appropriate treatment**. Because the percentage of people with mental illness who do not benefit from available treatment is high, this finding, if validated through behavioral measures, is significant. Another finding is that useful information is much appreciated, but that the particular design for a poster, and the message used to grab persons’ attention, are not going to resonate with all recipients. And, one should not expect a poster mailing to stimulate *most* congregations to develop ambitious new programs related to mental illness. **In most cases, something more will be needed to engage congregations in transformative change processes.**

At the same time, as indicated both in the responses to survey items 3 and 4 summarized above and in the analysis of the phone-based interviews below, an initial contact using poster packets can stimulate a significant sub-group of churches to engage actively with mental illness issues.

Phone Interview Results from 138 Congregations

Phone-Based Interview Schedule

We developed a phone-based interview scheduled (see **Appendix 4**) for use in obtaining information from congregations about the effects of the poster project. The interview schedule, a semi-structured guide to gleaning information on congregations' responses to the poster packet, the *Awareness and Resource Guide*, and/or other resources ordered through *Pathways*, was reviewed by *Pathways* staff before being used with interviewees.

Sampling Procedure

As *Pathways* implemented the project with the various faith groups, and as postcard surveys began to be returned by congregations, we began to sample congregations for interviews. It was difficult to know for certain how many congregations from each faith group would end up returning postcard surveys, especially in the case of the Evangelical Lutheran Church of America, which received poster packets early in the implementation process, and which was the largest group involved in the project. We started our sampling process by randomly selecting every *n*th (2nd, 4th, etc.) congregation, depending on the number of postcard surveys that were being returned. In some cases, where it appeared there were not very many postcard surveys being returned we sampled every congregation from the faith group.

Early in the phone interview process, which began in the fall of 2007, we waited a month to begin calling faith groups, so that they would have enough time to obtain the *Awareness and Resource Guide* from *Pathways* and use it in some way. However, we found that, in many cases, this did not give recipients enough time to make good use of the materials, especially the *Guide*. So, we began waiting at least two months to call congregations. This meant that some faith groups, who participated in the project late in the year-long implementation, were not as well represented in the sample because there was not enough time to call a robust sample.

Of the 628 congregations who returned postcard surveys, 379 (60%) provided phone numbers, thus reducing the number of eligible congregations for interview to 379. The original goal was to interview 25-30 respondents per faith group, a common sample target for research with multiple respondent groups. However, as can be seen in **Table 5**, only five faith groups had enough respondents with phone numbers to even attempt to interview 25 respondents. In addition, it is rare in phone survey or interview studies to reach and complete surveys or interviews with a very high percentage of respondents. (In a recent phone survey of mental health plan members in an Eastern state, in which Zahniser was involved, a response rate of only 30% was achieved, even when using a gift certificate incentive for a five-minute-long survey. No incentives for completing an interview were used in the Poster Project evaluation.)

A total of 284 respondents were sampled for inclusion in the phone interview study. **Table 5** shows a break down of the numbers by congregation. Note that, other than the ELCA, for most denominations we attempted to sample all, or nearly all, of the respondents who returned the postcard survey.¹ We attempted to contact respondents three times before discontinuing attempts

¹ In the cases of some denominations, postcard surveys arrived after sampling for the phone interviews had been completed. And, in the case of the PCUSA, who received poster packets relatively early in the implementation

to interview them, unless the phone number was no longer in service. Some respondents declined to be interviewed. Although we did not keep formal records on the number of declines, versus the number of phone numbers no longer in service and the number of respondents who we failed to reach in three attempts, a minority of the respondents were not interviewed because they declined to be interviewed.

Sample of 138 Congregations Interviewed

Table 5 below provides an overview of the number of congregations interviewed, per faith group, in comparison to the number of postcard surveys returned and the number of eligible for interview. **The total number of congregations interviewed was 138, which represents a response rate of just under 50%.**

Table 5. Number of Phone Interview Respondents for Each Participating Faith Group

Faith Group	Postcard survey respondents	Respondents w/ phone numbers	Respondents sampled	Respondents interviewed
Evangelical Lutheran Church of America	301	171	124	55
United Church of Christ	89	55	55	23*
Presbyterian Church USA	72	43	38	22
Roman Catholic Church	48	31	31	24
Christian Reformed Church of North America	34	26	21	3*
Church of the Brethren	29*	21*	0*	0*
United Methodist Church	22	12	12	8
Lutheran Church – Missouri Synod	10	9	3	0
Episcopal Church USA	3	3	3	3
Other	21	9	0	0
Total	628	379	284	138

*Poster packet materials were disseminated late in the project year

Table 6 gives an overview of the states represented in the final phone interview sample of 138 congregations. A total of 30 states (including the District of Columbia) and Ontario, Canada are included in the sample.

process, not all respondents were sampled, because we anticipated receiving many more post card surveys than we ended up receiving. By the time we realized that, it was too late to sample some of the earlier respondents.

Table 6. Number of Respondents to the Phone Interview, by State

State	# of respondents
Arizona	1
Arkansas	1
California	10
Colorado	2
Connecticut	2
District of Columbia	1
Illinois	15
Indiana	3
Iowa	10
Kansas	3
Massachusetts	2
Michigan	6
Minnesota	10
Missouri	6
Nebraska	6
New Hampshire	2
New Jersey	2
New York	4
North Carolina	3
North Dakota	3
Ohio	6
Ontario (Canada)	1
Oregon	1
Pennsylvania	14
South Dakota	5
Texas	3
Tennessee	1
Virginia	5
Washington	3
West Virginia	1
Wisconsin	6
<i>Total = 138</i>	

Interview and Data Analysis Procedures

Through a semi-guided phone based interview, a total of 138 respondents participated. Some of these interviews were conducted in different phases in order to accommodate the time availability of the respondents. Interviewers used the various sections and items in the Phone-Based Interview Schedule to help participants reflect on three areas of concern to the Poster Project: 1. awareness, 2. use, 3. resource integration.

While in many cases, respondents wished to talk at length about all of the ways in which their congregations had utilized the poster packet and accompanying materials, and while in some cases the interview data were thorough and complete, this was not always the case. In many instances, not all interview items were covered in the interview. This was due to several factors. First, certain sections of the interview were not relevant to all respondents. For example, if the congregation had not yet displayed the poster and accompanying materials, “How did your congregation use the Poster...?” and related questions were not covered. Second, in many cases, respondents did not have the time (or did not wish to allocate the time) to cover all sections of the interview schedule. For example, an interviewer might finally reach a respondent after two previously unsuccessful attempts and the respondent might indicate that she or he had only a few minutes to devote to the interview. In these cases, interviewers used the semi-structured interview schedule merely as a guide to discern the impact, if any, that the poster packet and/or *Awareness and Resource Guide* had on the congregation. For these reasons, the reader will note that the category of “no response” is often one of the most frequent in our analyses.

Themes Selection: Applying qualitative methodologies of research, the evaluators conducted analysis of data collected from the phone based interviews. Given the nature of the project, qualitative processes provided in-depth information and substantive analysis of the responses from the interviews. Participants’ responses to the interview items were categorized and coded, based on similarities in meaning. The data were reviewed and organized in three areas: 1. **awareness** of mental illness issues; 2. **use** of Pathways materials; and 3. **resources** needed. The comments and quotes highlighted in each of the sections below were representative of the collective response themes extracted from the interviews.

Qualitative Findings from the Phone Interviews

The project’s impact can be summarized in three areas mentioned above: 1. awareness of mental health issues in the church; 2. use of existing or new resources, 3. resources needed within the congregation to further support people with mental illnesses and their families.

The qualitative data revealed very specific results. In general, one of most striking results regarding the impact of the project upon congregations was the overwhelming positive response to the materials sent. The majority of those who engaged the poster project as well as the resource packet responded with appreciation and accolades. For example, one of the respondents regarded the project as a “much needed and highly effective way of engaging congregations to respond to a high need in our churches.” The main themes extracted through qualitative analysis are summarized in Table 7 below:

**Table 7. Predominant Response Themes Extracted from
Phone Interviews with 138 Congregations**

Evaluation Category	Themes
Awareness	According to respondents, many congregations had minimal awareness of the mental illness-related issues represented in their congregations; yet, respondents recognized mental illness as a major area of need for ministry. Fortunately, the respondents invariably recognized, either in themselves or in other person within the congregations, a “champion” who was motivated to address congregational concerns regarding mental illness.
Use	Overall, the packet was well utilized. At a minimum, it provided initial awareness on the issues regarding mental illness and facilitated further discussion on resource allocation within the congregations. Although most congregations did not make extensive use of the poster packet and the <i>Awareness and Resource Guide</i> , many congregations did use them in exemplary ways.”
Resource Need	Congregations, in their majority, expressed high need to have the appropriate resources, including personnel. Many congregations enthusiastically endorsed the desirability of a more comprehensive effort that would include very accessible, additional resources for furthering awareness and for training congregational members in supporting individuals and families

Awareness

When asked if the poster packet raised awareness concerning the issue of MI in their congregation, most participants who responded to this component of the survey (nearly three-fourths) felt that the *Pathways* poster packet did raise their congregation’s awareness levels concerning mental illness.

One participant reported, for example, that the poster project “*definitely raised awareness because people who had concerns in this area were able to use the bulletin to become more aware of resources and also to realize that the congregation was concerned about this.*” Consequently, she felt that families found the poster materials to be comforting and welcoming. This was a common refrain among the respondents who reported the Poster Project had furthered awareness in their congregations.

Another participant stated, “*For some it was enlightening—even an epiphany for some.*” Several other participants in this faction concurred that the printed materials were helpful and just having the poster in view raised awareness. This is a critical response. The data revealed the effect of the intervention in increasing awareness of mental illness within the congregations. In effect, this positive response to the materials supports the effort of the project to increase awareness.

While the majority of participants offered favorable responses towards the poster packet’s effectiveness in raising awareness about MI, one-fourth of respondents stated that either they did

not use the packet or they were not sure if the packet raised awareness. A majority of participants who displayed analogous responses asserted that, *“it was hard to gauge whether the packet raised awareness because people did not provide feedback.”* Another respondent said, *“I wish I could tell you, but it is so difficult to know how the congregation has responded or will respond.”* A minority of those who did not necessarily perceive that the poster packet had raised awareness made statements like this one: *“There was a large ministry already in place when the packet arrived”* and *“We were already trying to engage the congregation in some form of response, therefore, it is hard to tell what has caused what.”* Some respondents said that they were already aware of mental illness issues and that the poster packet did serve to affirm what they were already doing.

Although a percentage of the participants could not clearly identify the impact of the intervention on the increase of awareness, it was evident that at a minimum the project presented an opportunity for discussion and assessment within the congregation. Furthermore, the data showed that the intervention also served as a booster to the already existing efforts that were under way in some congregations. Finally, some of the participants thought that the poster packet would raise mental illness awareness in the future.

Another, related area of inquiry was the congregation’s awareness level of mental illness prior to receiving the packet. As indicated above, a fair number of participants claimed that they had a considerable amount of awareness. One participant attested, *“The pastor has done a few things on [dealing with the illnesses such as] depression as well as [other members giving their] testimonies. He has facilitated [through visitation] family member to family courts and has a mental illness team in church who discuss depression and such in a newsletter.”*

Another explained, *“My congregation had an interim pastor with a wife with mental illness; so the congregation was exposed to the situation.”* Other responses include, *“Already had a depression support group and the pastor has tremendous awareness,”* and, *“The pastor has a good handle on these issues: pastor has a lot of awareness of resources in the community and the caregiver group is very skilled.”*

Others commented: “we are very aware of the situation regarding mental illness. [we have] several elders who are on top of this issue”. “The need is too big in our diocese to not pay attention to this issue”.

Some participants acknowledged that their congregation had only some or little awareness of MI prior to receiving the poster packet. When asked about prior awareness of MI, one participant answered, *“Minimal knowledge. The congregation talked about stigma and major barriers to overcome.”* Another replied, *“[Our congregation has a] Basic understanding; [as a congregation, we do have] not a lot of education [on this issue].”* One more stated, *“Some people are involved in programs such as Al-anon and a few people have bipolar disorder.”*

Among the participants who surmised that their congregations did not have prior mental illness awareness, the common response was that most people were unaware of mental illness issues. A small percentage of respondents acknowledge that their congregations carry significant stigma, which prevents full awareness. For example, one respondent mentioned that, *“our awareness, I am sure, is limited due to the stigma that exists with those who have a mental illness”.*

The researchers also wanted to explore whether there were particular mental illness concerns present in the selected congregations at the time that the poster packet arrived. The majority of participants who responded to this inquiry concurred that there were indeed families who were struggling with mental illness at the time the poster packet arrived.

However, of the one-third who responded that there were previous concerns about mental illness, their comments often were limited to a few personal accounts. For example, one participant replied, *“The congregation knows of two families,”* while another participant revealed, *“Congregation knows about depression in general. There were two suicides in the community a short while ago.”* These examples are indicative of the tendency for respondents to provide limited information, perhaps because no systematic analysis of the prevalence and nature of mental illness in the congregation had been completed, and/or because respondents did not wish to describe in detail the issues in their congregations. Other participants commented that their congregations knew people who were struggling with mental illness, but the family mostly dealt with it privately.

Some participants were unsure about mental illness struggles in their congregation stating, for example, *“I am not aware of particular concerns for mental illness, but Alzheimer’s is a concern.”* Others concluded that there were no particular concerns or any specific mental illness struggles. These data indicate congregations’ relatively limited awareness of mental illness within their midst. However, this is also indicative of the way in which families dealing with a mental illness respond within the congregational structures. One participant responded: *“it is sometimes hard to know as families tend to keep these issues [covered] underneath their apparent circumstances.”*

One more area that sparked the researcher’s interest was whether the congregations already participated in mental illness awareness campaigns. Of those who responded, 19% said that their congregation had participated in mental illness campaigns in some way or other. Often, this subgroup of respondents report that their congregations used detailed interventions designed to increase awareness.

A few mentioned connections with NAMI. One participant stated, *“The church has mentioned mental illness in newsletters.”* Another participant said, *“The congregation is well-informed that mental illness can affect anyone; two households have issues with schizophrenia.”*

Most participants said that their congregation did not participate in mental illness campaigns. In addition, a large number of non responses were catalogued for this question, due to inactivity by the congregation on this issue. It is also true, however, that a number of respondents had not yet used the packets, which led to the interviewers sometimes skipping this portion of the survey. The last level of inquiry concerning mental illness awareness was whether the participants’ congregation already had special programs in place or provided special support for individuals and families. Of the participants who responded, the majority asserted that their congregation did not have special programs and support.

Among the minority respondents who did have some form of special programming, some mentioned: *“we have a monthly newsletter that has a special column on issues related to mental*

health”; and “as a congregation, we hold small support groups for people dealing with depression issues.” Some respondents indicated that programs were in place, but that they were not flourishing. For example, one participant disclosed that, “the program has been struggling” This respondent said that the congregation was interested in continuing some sort of programming but that they were interested in receiving training on mental illness training.

Use

The evaluation team also focused the analysis on the way in which congregations utilized the Poster Project and resources. The term “use” refers to any specific way in which the congregation implemented the information provided.

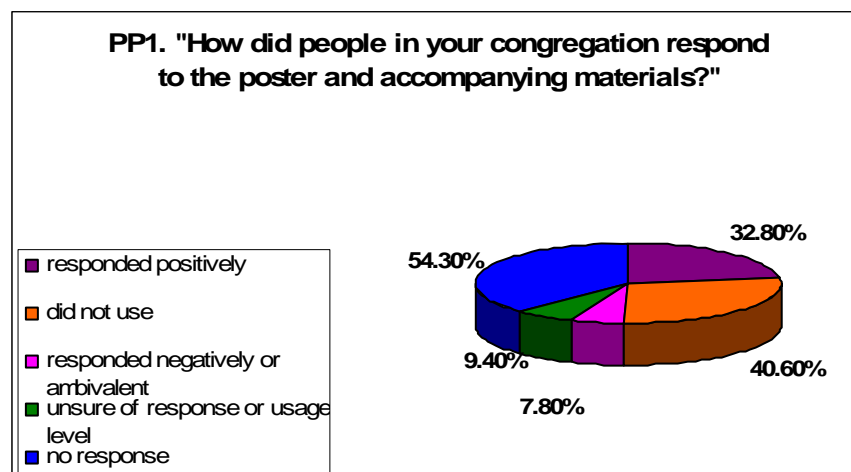
More than half of the participants stated that they liked and used the poster packet. When asked how they used the packet, 56% said that their congregations used the poster packet in a variety of ways. Respondents also were emphatic in their responses regarding the manual and resource guide, many finding it to have more substantive material for guiding the congregation in doing something more programmatic about mental illness. Participants mentioned: “very useful and already in use.” “We have found that the manual allows us to have better information on the issues and alerts us to other resources available.” and “We now know the web of resources available to us.”

Out of the different responses of use, the majority of participants said that their congregations reported something like this: “We displayed the poster on a wall or bulletin board and displayed the accompanying materials on a table for members to observe.”

A small percentage (6%) said that the congregations used the poster packet with a committee, team, or in a meeting. Other (6%) participants asserted that their congregation referenced the poster packet in weekly announcements, in a presentation, or at a seminar. Yet others (3%) said that their congregation noted the packet in a newsletter.

In contrast, (44%) stated that their congregation did not use the materials. The majority of this sub-group admitted that they had not shared the information with their congregation yet. One woman said, “[I do not] know anything about the materials ... or if we even received them.” Another participant response was, “It just got set aside—we plan to use it, but haven’t gotten to it.” The majority of this sub-group did not respond to why they chose not to use the poster packet. One participant said, “Haven’t had a chance to look at it yet,” while another participant said, “Didn’t really use the poster as far as I can remember.” Eight percent of the participants stated that they were not sure how their congregation responded to the materials. This comment is representative of the portion of participants who were not fully aware of the use of the poster packet and resource manual within their congregations.

The data showed that a number of congregations, at the time the survey was conducted, had not utilized the packet information. Lack of available time, understaffing, and lack of available structure were the primary reasons for underutilization of resources. Consequently, a number of congregations were not ready to respond to this portion of the survey, accounting for the high non-response rare in other sections of the survey.



Although a significant percentage of participants said that their congregations did not use the poster packet, a number of participants said that the poster packet was helpful, yet other participants said that the materials would be helpful in the future.

One participant expressed the following as she referred to the poster packet and resource manual, *“Good visual aid; good information on depression.”*

Another participant responded with, *“Idea of setting communities free from stigma is good. It is good for the whole faith community. A lot of good educational material.”*

Many respondents were pleased with the *Awareness and Resource Guide*. For example, a participant reflecting on the *Guide* said, *“This project was very well accepted within the leadership as well as within the congregation. We held several meetings to plan how we could increase awareness on these issues.”* Furthermore, particular attention was paid to the resource manual as a participant verbalized *“I am extremely excited about the potential of this manual. Our church can no longer hide behind the ‘I don’t know how to’s’ anymore.”*

One more participant enthusiastically asserted, *“This was extremely well-received and the target audience were people from faith communities...extremely high-rated (we did an evaluation).”* The respondent went on to explain that they used the poster packet in seminars as a resource—*“We handed them out to people who attended the seminars.”*

One pastor noted, *“I get piles of materials that come in daily and it’s very difficult to address them all; the mere fact that I posted the materials and filed some things is REALLY something... I’m very selective and if it’s something that pertains to my congregation, then I’ll try to use it.”*

One participant in particular highlighted that the congregation used the *Pathways* materials for conferences or large-scale workshops. The participant ordered 50 extra poster packets for distribution at a seminar that she helped to host on mental illness: *“This was extremely well-received,” she said, “and the target audience was people from faith communities. They rated the seminar very highly. We had speakers from NAMI, the state mental healthy agency, and from the Parish Nurses group.”* The seminar was so successful that the program was repeated at a hospital

this past January and again it was well received. *“We used the Pathways to Promise packets as a resource and we handed them out to people attending the seminars.”*

When asked the same question, a small percentage said that the poster packet was not helpful or that they did not use the packet. One participant stated, *“It would have been helpful if we had paid more attention; just didn’t give it adequate time and attention I think.”* One participant who did not like the poster packet asserted, *“I didn’t like the poster materials because it is narrow from the mental illness side...oversimplifying and downplaying of the seriousness of MI.”*

It is important to note that the phone-based interview also served as an intervention. A good portion of the participants were prompted to use the information provided as a result of the calls made by the evaluation team. This suggests that future efforts that build on the Poster Project might add a component to the implementation of the project, namely, to conduct follow-up calls inquiring into the response to and use of the materials sent. Later, the evaluation could follow the follow-up component of the implementation. This would add another step to the intervention, but the greater complexity might pay off in a greater impact on faith groups and congregations.

Another area of inquiry concerning use of the poster packet was whether use of the poster packet and resource manual led to greater awareness of resources in and available to the congregations. A majority of participants said that the poster packet led to greater awareness of resources.

One participant confirmed saying, *“The packet led to the purchasing of two videos.”* Another said, *“Just the resources in the book were very helpful.”* One more participant stated, *“Yes; the packet was helpful in presenting in a comprehensive manner a way to respond and a helpful way too, to disseminate information in the congregation...the websites were helpful also.”*

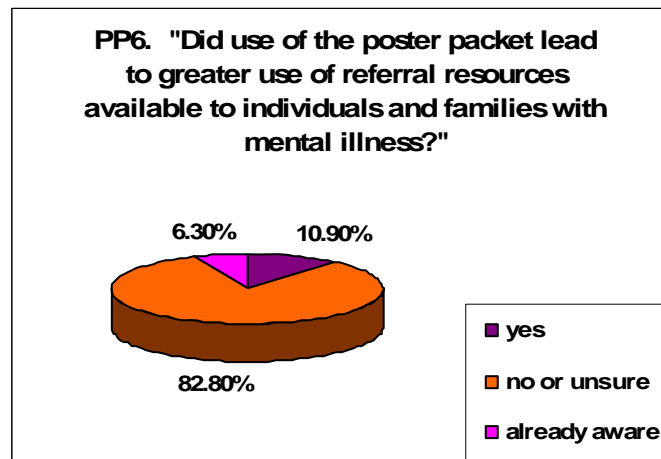
Furthermore, the data suggest that a number of congregations uniquely adopted the poster packet and resource manual. These congregations implemented a more sophisticated use of the resources bringing special attention to them as “special stories.” A particular participant responded: *“we were able to use the materials as our foundation to our strategic plan regarding our outreach ministries.”* Another responded: *“the materials are so useful that I will use them in a conference on mental illness.”*

A number of participants were not able to respond and a number of other participants said that they were not aware of the poster packet or that the poster packet did not lead the congregation to greater awareness of resources. For those participants who answered the latter, the common response was that they had not looked at the poster packet yet, but thought that it would lead the congregation to greater use of resources in the future, if needed. A minority of participants said that their congregation was already aware of resources.

When participants were asked if use of the poster packet led to greater use of referral resources available to help individuals with mental illness and their families, a sizable minority (n=53) participants answered no, not sure, no response, or maybe in the future.. The majority of this sub-group did not respond. The most common response was that they had no way of knowing. This is a critical component to the analysis as most congregations expressed the impossibility of measuring this effect without the appropriate personnel.

Twelve percent of participants already knew of resources. Although this was not the norm, one participant stated, *“We have relationships with mental health and pastoral counselor groups in the area and already have a sense of how to refer.”*

A significant number of participants said that use of the packet led to greater awareness of referral resources in their congregation. Interestingly, in addition to providing additional resources, many respondents indicated that the Poster Project materials prompted them to make better use of resources they already had on hand. For example, one woman replied, *“By receiving the materials, I was impacted to use all of her materials I had and it helped.”* Another said, *“The poster packet led me to get and organize other materials...we used the materials for newsletter articles, bulletin inserts, information tables, etc.”*

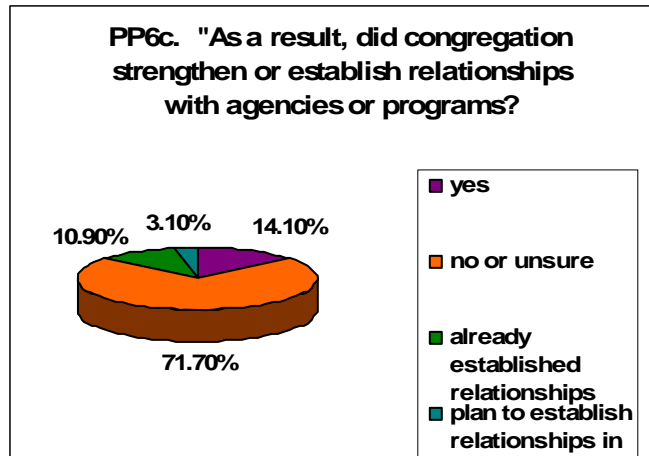


Resources

Because of the poster packet and resource manual, 10% of participants said that the packet strengthened or established relationships with agencies or special programs. One asserted, *“Yes; that was one of the benefits of the workshops. We were able to establish some relationships with community agencies.”* Another stated, *“Yes; we are involved with Sanctuary House, which is a day program of psychological rehabilitation. Pastor [as a result of the project] has ordered a video through the Presbyterian denomination.”*

Eighteen participants (nearly 15%) said either that their congregation was planning to establish relationships in the future or that they had already established relationships. One participant explained, *“We already have relationships with NAMI.”* Another said, *“It is not our specific agenda right now. We have a lot of outreach programs that include clients with MI, such as a transitional housing ministry and a county-wide clothing bank, and we also work closely with community agencies and other ministries.”*

The largest group of participants indicated either that the Poster Project had not had an effect on their relationships with other agencies. Additional respondents were unsure or did not respond to this item.



Lastly, when asked whether use of the poster packet led to the development of any new programs or services in their congregation, 25% of participants surveyed responded affirmatively.

In this sizable sub-group was one participant who stated, *"We have a 4-part series on mental illness that we are offering the congregation, and the Pathways manual will be one source of the material used."* Other examples of responses among this group include the following: *"The packet is being used on a caregiver team,"* and, *"The poster packet materials stimulated me to do a depression class."*

Twenty-four participants (just under 20%) thought that the packet would lead to more programs and services in the future. One said, *"[we] want to develop a grant to work with and improve the process of reaching out to [those impacted by a mental illness]."*

Another shared that, *"We are trying to [work to] develop a 3-year program to encourage churches to spend more time and resources on those in need."*

Another participant claimed that their congregation was already participating in more programs than most other congregations were. When asked the same question, some participants answered something to the effect that, *"Maybe in the future the packet will lead to new programs and services."*

A minority expressed that the poster packet did not lead to the development of any new programs or services in their congregation. The data clearly demonstrate that the poster packet and resource manual, at minimum, created some sort of an initial response in most congregations that engaged the project. As can be seen in many of the examples above, substantial developments occurred within several congregations.

Further data indicate significant engagement from the congregations in response to the information provided. For example, a pastor indicated that he made copies of the *Pathways to Partnership* awareness and resource guide and used them to educate a core team of persons interested in learning more about mental illness and ministering to people suffering from mental illness within the congregation: *"I initiated conversation with a small group of caregivers who make contact with people who are hospitalized and need support. We are currently working through the Awareness and Resource Guide together."*

The data also show that the poster packet and the *Pathways to Partnership* guide increased pastors' and lay persons' resources for supporting people with mental illness and referring people to appropriate treatment and other supports.

Many respondents, especially pastors, used the materials either to learn more about referral resources available to them, or to assist members of the congregation in obtaining appropriate treatment and support.

Did the Poster Project lead to greater awareness about mental illness, as well as greater use of resources to respond to mental illness, and better identification of additional resource needs?

Project Goals	Evaluation Findings
Poster Project will increase awareness of mental illness issues	Congregations demonstrated minimal awareness of the issues representative in their congregations, yet recognize mental illness as a major component of the ministry. This is particularly true as every congregation had a “champion” addressing the congregational concerns regarding mental illness.
Poster Project will lead to use of available resources, including those provided by <i>Pathways</i>	Overall, the packet was well utilized. At minimum, it provided initial awareness on the issues regarding mental illness and facilitated further discussion on resource allocation within the congregations. Although most congregations did not make extensive use of the poster packet and the Awareness and Resource Guide, many congregations did use them in exemplary ways.
Poster Project will lead to identification of additional resource needs	A majority of congregations expressed high need to have the appropriate resources, including personnel. Many congregations enthusiastically endorsed the desirability of a more comprehensive effort that would include very accessible, additional resources for furthering awareness and training congregational members in supporting individuals and families

Collaborative Sustainability Efforts

Collaboration with Faith and Values Media and Mennonite Media

A collaborative effort with Faith and Values and Mennonite Media was *Pathways'* most significant, tangible approach to sustaining *Pathways'* APF-funded Poster Project. Faith and Values Media and Mennonite Media both have been heavily involved in using various media outlets to help de-stigmatize mental illness and bring hope to individuals and their families that effective treatment and community support can make a difference. Faith and Values Media and Mennonite Media appear to be natural partners for *Pathways* to continue its efforts to engage faith groups and congregations in the process of supporting individuals with mental illnesses and their families.

Soon after the press release by *Pathways* in June of 2006, Faith and Values Media, whose headquarters are in New York City, contacted *Pathways* to explore possibilities for collaboration on projects aimed at de-stigmatizing mental illness and equipping faith groups and local congregations to better support individuals and their families. In the past several months, *Pathways* has developed a collaborative effort with F & V Media and their partner organization, Mennonite Media. The collaborative effort aims at building on the American Psychiatric Foundation-funded Poster Project and to marry the faith-based connections of *Pathways* with the media connections of Faith and Values and Mennonite Media.

The result was a comprehensive program that would bring together the following:

- Televised airing of five (5) special programs on mental illness-related issues:
 - Two of these already have been completed, one on suicide (*A Fierce Goodbye*), one on mental illness (*Shadow Voices*)
 - Three additional programs were still in development – one on substance abuse, one on aging, and another on return to the community from prison
 - All five programs would have mental illness-related themes
 - These programs may be aired on a combination of the Hallmark Channel, ABC, and PBS.
- Mailings of information on mental illness and the different components of the project to local congregations
- A website where congregations could download training materials, video clips, and other materials; In addition to the mailing, the website would afford congregations the opportunity to order DVDs of the five programs produced by Faith and Values and Mennonite.
- Consultation from *Pathways* and an emerging network of persons expert in both mental illness and faith contexts; and
- On-site, first-person accounts of successful treatment, coping, and recovery from mental illness. This latter component would be in collaboration with NAMI's "In Our Own Voice" program.

In collaboration with Faith and Values Media, Mennonite Media, and Dr. Jim Zahniser, *Pathways* drafted a concept paper that is ready to be submitted to foundations. *Pathways'* hope is that this project may begin either in November, 2007 or in the spring of 2008. Please see an Executive Summary of the concept paper in **Appendix 6**.

A few months into the interview process the interviewers began to alert respondents to the possibility of an upcoming collaborative project between *Pathways*, Faith and Values Media and Mennonite Media, which would link a television documentary series on mental illness and related topics to follow-up resources delivered via a web site and through phone consultation and in-person "first-person accounts" of coping with mental illness. If funded, this "Building Bridges Project"² would begin either in the fall of 2007 or the spring of 2008. Respondents to the phone interview almost invariably indicated a desire to participate in Building Bridges and to mobilize their congregations' own resources to promote and support it. **Most respondents expressed interest in obtaining additional resources for supporting people with mental illnesses and their families.**

² This project title is under review and consideration. It is not yet final.

The idea of using the documentary series as a springboard for discussion at the local congregation level was very appealing to respondents, as were the possibilities of being able to download training and other materials from a “Building Bridges” website. Many respondents also thought they might want to make use of phone-based consultation, as well as the availability of special speakers to help reduce stigma and to develop better supports for families in their congregations who are struggling with mental illness. A sizable subgroup of respondents, especially those from the UCC denomination, felt that the best way to connect to the Building Bridges project would be to organize a cluster of churches—either within the denomination or ecumenically—that would participate at the various stages and promote its use in an effort to reduce stigma and to create greater awareness, understanding and support. Several respondents indicated their interest in being included in a cadre of “Nielsen Congregations” that would participate in each stage of the project and provide *Pathways* and partners in-depth feedback and information on their use of the various resources throughout the project.

Additionally, *Pathways* has strengthened connections with NAMI, the AAPC, and with Rev. Craig Rennebohm, a nationally recognized expert on working from a faith base with people who are homeless and have mental illness. Mr. Rennebohm, who has served for years as a chaplain in the United Church of Christ, reaching out to homeless persons with mental illness, is collaborating with *Pathways* to develop ways of reaching seminaries with information about how to support individuals with mental illnesses and their families. And, Mr. Rennebohm has expressed interest in helping *Pathways* develop a network of consultants who will be available through the project with Faith and Values Media project.

With AAPC, *Pathways* has already begun to explore various ways of seeking additional grant funding to address the problems of children and youth with mental illnesses in the faith group/local congregation context. Recent epidemiological research suggests that many mental illnesses that were once thought of as “adult” illnesses are evident much earlier than adulthood. Congregations may be able to help with early detection and referral to appropriate treatment, if they are properly trained.

With NAMI, *Pathways* hopes to collaborate on the comprehensive project, described just above. Please see the *Chicago Tribune* article in **Appendix 5** for a highly-publicized write-up of the work of *Pathways*, NAMI and other organizations, who are involved in mobilizing the faith community to create greater understanding, compassion, and support for individuals with mental illnesses and their families.



Pathways to Promise “Poster Project” Evaluation

Phone-Based Interview Schedule

Date: ____/____/____ *Respondent:* _____

Congregation: _____ *City/Town:* _____ *State:* ____

Phone: ____ - ____ - ____ *Email:* _____

Faith Group: ⊃ Disciples of Christ ⊃ Episcopal ⊃ ELCA
 ⊃ LCMS ⊃ Presbyterian USA ⊃ Rom. Catholic
 (*Congregation* ⊃ UCC ⊃ Union Reform Judaism ⊃ Un. Methodist
Size: _____) ⊃ Church of the Brethren ⊃ Other: _____

Interviewer: ⊃ Estévez ⊃ Zahniser

Greeting <use own words – following is a guide>

“Hi. My name is Edwin Estévez and I am calling on behalf of *Pathways to Promise*, who sent you the poster packet and awareness guide on mental illness not long ago. *Pathways* would like to assess the extent to which these materials have affected congregations.

As part of our independent evaluation of this project, I would like to ask you (or the person best acquainted with the project) a few questions about the materials you received.

The interview will take anywhere from 10 to 20 minutes, depending on how much feedback you have to give us.

Your responses will help Pathways learn how best to assist congregations.”

If respondent cannot do interview at this time, schedule another date & time for the interview:

Person to Call: _____ *Date:* ____/____/____ *Time:* _____

Phone: ____ - ____ - ____ **OR** *Email:* _____



Interview Schedule

Poster Packet

PP1. “How did people in your congregation respond to the poster and accompanying materials?”

PP1b. (Detail on how they responded to the Poster and materials)

- ə 0. No response/not aware of it
- ə 1. Some in the congregation responded fairly well to the materials
- ə 2. Many people in the congregation responded well to the materials, or a few responded extremely well and did a lot with them

PP2. How did your congregation use the Poster and other materials?

PP2b. How they used the Poster

OR If no, “Why did you choose not to use the packet & materials?”

- ə 0. Did not use the poster packet
- ə 1. Did use it some
- ə 2. Used it extensively



Poster Packet

<p>PP3. (If used, ask:) Do you believe that the poster packet materials were helpful?</p> <p>PP3b. If yes, in what ways were they helpful?</p> <p>OR</p> <p>If no, why were they not helpful?</p>	<ul style="list-style-type: none">ə 0. No, not helpfulə 1. Somewhat helpfulə 2. Very helpful
<p><i>I want to ask you some specific questions about the poster packet:</i></p> <p>PP4. Did the poster packet raise awareness in your congregation concerning mental illness?</p> <p>PP4b. Are there <u>specific examples</u> of this new awareness? Please describe.</p> <p>PP4c. What was the congregation's awareness of mental illness prior to receiving the packet?</p> <p>PP4d. Were there particular concerns present in the congregation at the time the poster packet arrived? That is, were there families known to be struggling with mental illness? (etc.)</p>	<ul style="list-style-type: none">ə 0. Noə 1. Yes <ul style="list-style-type: none">ə 0. Little or no awarenessə 1. Some awarenessə 2. A lot of awareness <p><i>Explain:</i></p> <ul style="list-style-type: none">ə 0. Noə 1. Yes <p><i>Explain:</i></p>



Poster Packet

<p>PP4e. Did your congregation already participate in mental illness awareness campaigns?</p> <p>PP4f. Or did your congregation already have special programs or provide special support for individuals and families?</p>	<p> <input type="radio"/> 0. No, did not participate in M.I. awareness campaigns <input type="radio"/> 1. Yes, did participate in M.I. awareness campaigns <i>Explain:</i> </p> <p> <input type="radio"/> 0. No, did not have special programs <input type="radio"/> 1. Yes, did have special programs <input type="radio"/> (Check this box if congregation appears to have an exemplary program) <i>Explain:</i> </p>
<p>PP5. Did use of the poster packet lead to greater awareness of resources available to individuals and families coping with mental illness?</p> <p>PP5b. Are there <u>specific examples</u> of this new awareness? Please describe.</p>	<p> <input type="radio"/> 0. No <input type="radio"/> 1. Yes <i>Explain:</i> </p>
<p>PP6. Did use of the poster packet lead to greater <u>use of referral resources</u> available to help individuals with mental illness and their families?</p>	<p> <input type="radio"/> 0. No <input type="radio"/> 1. Yes </p>



Poster Packet

<p>PP6b. Are there <u>specific examples</u> of this greater use of these resources? Please describe. (probe for use of NAMI, AAPC resource, etc.)</p> <p>PP6c. As a result of using the Poster Packet or other resources obtained from Pathways (or NAMI, AAPC, etc.), did you establish or strengthen relationships with other programs or agencies in the community (CMHC's, etc.)? If yes, please explain:</p> <p>If no, does your congregation have a desire to establish or strengthen relationships with community agencies or programs that support people with mental illnesses and their families? Please explain:</p>	<p>Specific examples of use of referral resources:</p> <p> <ul style="list-style-type: none"> ə 0. No, did not participate in M.I. awareness campaigns ə 1. Yes, did participate in M.I. awareness campaigns </p> <p><i>Explain:</i></p> <p> <ul style="list-style-type: none"> ə 0. No ə 1. Yes </p> <p><i>Explain:</i></p>
<p>PP7. Did use of the poster packet lead to the development of any new programs or services in your congregation or community?</p> <p>PP7b. (If yes,) What new programs or services were developed?</p>	<p> <ul style="list-style-type: none"> ə 0. No ə 1. Yes </p> <p><i>New programs or services developed:</i></p>



Poster Packet

<p>PP7c. How did the poster packet and accompanying materials inform or inspire the development of these new efforts?</p>	
<p>PP8. Did the poster and materials help the congregation respond to individuals and families in supportive ways?</p> <p>PP8e. Are there <u>specific examples</u> of this?</p>	<p>ə 0. No ə 1. Yes</p>
<p>PP9. In what ways could the poster packet and accompanying materials have been more helpful?</p>	
<p>PP10. What did you like best about the poster packet?</p>	



P2P Awareness & Resource Guide

ARG1. Did you receive a copy of *Pathways to Partnership: An Awareness and Resource Guide*?

- ☐ 0. No
 - ☐ 1. Yes
- If no, did you order one? (*make plans to send, if necessary*)

ARG1b. What prompted you to request the Awareness and Resource Guide?

- ☐ 1. It was free
- ☐ 2. Have pressing needs in the congregation
- ☐ 3. General interest in learning about the issues
- ☐ 4. Other: _____

ARG2. If yes, “Have you had a chance to read it or use it in any way?”

- ☐ 0. No
- ☐ 1. Yes

ARG2b. If yes, How have you used the *Awareness and Resource Guide*?

How they’ve used it:

ARG2c. If no, do you have any plans to use it in the future?

- ☐ 0. No
- ☐ 1. Yes

How they plan to use it:

ARG3. Was the *Awareness and Resource Guide* helpful?

- ☐ 0. No
- ☐ 1. Yes

ARG3b. If yes, in what ways was it helpful?

Ways it was helpful or not helpful:



P2P Awareness & Resource Guide

If no, what was it about the *Guide* that was lacking or unhelpful?

ARG3c. Did the *Guide*, in fact, enhance your congregation's **awareness** of mental illness issues?
(if not, what areas of awareness would they be interested in enhancing that weren't addressed by the *Guide*?)

- ə 0. No
- ə 1. Yes

Explain:

ARG3d. Did the *Guide*, in fact, provide your congregation with more **resources** for supporting people with mental illness and their families?
(if not, what types of resources would they be interested in obtaining that weren't offered in the *Guide*?)

- ə 0. No
- ə 1. Yes

Explain:

ARG4. In what additional ways, if any, could the *Guide* be changed to be of greater help to congregations?



Other Resources Ordered or Used as a Result of the Poster Project

OR1. Did you request and receive other materials from Pathways, American Association of Pastoral Counselors, or the National Alliance on Mental Illness?

- ⊃ 0. No
- ⊃ 1. Yes

OR 1b. If no, did you order additional materials? (*make plans to send, if necessary*)
Do you have any plans to use additional materials in the future? (explain)

- ⊃ 0. No
- ⊃ 1. Yes

“Walking Together Workshop” – if the person seems interested in using Pathways materials (or has already started using them), let them know that this additional resource is being offered for FREE at this time

The “Walking Together Workshop” is a document that contains materials for helping congregations (or groups within congregations) understand better the issues, like stigma, that make it harder for people with mental illnesses to feel accepted in a community. The workshop contains 9 specific activities organized around this theme.

OR2. (If applicable) “What did you order/receive?” and “Have you had a chance to use them in any way?”

OR2b. How have you used the *additional resources*?



Other Resources Ordered or Used as a Result of the Poster Project

<p>OR3. Were the <i>additional materials</i> helpful?</p> <p>OR3b. If <u>yes</u>, in what ways were they helpful?</p> <p>If <u>no</u>, what was it about the <i>materials</i> that was lacking or unhelpful?</p>	<p>☐ 0. No</p> <p>☐ 1. Yes</p>
<p>OR4. What types of materials would have been more helpful, if any?</p> <p>OR5. Would you mind having a representative from the American Assn of Pastoral Counselors call you to inform you of the availability of pastoral counseling in your area?</p>	<p>☐ 0. No</p> <p>☐ 1. Yes</p> <p>Who to contact: _____</p> <p>Number to call (if diff from this one): _____</p>



Congregation's Needs

CN1. What areas of need does your congregation still have in responding to mental illness?

CN2. Are there specific resources or services that you would like to have available to your congregation?

CN2b. If yes, what are they?

CN3a. Are there video, movie or other similar resources that you have found helpful in the past or that you might find helpful in the future?

- ə 0. No
- ə 1. Yes

- ə 0. No
 - ə 1. Yes
- Comments:*



Congregation's Needs

<p>CN3b. We are considering working with Faith & Values Media to promote a film on mental illness that would be shown on the Hallmark channel. Are you familiar with the Hallmark channel? Have you seen any of their movies or programs related to mental illness? If so, what has been your reaction to those movies or programs?</p>	<ul style="list-style-type: none"> ə 0. No – not familiar, haven't seen ə 1. Yes-familiar with channel, haven't seen movies on MI ə 2. Yes-familiar with channel, have seen movies on MI <p><i>Comments:</i></p>
<p>CN4. Would you like some consultation from Pathways on how better to support persons struggling with mental illness and their families?</p>	<ul style="list-style-type: none"> ə 0. No ə 1. Yes <p><i>(describe below the congregation's specific needs/interests)</i></p>

Is there anything else that needs to be said before we conclude the interview?





PATHWAYS TO PROMISE

Interfaith Ministries and Prolonged Mental Illnesses

PRESS RELEASE

For Information Contact:
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FOR IMMEDIATE RELEASE:
June 1, 2006

AMERICAN PSYCHIATRIC FOUNDATION AWARDS PATHWAYS TO PROMISE \$87,900 GRANT FOR ANTI-STIGMA CAMPAIGN

SAINT LOUIS, Mo., June 1, 2006 -- With funding from the American Psychiatric Foundation, Pathways will collaborate with the American Association of Pastoral Counselors (AAPC), National Alliance on Mental Illness (NAMI), NAMI FaithNet (CA), and nine national faith groups to distribute informational, anti-stigma poster packets to approximately 26,000 congregations nationwide.

“The utilization of Faith Communities as an access point for information, education and treatment resources is extremely important and timely,” said Douglas M. Ronsheim, executive director of the American Association of Pastoral Counselors.

Participating faith groups include the Presbyterian Church USA, United Church of Christ, Roman Catholic Dioceses, Evangelical Lutheran Church of America, The Christian Church (Disciples of Christ), the Lutheran Church-Missouri Synod’s Board for Human Care Ministries, United Methodist Church-General Board of Church and Society, Episcopal Mental Illness Network, and the Union for Reform Judaism.

This project has the potential to reach 10 million people with the faith-relevant message that “light can emerge from darkness” for people with mental illnesses. Packets and subsequent materials to be ordered by local congregations will include information on the effectiveness of appropriate psychiatric treatment, how to access such treatment, how to obtain family support, and how to develop a more caring congregation for individuals and their families coping with mental illness. An attention-getting poster—based on artwork from a person with mental illness—photocopy-ready information sheets, and bulletin inserts will convey this vital information.

Evaluation of the project will utilize postcard survey responses and in-depth interviews with a sample of congregations from each of the participating faith groups. The evaluation will document the extent to which local congregations are better able to refer people to appropriate treatment, develop connections with local NAMI affiliates and other helpful organizations, and respond in more tangibly supportive ways to individuals and families coping with mental illness.

Pathways to Promise is an interfaith resource center in St. Louis offering liturgical and educational materials, program models, and networking information to promote a caring ministry with people with mental illness and their families.

The American Psychiatric Foundation is the philanthropic and educational arm of the American Psychiatric Association. The mission of the foundation is to advance public understanding that mental illnesses are real and can be effectively treated.

For more information, visit the Pathways to Promise web site at www.Pathways2Promise.org.

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