



Orthodox Christian Mental Health Needs Assessment Survey

To all the faithful,

The Assembly of Canonical Orthodox Bishops of the United States of America has created a Task Force on Mental Health to identify and address the mental health needs of the Eastern and Oriental Orthodox communities in the USA. Your participation provides essential information regarding the current mental health needs and ensures that your clergy and parishes have the necessary support needed to address the emotional, physical, and spiritual well being of everyone. The information you provide in this survey is confidential and will take approximately 15 minutes to complete.

If you have any questions, comments, concerns, please email us at ministries@assemblyofbishops.org.

NOTE: The information collected herein is completely anonymous will be used solely for research and community resources. It is not intended to determine any diagnosis.

ATTENTION:

If you are in need of a mental health provider, consult the [Directory of Orthodox Christian Mental Health Professionals](#).

If you find yourself overwhelmed and in need of immediate assistance while taking this survey, stop and call the National Crisis Hotline: 1-800-662-HELP (4357).

Perceptions

Which words come to mind when you consider the term "mental health"?

Mental Illness may be hereditary. *Please select one.*

- True
- False

The only way to treat a person with mental illness is through medication. *Please select one.*

- True
- False

<i>Please select one per row.</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am comfortable seeking help for myself from a mental health professional					
I am comfortable suggesting someone seek help from a mental health professional					

Spiritual practice is the only thing needed to treat mental health issues. *Please select one.*

- True
- False

Experience

Do you have a family member that has struggled with mental health issues? *Please select one.*

- Yes
- No

Have you personally struggled with mental health issues in your lifetime? *Please select one.*

- Yes
- No

Below is a list of items that can impact one's mental wellbeing. Please identify which items pertain to you and include any lifetime experiences. *Check all that apply.*

I have experienced:

- Anxiety
- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism
- Bipolar Disorder
- Body Image Concerns
- Bullying
- Caregiver Stress
- Autoimmune Disorder

- Chronic Fatigue
- Chronic Pain
- Communication Disorder
- Depression
- Divorce
- Domestic Violence
- Eating Disorder
- Gambling
- Gender Dysphoria
- Grief/Bereavement
- Hardships related to immigration (e.g. seeking asylum, legal status, etc.)
- Learning Disorder
- Loneliness
- Memory Loss/Dementia
- Mental Distress due to a Medical Condition
- Molestation
- Obsessive Compulsive Disorder (OCD)
- Panic Attacks
- Paranoia
- Persistent Relationship Conflict
- Personality Disorder
- Phobia
- Physical Abuse
- Pornography Use
- Postpartum Depression/Anxiety
- Posttraumatic Stress Disorder (PTSD)
- Problematic Alcohol Use
- Problematic Substance Use (other than alcohol)
- Problematic Sexual Desires/Behaviors
- Schizophrenia
- Seasonal Affective Disorder
- Self-injury
- Sexual Abuse
- Sexual Activity Outside of Marriage
- Sleep Issues
- Suicide Attempts
- Thoughts of Suicide
- Trauma
- Violence Towards Others

<i>Please select one per row.</i>	Extremely	Very	Moderately	Slightly	Not at all
Have your mental health concerns been directly or indirectly exacerbated as a result of COVID-19?					

What was done to address the concerns indicated above? *Check all that apply.*

- Spoke with Doctor
- Spoke with Priest or Clergy
- Sought Professional Therapy or Counseling
- Sought Support Group or Program (e.g. AA or NA)
- Sought Medication

- Confided in a Family Member, Friend, or Colleague
- Changed Diet or Nutritional Plan
- Sought Exercise or Physical Activity
- Sought self-study through reading, research, prayer, reflection, or journaling
- Created new experiences and memories through new or different activities (e.g. volunteering, new hobby/past-time, taking a vacation)
- Other:

Role of the Church

What role did your parish play in addressing your mental health concerns? *Check all that apply.*

- Supportive Listening
- Providing List of Referrals
- Emergency Intervention
- Educational Resources
- Clergy Visit
- N/A
- Other:

<i>Please select one per row.</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My parish was supportive of me during my struggles with mental health					

<i>Please select one per row.</i>	Much Better	Somewhat Better	Stayed the Same	Somewhat Worse	Much Worse
Has your parish's ability to provide mental health support changed as a result of COVID-19?					

Would you utilize clergy and/or professional mental health services for assistance with mental health problems? *Please select one.*

- Yes, clergy
- Yes, professional mental health services
- Yes, both

- No, neither. I would do something else
- No, neither, I would not want any services

What would increase your likelihood of utilizing clergy and/or professional mental health services? Please specify

What sort of resources would you like to see offered through the Orthodox Church?

<i>Please select one per row.</i>	Not at All Important	Important	Very Important
Anonymous Crisis Line			
Directory of Orthodox Mental Health Professionals for Therapy or Counseling Referrals			
Financial support for Orthodox Christians entering the mental health career field			
Support Group or Program (e.g., AA or NA) Referrals			
Psychiatric Evaluation Referrals			
Book recommendations for self-study			
Presentations on Mental Health Issues			
Handouts Raising Awareness of Mental Health			
Webinars on Mental Health			

Please list any additional resources (not listed above) you would like to see offered through the Orthodox Church.

Demographic Information

Gender:

Age Range: *Please select one.*

- | | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="radio"/> 18-22 | <input type="radio"/> 48-52 | <input type="radio"/> 78-82 |
| <input type="radio"/> 23-27 | <input type="radio"/> 53-57 | <input type="radio"/> 83-87 |
| <input type="radio"/> 28-32 | <input type="radio"/> 57-62 | <input type="radio"/> 88-92 |
| <input type="radio"/> 33-37 | <input type="radio"/> 63-67 | <input type="radio"/> 92-97 |
| <input type="radio"/> 38-42 | <input type="radio"/> 68-72 | <input type="radio"/> 98+ |
| <input type="radio"/> 43-47 | <input type="radio"/> 73-77 | |

Do you identify as an individual with a disability?

- Yes
- No

Race: *Select all that apply.*

- American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American. A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Caucasian. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Marital status: *What is your current marriage status?*

- Married
- Remarried
- Cohabitation/Partnered/Significant Other
- Engaged
- Widowed
- Divorced
- Separated
- Single/Never Married

Please indicate your highest level of education: *Please select one.*

- Have not completed high school
- High school degree or equivalent (e.g., GED)
- Some college but no degree
- Associate degree
- Bachelor degree
- Post-Graduate degree (i.e. Master's, JD, MD, PhD)

Which of the following categories best describes your employment status? *Please select one.*

- Full time - working at least 35 hours/week
- Part time - working less than 35 hours/week
- Retired, working part-time
- Retired, not working at all
- Laid off or unemployed
- Full time homemaker
- Other:

How much total combined money did all members of your household earn in 2019? *Please select one.*

- \$0 - \$9,999
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999

- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 - \$69,999
- \$70,000 - \$79,999
- \$80,000 - \$89,999
- \$90,000 - \$99,999
- \$100,000 - \$199,999
- \$200,000 or above

How many years have you been part of the Orthodox Church?

To which jurisdiction do you belong? *Please select one.*

- Albanian Orthodox Diocese of America
- American Carpatho-Russian Orthodox Diocese of the USA
- Antiochian Orthodox Christian Archdiocese of North America
- Armenian Orthodox Apostolic Church
- Bulgarian Eastern Orthodox Diocese of the USA, Canada, and Australia
- Coptic Orthodox Archdiocese of North America
- Eritrean Orthodox Diocese of North America
- Georgian Apostolic Orthodox Church in North America
- Greek Orthodox Archdiocese of America
- Malankara Orthodox Syrian Church
- The Moscow Patriarchal Parishes in the USA
- Orthodox Church in America (OCA)
- Romanian Orthodox Metropolia of the Americas
- Russian Orthodox Church Outside of Russia
- Serbian Orthodox Church in North, Central and South America
- Syriac Orthodox Church of Antioch
- Ukrainian Orthodox Church of the USA

How often do you attend liturgical services via livestream online or in person? *Please select one.*

- At least once a week
- A few times per month

- A few times per year
- Seldom
- Never

Geographic location (*please enter your State*)

Which of the following describes your engagement with your parish? *Select all that apply.*

- Clergy
- Pastoral Caregiver
- Monastic
- Parish Council or Board Member
- Spouse of Clergy
- Laymember
- Youth Leader
- Sunday School Teacher
- Choir
- Ministry Leader
- Ministry Volunteer

Is there anything about the church's role in addressing mental health not addressed in this survey that you would like to share?

Questions for Clergy/Pastoral Caregivers

Only fill this question out if you are a member of the Clergy or a Pastoral Caregiver.

As clergy member/pastoral caregiver, what mental health resources would you like to see being developed to best support your parish?

What areas/topics do you feel least equipped to address?*

- | | | |
|---|--|--|
| <input type="radio"/> Anxiety | seeking asylum,
legal status, etc.) | <input type="radio"/> Posttraumatic
Stress Disorder
(PTSD) |
| <input type="radio"/> Autoimmune
Disorder | <input type="radio"/> Learning Disorder | <input type="radio"/> Problematic
Alcohol Use |
| <input type="radio"/> Attention Deficit
Hyperactivity
Disorder (ADHD) | <input type="radio"/> Loneliness | <input type="radio"/> Problematic
Substance Use
(other than alcohol) |
| <input type="radio"/> Autism | <input type="radio"/> Memory
Loss/Dementia | <input type="radio"/> Problematic Sexual
Desires/Behaviors |
| <input type="radio"/> Bipolar Disorder | <input type="radio"/> Mental Distress due
to a Medical
Condition | <input type="radio"/> Schizophrenia |
| <input type="radio"/> Body Image
Concerns | <input type="radio"/> Molestation | <input type="radio"/> Seasonal Affective
Disorder |
| <input type="radio"/> Bullying | <input type="radio"/> Obsessive
Compulsive
Disorder (OCD) | <input type="radio"/> Self-injury |
| <input type="radio"/> Caregiver Stress | <input type="radio"/> Panic Attacks | <input type="radio"/> Sexual Abuse |
| <input type="radio"/> Chronic Fatigue | <input type="radio"/> Paranoia | <input type="radio"/> Sexual Activity
Outside of
Marriage |
| <input type="radio"/> Chronic Pain | <input type="radio"/> Persistent
Relationship
Conflict | <input type="radio"/> Sleep Issues |
| <input type="radio"/> Communication
Disorder | <input type="radio"/> Personality
Disorder | <input type="radio"/> Suicide Attempts |
| <input type="radio"/> Depression | <input type="radio"/> Phobia | <input type="radio"/> Thoughts of
Suicide |
| <input type="radio"/> Divorce | <input type="radio"/> Physical Abuse | <input type="radio"/> Trauma |
| <input type="radio"/> Domestic Violence | <input type="radio"/> Pornography Use | <input type="radio"/> Violence Towards
Others |
| <input type="radio"/> Eating Disorder | <input type="radio"/> Postpartum
Depression/Anxiety | |
| <input type="radio"/> Gambling | | |
| <input type="radio"/> Gender Dysphoria | | |
| <input type="radio"/> Grief/Bereavement | | |
| <input type="radio"/> Hardships related
to immigration (e.g. | | |

<i>Please select one per row.</i>	Weekly	Monthly	A few times per year	Less than a few times per year
How often are you asked to intervene in mental health related situations from your parish?				

<i>Please select one per row.</i>	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am comfortable addressing mental health issues with my parish?					