

Barriers to Believing and Belonging for
Youth with Disabilities, Mental Health Conditions, and Chronic Illnesses

Erik W. Carter (<https://orcid.org/0000-0001-7153-2782>)
Jason L. Le Shana (<https://orcid.org/0009-0001-6106-9840>)
Gaynor I. Yancey (<https://orcid.org/0000-0002-8562-1468>)
Angela Reed (<https://orcid.org/0009-0007-7273-2496>)
Elyse McMullen (<https://orcid.org/0009-0000-7893-4872>)
Baylor University, Waco, Texas

Corresponding Author:

Erik W. Carter, Baylor Center for Disability and Flourishing, Baylor University, Waco, Texas
76798; erik_carter@baylor.edu

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Abstract

Many youth with disabilities, mental health conditions, and chronic illnesses long to be part of a faith community. However, they often encounter barriers to meaningful participation and belonging within congregational life. We asked a national sample of youth ministry leaders about the barriers they identify related to serving these young people well. Leaders rated 18 barriers spanning six areas: knowledge and confidence, resources, congregational support, motivation, safety and liability, and physical accessibility. The primary barriers fell in areas related to capacity, rather than in areas related to commitment. Larger churches and those with formal disability ministries reported fewer perceived barriers. Inclusive youth ministry requires sustained attention to leader preparedness, organizational capacity, and the multiple factors that can constrain participation and belonging. We offer practical recommendations for addressing the barriers that keep youth with disabilities, mental health conditions, and chronic health conditions from accessing formative ministry and relationship experiences.

Keywords: adolescents, disability, mental health, congregations

Introduction

Adolescence can be an especially formative season in which young people are exploring, deepening, and/or wrestling with their faith. Many churches across the United States have established formal ministries devoted to reaching and serving youth during this critical juncture. One primary purpose of youth ministry is to help adolescents grow in their faith by developing Christian beliefs, practices, commitments, and ways of living (de Kock, 2023; Root, 2020). A second purpose is to cultivate a sense of belonging within a community of faith through relationships with other youth and adults (Dean et al., 2023). In other words, faithful youth ministry is deeply concerned with both believing and belonging.

These companion goals also extend to the millions of youth with disabilities, mental health conditions, and chronic illnesses residing within every community across the country. Nearly one in six adolescents have disabilities that can impact their learning, relationships, and everyday participation (U.S. Department of Education, 2025). Examples of the diversity of disability experiences include autism, intellectual disability, physical disabilities, and communication disorders. Likewise, one in five adolescents has a significant mental health condition (Sappenfield et al., 2023), such as anxiety, depression, or emotional/behavioral challenges. The lived experiences of these young people can shape their participation in ministry and their perspectives on faith and belonging. Indeed, more than 90% of youth ministry leaders report serving one or more of these youth in their programs and congregations (Carter, Le Shana, et al., 2026).

Even amidst strong commitments to hospitality and inclusion, congregations can feel uncertain about how best to support youth with disabilities, mental health conditions,

and chronic illnesses (Le Shana et al., in press). Youth ministry leaders come to their roles through varied pathways—some through specialized undergraduate or seminary programs and others through hands-on ministry experiences. Their prior preparation related to disability and mental health is similarly uneven. For example, relatively few seminaries devote substantial attention to disability or mental health conditions within the theological curriculum (Annandale & Carter, 2014; Conner, 2023) and opportunities for specialized training can be hard to find. Moreover, relatively few published resources have addressed inclusion and accessibility within the youth ministry context (Conner, 2012; Ellis & Langford, 2020; Forbes & Raffety, 2026).

Youth ministry can present a potentially high-barrier environment for adolescents with disabilities and chronic conditions (Grcevich & Grcevich, 2021; McMullen et al., in press). For example, programs and activities might assume levels of independence, communication, and emotional regulation that are not equally accessible to every young person. Some youth with disabilities may need additional assistance or adaptation that seem to stretch beyond the available resources or staffing. Other youth may encounter inaccessible spaces or activities—at their church or elsewhere in the community—that make participation more difficult or impossible. Youth with hidden disabilities or mental health conditions may wonder whether and how to disclose their needs for fear of stigma and misunderstanding (Breland-Noble et al., 2015). Finally, youth whose communication and behavior diverge from prevailing norms may struggle to find acceptance or form friendships (Carter et al., 2022). This constellation of practical, relational, and organizational challenges can stretch congregations seeking to include every young person

meaningfully.

A growing number of studies have examined the presence and impact of these barriers broadly within congregations. Much of this research has centered the perspectives of parents of children and youth with disabilities (e.g., Carter, Alford, et al., 2026; Jacober, 2010; Pearson et al., 2024). Their church stories have raised barriers related to limited awareness, negative attitudes, inaccessible spaces, and unsupportive programs—barriers that frequently lead to families leaving their church (Ault et al., 2013; Roe da Silva, et al. 2026). Less attention has focused on the experiences of youth with disabilities and mental health conditions (e.g., Carter et al., 2024; Frake et al., 2026; Liu et al., 2014). These studies have highlight barriers such as conditional acceptance, sensory challenges, stigma, and wounding theological beliefs. Uns supportive or alienating encounters within church may contribute to disengagement from both congregational life and religious commitment (Pearce & Denton, 2011).

A missing perspective from this emerging research is the vantage point of the youth ministry leaders themselves. Several scholars have referenced the challenges these leaders can face when serving an increasingly diverse population of adolescents (Belsterling & Gordon, 2022; Ellis & Langford, 2018). To our knowledge, prior studies have not asked these leaders about the barriers they encounter or anticipate. Youth ministry leaders may be uniquely positioned to speak to the organizational, relational, and practical conditions that can impact inclusive ministry. Understanding the barriers they perceive could help clarify how best to equip them with the knowledge, skills, resources, and dispositions to anticipate and serve these youth well.

The purpose of this study was to examine the breadth of barriers that can impact ministry with and by youth with disabilities, mental health conditions, or chronic illnesses. What do youth leaders identify as the most prominent barriers to inclusive ministry? What church and leader characteristics are associated with variation in the barriers they perceive? We surveyed leaders from a national sample of churches that adopted wide-ranging ministry approaches.

Method

Participating Leaders

We surveyed 184 youth ministry leaders. Their ages ranged widely: 20-24 (9.8%), 25-29 (21.2%), 30-34 (17.9%), 35-39 (10.9%), 40-44 (7.6%), 45-49 (10.3%), and 50 or above (21.2%); 1.1% did not report their age. Almost half (49.5%) were female, 47.3% were male, and 3.3% did not report their sex. Their race/ethnicity was White (78.8%), Hispanic/Latino (12.5%), Asian (4.3%), Black or African American (3.8%), American Indian and Alaska Native (1.1%), Native Hawaiian and Other Pacific Islander (0.5%), and/or other (1.1%); 2.7% did not report their race/ethnicity. Approximately one quarter (26.6%) of leaders reported having a mental health condition (20.7%), disability (6.0%), and/or chronic illness (6.0%). Likewise, more than two thirds (68.5%) of leaders had a family member with a mental health condition (51.6%), disability (32.1%), and/or chronic illness (29.3%).

Participants also brought substantial ministry experience to their roles. They held this role at their current church an average of 5.6 years ($SD = 6.1$ years) and at any church an average of 9.9 years ($SD = 8.9$ years). Preparation related to their area of ministry varied: 28.3% had a certificate, 37.0% had an undergraduate degree, 28.3% had a master's degree,

and 46.7% reported they either or also had a prior work experience outside of a church. Most leaders were full-time staff (80.9%); the rest were part-time staff (14.8%), part-time volunteers (2.7%), or full-time volunteers (1.6%).

Youth Ministries

The youth ministries represented a wide range of program sizes and age configurations. Nearly all served high school (96.2%) and middle school or junior high students (91.8%), while smaller proportions also included young adults (35.9%) or elementary-age children (25.0%). About half of the ministries served 50 or fewer youth: 7.2% included 10 or fewer, 23.9% included 11-25, and 21.7% included 26-50. The remaining ministries served 51-100 youth (17.2%), 101-150 youth (12.2%), or more than 150 youth (17.8%). Adult leadership also varied, ranging from a single leader or volunteer (1.1%) to more than 20 (25.4%); other ministries reported 2-5 (23.8%), 6-10 (23.8%), 11-15 (14.4%), or 16-20 (11.6%) adults. Most leaders indicated that one or more youth with disabilities (91.3%; e.g., autism, intellectual disability, learning disability, physical disability) and one or more youth with mental health conditions (85.9%; e.g., anxiety disorder, depression, obsessive-compulsive disorder) were presently involved in their ministries.

Churches

Participating leaders represented churches in 37 states and a variety of community contexts. Most served suburban communities (69.6%), although rural (26.1%) and urban (29.9%) settings were also represented (leaders could select more than one community type). Churches varied in size, with 3.3% reporting fewer than 100 attendees, 18.2%

reporting 100-249, 13.3% reporting 250-499, 17.1% reporting 500-999, 19.6% reporting 1,000-2,499, and 28.2% reporting 2,500 or more. Leaders most often characterized their congregations as predominantly White (61.4%) or multiracial (33.2%); relatively few described them as predominantly Hispanic or Latino (2.7%), Black or African American (2.2%), or Asian or Pacific Islander (0.5%). Catholic churches comprised the largest denominational group (35.9%), followed by non-denominational (11.7%), Southern Baptist (10.6%), Lutheran (8.9%), Methodist (8.7%), and Presbyterian (5.0%) churches. All other denominations were less than 5% (e.g., Assemblies of God, Baptist, Bible Church, Christian Reformed, Episcopal, Church of Christ, Church of God, Congregational, Evangelical Free, United Church of Christ). Leaders described their churches as conservative (44.4%), moderate (40.6%), or progressive (11.1%); 3.9% were unsure. Just over one quarter (27.5%) reported that their church had a formal disability ministry.

Recruitment

We developed a national sampling frame of churches from three waves of the Baylor Religion Survey (2014, 2017, and 2021). The BRS is a nationally representative survey of U.S. adults conducted by Baylor University in collaboration with Gallup. As part of the survey, respondents identified their current place of worship and provided available location information. Across the three waves, these responses yielded 2,006 unique places of worship. We then sought to identify each congregation and locate contact information for a youth ministry leader. This process involved church websites and social media pages, as well as direct contact by telephone or email. We excluded churches when they could not be located, were not Christian congregations, had closed or merged, or were known not

to have a youth ministry or youth ministry leader. The resulting recruitment pool included 1,240 churches.

We contacted each church by email when an address was available, directing the invitation either to an identified youth ministry leader or, when necessary, to a general church account or online contact form. We sent up to three email reminders. Churches that did not respond electronically—or for which usable email contact information was unavailable—were subsequently mailed a paper survey with a postage-paid return envelope. Recruitment materials emphasized the importance of hearing from youth leaders regardless of whether the ministry currently included many, few, or no known youth with disabilities or mental health conditions. All participants received a \$10 gift card.

Surveys were completed electronically in REDCap (Harris et al., 2009) or entered from returned paper forms. A total of 184 youth ministry leaders participated, yielding a response rate of 14.8%. Because eligibility could not be definitively established for every nonresponding church (e.g., churches may not have had an active youth ministry or identifiable youth ministry leader), this figure should be considered a conservative estimate of the response rate among eligible churches.

Measures

Our survey included major sections addressing church demographics; the roles and experiences of youth leaders; descriptions of their ministries; their views about disability ministry, barriers to ministry, theological issues, and ministry needs; and personal demographics. The present article focuses on the following measures.

Barriers to Ministry. To explore the challenges churches might experience with

including youth with disabilities, mental health conditions, or chronic illness, we asked participants to review a list of 18 potential barriers (e.g., we aren't sure how to do it, we don't have enough staff, church members are not supportive; see Table 1). For each statement, participants rated the extent to which they agreed the challenge was present in their church using a four-point, Likert-type scale: 1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree. These items were drawn from a review of previous studies focused on the barriers families face whose members have disabilities (e.g., Carter et al., 2023; Ductráim, 2025; Howell & Pierson, 2010; Jacober, 2010; Pearson et al., 2024; Sullivan & Aramini, 2019).

We conducted an exploratory factor analysis using principal axis factoring with Promax rotation to examine the scale's dimensionality. Sampling adequacy was acceptable (KMO = .815), and Bartlett's test of sphericity was significant, $\chi^2(153) = 1331.08$, $p < .001$, indicating that the data were appropriate for factor analysis. The analysis supported a five-factor solution, with eigenvalues of 5.50, 1.78, 1.41, 1.36, and 1.18 and a clear inflection in the scree plot. These five factors accounted for 55.72% of the total variance. After rotation, items loaded strongly and cleanly on five conceptually distinct areas: (a) Resource Barriers, (b) Knowledge and Confidence Barriers, (c) Congregational Support Barriers, (d) Motivation Barriers, and (e) Safety and Liability Barriers. Factor loadings within each domain were strong (generally .50-.90), with minimal cross-loading, and inter-factor correlations ranged from .30 to .50, indicating that these areas represent related, but distinct, types of barriers. One item (i.e., "Our church is not physically accessible") showed very low communality and did not load meaningfully on any factor.

We retained it and interpreted it as a standalone indicator rather than part of a multi-item subscale.

Leader demographics. We asked leaders to report their sex, age band (e.g., 20-29, 30-39), race/ethnicity, and highest level of education. We asked whether they or a family member had a disability, mental health condition, and/or chronic illness. For each question, the option “prefer not to answer” was available.

Leader experiences. We asked about their ministry roles, the nature of their current position (i.e., part- or full-time, paid or volunteer), their years of experience (i.e., at their current church, at any church), any formal training related to their role (i.e., certificate, undergraduate degree, master’s degree, prior work experiences, other). We also asked whether they had ever participated in each of four learning opportunities with a focus on disability, mental health conditions, and/or chronic illness: (a) coursework (e.g., college, certificate program, seminary), (b) conferences or workshops, (c) self-directed learning (e.g., webinars, websites, books), and/or (d) personal experiences (e.g., family, volunteering).

Church information. We asked leaders how many people they estimate attend or affiliate with their church (including children and adults): under 50, 50-99, 100-249, 250-499, 500-999, 1000-2499, or 2500 or more. We asked them to select one of 25 denominational categories that described their church or to write-in another option. We asked which locale types described the communities served by their church: rural, suburban, and/or urban. We asked how they would describe the ethnic makeup of their church (e.g., mostly Black or African American, mostly White, multiracial), and how most

members would describe their church religiously (i.e., conservative, moderate, progressive). We asked whether their church had a formal disability or special needs ministry.

Data Analysis

For each of the 18 potential barriers, we summarized the distribution of responses and calculated the percentage of leaders who agreed or strongly agreed that the barrier was present in their ministry. We also created two complementary indicators of overall barriers: (a) an overall mean barrier rating reflected the average level of agreement across the 18 items and (b) a total barrier count reflected the number of items for which a leader responded agree or strongly agree.

We examined whether perceived barriers varied in relation to selected church and leader characteristics. Because church size was measured ordinally, we used Spearman rank-order correlations to examine its association with overall barrier ratings and ratings by each of the six barrier areas. We used Pearson correlations to examine associations with years of ministry experience. We used independent-samples *t* tests for two-group comparisons, including church locale (suburban vs. non-suburban); faith tradition (Catholic vs. Protestant); presence of a formal disability ministry; personal or family experience with disability, mental health conditions, or chronic illness; prior disability-related coursework; and prior formal ministry training. One-way analyses of variance were used to examine differences by religious orientation (i.e., conservative, moderate, progressive). We report Cohen's *d* as an effect size for two-group comparisons and η^2 for analyses of variance. We evaluated statistical significance using a two-tailed alpha level of

.05.

Findings

Barrier Ratings

Table 1 displays ratings related to each of 18 potential barriers. The items for which the largest percentage of youth leaders agreed or strongly agreed were barriers included *we don't have enough volunteers* (70.2%), *we are focused on other priorities* (61.7%), *we aren't sure how to do it* (61.5%), and *we don't have enough staff* (58.8%). The lowest percentage of leaders agreed or strongly agreed with *our church is not physically accessible* (14.3%), *church members are not supportive* (10.4%), *church leaders are not supportive* (10.4%), and *peers are not supportive* (9.3%). Overall, they agreed or strongly agreed that an average of 6.34 barriers ($SD = 3.64$) were present in their ministries. The strongest agreement was found for the knowledge/confidence barriers ($M = 2.56$) and resource barriers ($M = 2.46$) domains. The lowest levels were found for the motivation barriers ($M = 1.86$) and support barriers ($M = 1.71$) domains.

Barrier Factors

Church factors. Church size was negatively correlated with overall average ratings of barriers ($\rho = -.315, p < .001$), as well as the four areas of resource barriers ($\rho = -.184, p = .014$), knowledge/confidence barriers ($\rho = -.177, p = .018$), support barriers ($\rho = -.213, p = .004$), and motivation barriers ($\rho = -.387, p < .001$). No differences were found in overall mean ratings of barriers based on locale ($p = .530$), faith tradition ($p = .051$), or religious orientation ($p = .060$). However, overall average ratings of barriers were significantly lower in churches with a formal disability ministry compared to those without, $t(174) = 5.00, p <$

.001, $d = .84$). Differences in the same direction were found in the areas of resource barriers, $t(174) = 3.214$, $p = .002$, $d = .54$; knowledge/confidence barriers, $t(174) = 3.99$, $p < .001$, $d = .67$; motivation barriers, $t(174) = 5.08$, $p < .001$, $d = .85$; and safety and liability barriers, $t(174) = 2.80$, $p = .006$, $d = .47$.

Personal factors. Years of prior experience was not significantly correlated with overall mean ratings of barriers ($p = .786$). No differences were found in overall average ratings of barriers based on having a personal or family connection to disability, mental health conditions, or chronic illness ($p = .820$); having prior coursework in these areas ($p = .527$); or having prior formal training ($p = .938$).

Church factors (total number of barriers). Church size was negatively correlated with the total number of barriers ($p = -.286$, $p < .001$). No differences were found in total number of barriers based on locale ($p = .753$), faith tradition ($p = .095$), or religious orientation ($p = .060$). However, the total number of barriers was significantly lower in churches with a formal disability ministry compared to those without, $t(176) = 5.17$, $p < .001$, $d = .86$).

Personal factors (total number of barriers). Years of prior experience was not significantly correlated with total number of barriers ($p = .219$). No differences were found in overall mean ratings of barriers based on having a personal or family connection to disability, mental health conditions, or chronic illness ($p = .975$); having prior coursework in these areas ($p = .335$); or having prior formal training ($p = .617$).

Discussion

Adolescence is a formative period for spiritual growth and belonging. Although

church can be an influential context for both, participation can be challenging for many youth with disabilities and mental health conditions (McMullen et al., 2026). We surveyed a national sample of youth ministry leaders about the barriers they perceive when seeking to serve these young people well. Our study offers new insights into challenges that can constrain ministries and the pathways that might help address them.

The most prominent barriers related more to capacity than to commitment within the church. Youth ministry leaders emphasized barriers related to their own knowledge and confidence. For example, more than half of participants agreed they were unsure how to involve these youth in their ministries, were afraid they might not do it well, and did not know where to get training. These perceptions are not altogether surprising given the limited attention disability, mental health conditions, and chronic illness tend to receive within an already crowded seminary curriculum or in other forms of ministry preparation (Annandale & Carter, 2014; Conner, 2023). At the same time, knowledge and confidence shape a leader's priorities and practices. When leaders are uncertain about how to serve these youth well, good intentions may not readily translate into inclusive practices.

A second set of barriers involved resource limitations. Here too, more than half of participants felt they lacked the staff or volunteers to include these youth well. Although we did not ask why they felt their current staffing or volunteer pool was insufficient, leaders may have anticipated that the individualization, accommodations, or supports needed by some youth would require additional people or expertise. Such barriers may not be unique to ministry with this population. Staffing and volunteer availability are challenges across many areas of congregational ministry (e.g., Holmes & Fenton, 2026). Their prominence

here, however, suggests that broader capacity constraints can become especially consequential when leaders are trying to respond flexibly to a wide range of needs.

Leaders identified an average of more than six different barriers to inclusive and accessible youth ministry. The cumulative nature of these barriers is important to consider. Most churches are not navigating a single obstacle, but a constellation of barriers that may operate all at the same time. For example, a youth ministry may simultaneously lack volunteers, feel uncertain about appropriate supports, face competing priorities, and worry about safety or liability. This pattern is consistent with other research suggesting that inclusion is shaped by multiple dimensions of congregational life rather than by any single practice or posture (Carter, Alford, et al., 2026; Griffin et al., 2012). Addressing only one of these areas may still leave other barriers untouched. In other words, a single strategy may not be sufficient to make a ministry fully accessible. Instead, leaders may need to examine their ministry more holistically to identify barriers to believing and belonging.

We also found that some aspects of church context were associated with the number of barriers leaders identified. Specifically, larger churches and churches with formal disability ministries reported fewer barriers, though they were still present. This is not altogether surprising, as larger churches may have greater access to resources, people, and expertise when responding to diverse needs. The implication is not necessarily that every church needs to launch a formal disability ministry. However, churches may benefit from developing some of the capacity that such ministries often represent, including designated leadership, accumulated expertise, established relationships with families, and intentional attention to accessibility. Because these data are cross-sectional, we cannot

determine whether greater organizational capacity reduces barriers or whether churches with fewer barriers are more likely to develop such capacity.

Finally, many of the church and leader characteristics we examined were not associated with the number of barriers identified. Specifically, barriers did not differ significantly by church locale, faith tradition, or religious orientation, nor were they associated with leaders' years of ministry experience, personal or family connections to disability and mental health, prior coursework, or formal training. With the exceptions mentioned previously, barriers to inclusive youth ministry are not confined to particular kinds of leaders or churches. Disability and mental health should not be viewed as specialized concerns for only certain kinds of congregations or ministry leaders. They warrant attention across youth ministry contexts. The lack of association with prior coursework or training should also be interpreted cautiously, as we measured participation in these experiences rather than their depth or quality.

Limitations

Several limitations to this study are important to consider. First, our overall response rate was modest. Although churches were drawn from a national sampling frame, leaders who chose to participate may differ in important ways from those who did not. Therefore, our findings should not be treated as nationally representative of all youth ministry leaders. Second, our findings reflect a single vantage point within each church. It is unclear whether the barriers these leaders named would correspond with those identified by youth, families, ministry staff, or congregants within the same church. Future studies should seek to triangulate perspectives across multiple congregation members. Third, we asked youth

ministry leaders to consider a wide range of disability, mental health, and chronic health experiences together. Although this reflects the diverse populations served within youth ministry, it may obscure important differences in the nature and salience of barriers associated with particular conditions and support needs. Future studies should explore whether and how their views differ when leaders are considering youth with cognitive, sensory, physical, psychological, or health-related impairments. Fourth, the cross-sectional nature of our study makes it impossible to draw causal conclusions regarding factors associated with perceived barriers. For example, although churches with formal disability ministries reported fewer barriers, we cannot determine whether such ministries help reduce barriers or whether churches with fewer barriers are more likely to establish these ministries.

Implications for Ministry Practice

The barriers identified in this study could offer a starting point for thoughtful reflection by youth ministry leaders and their teams. Reviewing each of these areas may help attune leaders to concerns they might not otherwise notice and discern which are most salient to their own church context (McMullen et al., 2026). Leaders could also use these findings as prompts for candid conversations about the conditions that may be limiting participation and belonging for youth with disabilities and mental health conditions. For example, teams might ask which youth struggle to participate fully, what barriers are contributing to those experiences, and what changes might make participation and belonging more attainable.

Leaders should also draw upon the insights and expertise of others within their

congregations (Carter et al., 2024; Frake et al., 2026). Youth with disabilities and mental health conditions, as well as their families, can be invited to name the barriers they encounter and explain their impact. Alongside these voices, congregation members with expertise in disability and accessibility could help provide guidance on how to address identified barriers. When sufficient expertise is not available internally, leaders can seek guidance from disability- and mental-health-focused ministry organizations and networks that offer training, consultation, and practical resources. For example, the Disability Ministry Network is a network of more than 70 denominational and parachurch organizations that promote inclusive congregational ministries for and with people with disabilities and mental health conditions.

Finally, the prominence of barriers related to preparedness and ministry capacity points to the need for stronger preparation beyond the local church. Seminaries, professional associations, denominational bodies, and ministry conferences should devote more substantive attention to disability and mental health within the education and ongoing support of youth ministry leaders. Such preparation should equip leaders to recognize potential barriers, adapt their ministry practices, collaborate effectively with youth and families, and know when and where to seek additional expertise. Building this capacity would help ministries address potential barriers proactively rather than reactively.

Conclusion

Inclusion and accessibility can be valued without receiving the attention needed to advance it. We examined the barriers youth ministry leaders identified in relation to serving youth with disabilities, mental health conditions, and chronic illnesses. Our findings

suggest that inclusive youth ministry requires more than good intentions. It requires sustained attention, practical knowledge, adequate capacity, and intentional efforts to identify and address the barriers that constrain believing and belonging. We encourage continued research on the factors that shape youth ministry leaders' capacity to recognize barriers, respond effectively to diverse needs, and foster meaningful participation and belonging.

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Table 1. *Barriers to the Inclusion of Youth with Disabilities, Mental Health Conditions, and Chronic Illness*

Barriers	Percentage responding ^a				M (SD)	Not reported
	Strongly disagree	Disagree	Agree	Strongly agree		
Knowledge and Confidence Barriers					2.56 (0.64)	
We aren't sure how to do it.	9.3	29.1	53.8	7.7	2.60 (0.76)	2
We don't know where to get training.	10.5	31.5	49.2	8.8	2.56 (0.80)	3
We are afraid we might not do it well.	11.5	37.4	42.3	8.8	2.48 (0.81)	2
We are focused on other priorities.	12.2	26.1	51.1	10.6	2.60 (0.84)	4
Resource Barriers					2.46 (0.68)	
We don't have enough volunteers.	8.3	21.5	48.1	22.1	2.84 (0.86)	3
We don't have enough staff.	8.8	32.4	41.8	17.0	2.67 (0.86)	2
We don't have enough time.	15.4	40.7	36.3	7.7	2.36 (0.84)	2
We don't have enough money.	20.4	44.8	23.8	11.0	2.25 (0.91)	3
We don't have enough space.	23.8	45.3	20.4	10.5	2.18 (0.91)	3
Safety and Liability Barriers					2.19 (0.76)	
We have concerns about safety.	17.6	40.1	35.2	7.1	2.32 (0.85)	2
We have concerns about liability.	25.8	46.7	23.6	3.8	2.05 (0.81)	2
Motivation Barriers					1.86 (0.61)	
We don't feel called to this area of ministry.	30.0	47.2	21.1	1.7	1.94 (0.76)	4
We don't have youth with disabilities in our church.	39.4	41.7	17.8	1.1	1.81 (0.76)	4
We aren't aware this is a need.	37.0	46.4	14.4	2.2	1.82 (0.76)	3
Congregational Support Barriers					1.71 (0.59)	
Peers are not supportive.	36.3	54.4	8.8	0.5	1.74 (0.64)	2
Church members are not supportive.	40.1	49.5	9.9	0.5	1.71 (0.66)	2
Church leaders are not supportive.	45.6	44.0	7.7	2.7	1.68 (0.74)	2
Other Barriers						
Our church is not physically accessible.	44.0	41.8	11.0	3.3	1.74 (0.78)	2

^aPercentages based on number of participants completing the item.