

Duke | CLERGY
HEALTH INITIATIVE

TENDING THE SHEPHERDS: MENTAL HEALTH SUPPORT FOR CLERGY





The Duke Clergy Health Initiative (CHI) has had the honor of studying the wellbeing of United Methodist Church (UMC) clergy in North Carolina since 2008. We use our findings to support this special group of clergy, who are engaged in meaningful yet difficult work. Over the years, we've found that the majority of clergy are thriving. Inevitably, given the many strains on clergy, there are some who experience unwelcome mental health symptoms. This report is for them and for the people who support them.

This report focuses on findings from the CHI 2019 statewide survey. It includes information on the current mental health utilization gaps among UMC clergy in North Carolina. It also includes important information and resources that can help you tend to your mental health.

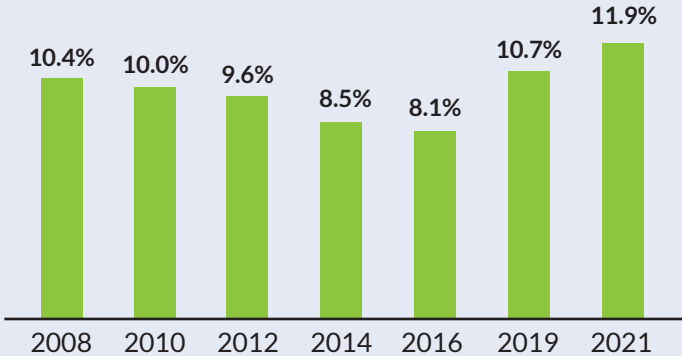
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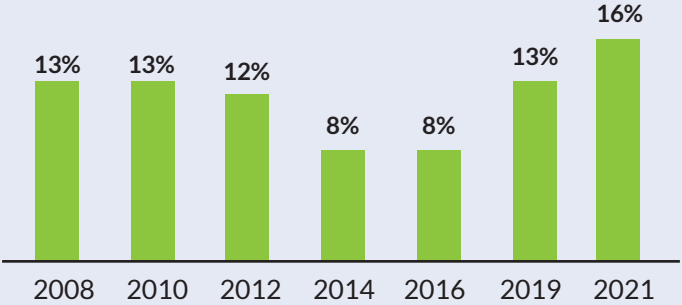
Trends in North Carolina UMC Clergy Mental Health

Before diving in-depth into findings from the 2019 Statewide Clergy Health Survey, we offer a look at trends in mental health conditions among North Carolina UMC clergy over time.

PERCENTAGE OF PASTORS WITH ELEVATED DEPRESSIVE SYMPTOMS 2008 TO 2021



PERCENTAGE OF PASTORS WITH ELEVATED ANXIETY SYMPTOMS 2008 TO 2021



As we can see from these two figures, the percentages of UMC clergy in North Carolina who are experiencing elevated depressive or anxiety symptoms are increasing. Furthermore, in 2021, we saw the highest percentage of clergy experiencing elevated symptoms since our first survey in 2008. With more clergy experiencing anxiety and depressive symptoms, it is imperative that you feel informed and supported in seeking mental health care when it's needed.



Background

In 2019, 1,489 UMC-appointed clergy in North Carolina completed our survey. Of those who took the survey, **222 (15%) had experienced elevated anxiety and/or depressive symptoms in the prior two weeks.** However, **less than half of those with elevated symptoms were currently seeing a mental health professional (38%).**

If you're reading this, you care about clergy mental health and probably know why it's essential. Still, it's worth emphasizing how difficult it can be for clergy to claim the time and space they need. **As clergy, tending to your mental health is paramount to ensuring that you can best serve, guide, and support your congregation.** Furthermore, your congregants see you as a role model. By seeking mental health care when needed for yourself, you may serve as an example and positively influence the actions of your congregants.

Clergy provide counsel and compassion to their congregants, but **it's also okay and expected that sometimes clergy themselves need counsel and compassion from professionals.** The goals of this report are twofold: 1) to identify current gaps in mental health care utilization among UMC clergy and 2) to provide resources and encouragement for seeking professional support when needed, and with less delay.

Practical Application

Gauge your current mental health status.

The two screening tools below can indicate if you should seek a more thorough mental health assessment. The scientific community supports these screening tools as reliable and valid measures of depression and anxiety.

When you complete the following screening tools, do not interpret the results as official diagnoses. Instead, use your score, along with your discernment, as a signal to seek mental health care at this time or not.



DEPRESSIVE SYMPTOMS QUESTIONNAIRE

Patient Health Questionnaire-8 (PHQ-8)

How to calculate your score: To calculate your total score, add up your score for each of the eight questions (not at all = 0, several days = 1, more than half the days = 2, nearly every day = 3)

What to look for: Scores of 10 or higher indicate elevated symptoms

Over the last two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly everyday
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
TOTAL				



ANXIETY SYMPTOMS QUESTIONNAIRE

Generalized Anxiety Disorder-7

How to calculate your score: To calculate your total score, add up your score for each of the seven questions (not at all = 0, several days = 1, more than half the days = 2, nearly every day = 3)

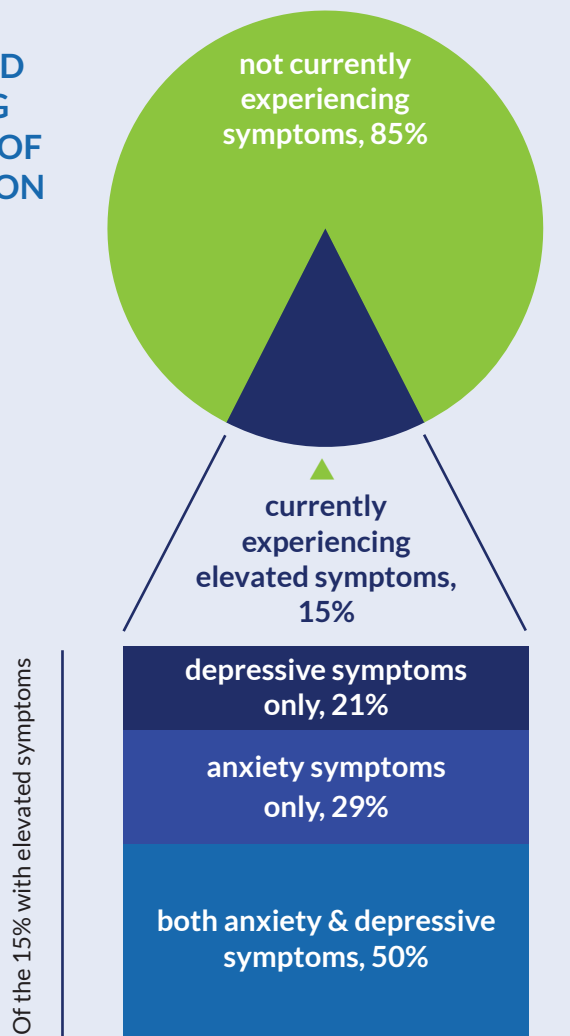
What to look for: Scores of 8 or higher indicate elevated symptoms

Over the last two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly everyday
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3
Worrying too much about different things	0	1	2	3
Trouble relaxing	0	1	2	3
Being so restless that it is hard to sit still	0	1	2	3
Becoming easily annoyed or irritable	0	1	2	3
Feeling afraid, as if something awful might happen	0	1	2	3
TOTAL				

It is not uncommon for clergy to experience symptoms of anxiety or depression

Our 2019 survey items aimed to understand the current mental health status of appointed NC UMC clergy.

PERCENTAGE OF CURRENTLY APPOINTED CLERGY EXPERIENCING ELEVATED SYMPTOMS OF ANXIETY OR DEPRESSION



Of those 222 clergy experiencing elevated symptoms, 50% had both elevated anxiety and depressive symptoms, 29% had elevated anxiety symptoms only, and 21% had elevated depressive symptoms only.

If you are experiencing heightened symptoms of anxiety or depression, know that you are not alone.

Many people regardless of age, race, religion, geographic location, and income, are affected by mental health strains that reach the point of benefiting from treatment. It is essential to acknowledge that **depression and anxiety are common medical conditions and not the result of personal weakness or lack of character.**

The good news is depression and anxiety are treatable and recovery is possible.

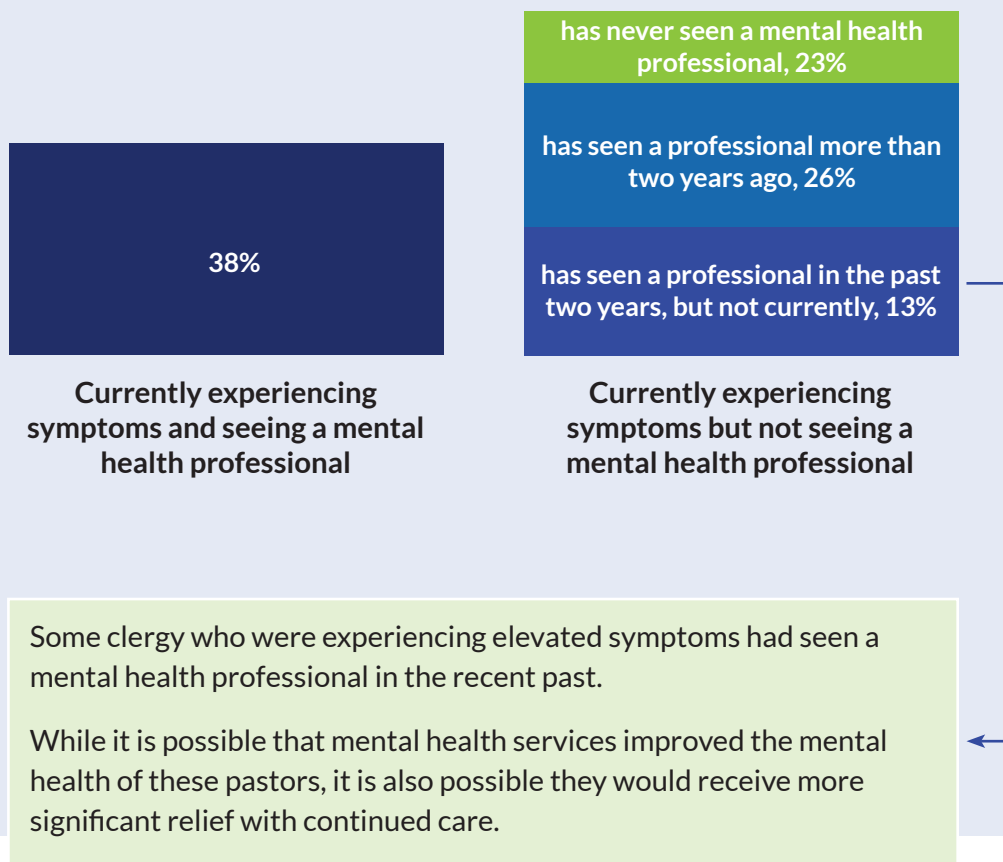
If you are experiencing elevated symptoms, you do not need to suffer silently. There are resources and professionals you can turn to for support.

Symptoms of mental illness can be relieved by an array of therapy, exercise, and medication options. There is no one-size-fits all treatment for mental illness, but **if you actively participate in an individualized treatment plan, you will likely experience relief from your symptoms.**



How often do clergy seek professional mental health support?

In 2019, only 38% of clergy with elevated symptoms were currently seeing a professional, meaning 62% were not currently seeing a mental health professional for support.



It is concerning that more than half of the clergy who were experiencing symptoms of depression or anxiety in 2019 were not currently seeking support from mental health professionals. Seeking professional support is critical to mitigating unnecessary suffering.

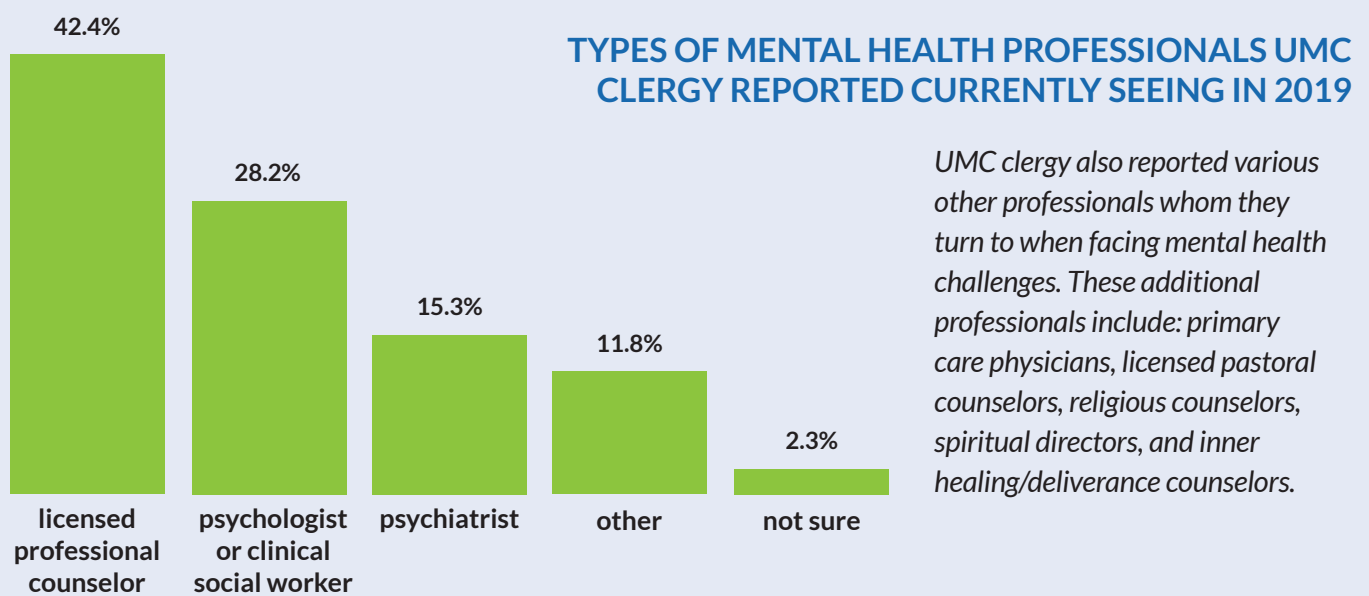
Possible consequences of untreated mental health problems include¹:

- Poorer quality of life
- Increased risk of developing or worsening cardiovascular illness or other long-term health problems such as high blood pressure
- Unemployment or financial problems
- Preventable disability
- Development or worsening of a substance use problem



1. National Alliance on Mental Illness, 2020

Who do clergy turn to when they seek professional support?



In 2019, 38% of currently appointed clergy with elevated symptoms were currently seeing a mental health professional. UMC clergy most often sought mental health support from licensed professional counselors. In addition, some clergy reported seeing psychologists, clinical social workers, and psychiatrists.

Seeking help from any health professional can be a great starting place to address mental health concerns. Still, **to most effectively manage your mental health concerns, you should strongly consider seeking support from a mental health professional.**

Knowing that clergy have turned to these types of professionals in the past indicates that there are **various options for support that clergy can trust and have found ways to afford.**



Mental health advising among clergy to their congregants

Jesus experienced the same emotions that we do—the pleasant and the unpleasant. We know from Scripture that Jesus wept (John 11:35; Luke 19:41; Hebrews 5:7-9), that he became angry (Matthew 21:12), and that He grieved (John 11).

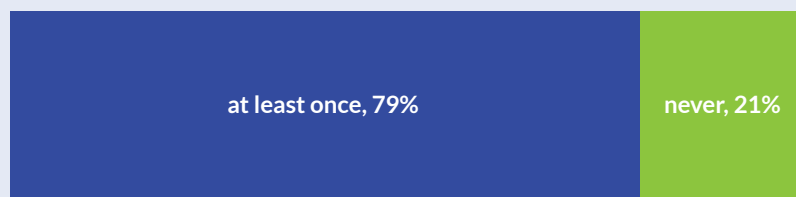
When we reflect on the life of Jesus Christ, we find examples of him not only helping others, but also seeking and accepting help for himself.

Jesus accepted Simon's help when carrying the cross. Jesus allowed Mary to anoint his feet.

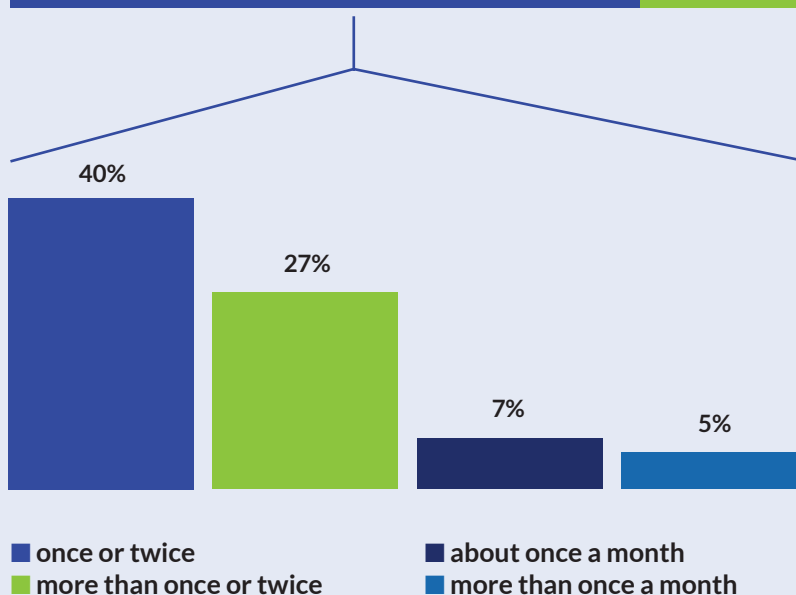
Just as Jesus sought and accepted help from others, you too should allow yourself to accept help from mental health professionals when needed.

Sometimes it's easier to encourage others to seek support than to do so ourselves. We wanted to know if this may be true for clergy.

IN THE PAST YEAR, HOW OFTEN HAVE CLERGY ENCOURAGED CONGREGANTS TO SEEK HELP FROM A PSYCHIATRIST, PSYCHOLOGIST, OR OTHER MENTAL HEALTH PROFESSIONAL?



HOW FREQUENTLY DID THOSE CLERGY REFER CONGREGANTS TO SEEK HELP FROM A MENTAL HEALTH PROFESSIONAL?



Most clergy (79%) had encouraged their congregants to seek support from a mental health professional at least once in the prior 12 months.



Follow Jesus' example.

As a pastor, you frequently offer support and help to others.

Do not be afraid or ashamed to accept support and help for yourself, just as Jesus did.

Which clergy are more or less likely to seek support?

Some pastors are less likely to seek professional help than others. Below are a few demographic considerations to keep in mind if you are concerned about the mental health of your brothers and sisters in ministry:

LESS LIKELY TO SEEK HELP FROM A MENTAL HEALTH PROFESSIONAL:

- Male
- Older age
- No experience with depression before the age of 21

MORE LIKELY TO SEEK HELP FROM A MENTAL HEALTH PROFESSIONAL:

- Female
- Younger age
- Experienced depression before the age of 21
- Experiencing financial stress*



**Nearly all of the UMC clergy who completed the 2019 survey had health insurance, which may have allowed clergy with higher financial stress to access mental health care despite their financial situations*

What kind of professional support should I look for?

It is important to find a licensed mental health professional.

There are a variety of professional pathways into professional practice; licensure ensures that these persons have been vetted, trained, and committed to high standards of ethical practice. Here are some

Psychologists can either have doctoral degrees or be master's level trained clinicians in counseling psychology. They will have the credentials PhD, PsyD or LCP (Licensed Clinical Psychologist). **Licensed Clinical Social Workers, Licensed Clinical Mental Health Counselors, and Licensed Marriage and Family Therapists** are masters' level trained clinicians who provide psychotherapeutic services across the lifespan. They will have the credentials LCSW(A), LCMHC(A), or LMFT(A).

***Licensed Clinical Addiction Specialists (LCAS)** is an additional licensure you might see connected to any of the above-listed professionals. These clinicians have obtained additional training in helping persons dealing with substance use and addiction issues.

***Licensed Pastoral Counselors (LPC)** Fee-Based Practicing Pastoral Counselors are ordained ministers with specialized education in therapy who work with persons who may have mental illnesses or face other serious issues. NC law establishes standards that therapists must meet to work as Pastoral Counselors.

All of the above-listed professionals are eligible to be credentialed with most health insurance companies. Once you identify a professional, you will need to check whether or not they are in-network or out-of-network with your insurance and what mental health benefits your insurance covers.



Psychiatrists are medical doctors who specialize in psychiatric care and can prescribe medication to treat a mental health condition. These clinicians will have the credentials M.D.

Primary care physicians (as well as Nurse Practitioners and Physician Assistants) can be a great starting point for mental health care. These providers can take the time to understand your medical and social history and make recommendations for medication, if needed, and other forms of professional support in your community. Because primary care physicians are not mental health specialists, they may need to assess your medication needs more frequently or increase the dose to the level you need. If your medication isn't working, discuss this with your primary care physician or psychiatrist.

How do I choose?

There are many different approaches to mental health counseling. Most clinicians have been trained in at least 1-2 evidence-based treatment modalities such as CBT (Cognitive Behavioral Therapy) or DBT (Dialectical Behavioral Therapy). Many have specialties in treating trauma, addiction, or relationship issues. Some therapists treat only adults, while others specialize in the unique developmental stages of childhood, adolescence, and emerging adulthood.

When searching therapist databases for a clinician in your area, you may want to filter your search with these questions in mind:

- What population does this clinician serve?
- What specific issues does this person have expertise in treating?
- Is my clinician comfortable discussing spiritual and religious issues?

Where can I find a therapist?

Most mental health professionals are listed in a professional database. These databases allow you to filter your search geographically and by issue or treatment modality. In addition, many therapists now provide telehealth options which means you do not have to be limited to a clinician in your ZIP code as long as they are licensed to practice in the state where you are located.

- Psychology Today
- Inclusivetherapists.com (LGBTQ+ affirming therapists)
- Goodtherapy.org
- Therapytribe.com
- Open Path Collective (reduced fee counseling)
- Black Therapists Rock
- Psy Pact
- Asian Mental Health Collective



Resources

Don't assume finances will be a barrier; Conference insurance plans for both WNC and NCC include mental health coverage. In addition, the NCC offers therapy co-pays and reimburses therapists across its geographic area for clergy under appointment and their families up to \$400/year. Reach out to the Office of Clergy Life for a confidential application.



CareNet Counseling

CareNet Counseling is a nonprofit counseling center staffed by professionally trained and licensed therapists. CareNet has locations around the state serving more than 80 counties as well as telehealth services. CareNet Counseling has **specialized counseling services for ministers** and other professional caregivers as well as their families.



Triangle Pastoral Counseling

Triangle Pastoral Counseling is a nonprofit counseling center serving Raleigh and surrounding communities. TPC provides integrated psychotherapy and strengths-based counseling.



Sanctuary Counseling Group

Sanctuary Counseling Group provides mental health and pastoral counseling in the greater Charlotte area and satellite offices in cities and towns around the Western Piedmont of North Carolina. Sanctuary Counseling Group has satellite offices in 13 Western and Central Piedmont locations.

If you or a loved one are struggling with thoughts of suicide or experiencing emotional distress, contact the National Suicide Prevention Lifeline:

Call **988** or chat online at **SuicidePreventionLifeline.org**
(24/7, free and confidential)

The Clergy Health Initiative, funded by The Duke Endowment, is a collaborative initiative between the Duke Divinity School and the Duke Global Health Institute, giving it a strong theological underpinning and the excellence of Duke's research environment. We conduct research, collect data, and design and test intervention programs for UMC North Carolina clergy to improve physical, mental, and spiritual well-being.

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