

## **Ministers Council Adaptive Challenge: Clergy Health / Self Care**

### **Adaptive Challenge:**

Ministers who develop healthy boundaries, lifestyle, and relationships generally tend to have healthy ministries. However, what we find is that in spite of available resources, for an increasing number of ABC ministers the lack of healthy practices ends in crisis – for example, medical, divorce, burn-out, or clergy misconduct.

The Adaptive Challenge for the Ministers Council is to consider how we might turn this trend around. We want to enter an intentional process for learning how we can make a positive impact on health practices among ABC clergy so that clergy experience improved health outcomes and greater levels of wellness – physical, spiritual, mental, emotional.

### **Rationale:**

This is a new adaptive challenge for the Ministers Council with the work only commencing in October 2013. However, this is not a new area of concern or focus:

A seven year study conducted by Duke University that began in 2007 showed that Methodist ministers as compared with neighbors in their census tracts reported higher rates of arthritis, diabetes, high blood pressure and asthma. Obesity was 10% more prevalent among clergy in this denomination as compared to other groups in society. The results of the study echoed surveys conducted among Evangelical Lutheran ministers, which found that 69% of its ministers were overweight, 64% had high blood pressure, and 13% were taking anti-depressants. The results were similar when compared to Baptist ministers. The effects of ill health have a major impact on the ability to perform effectively in one's ministry. It also has a direct effect on medical plan experience and subsequent costs on plan premiums as well as the rise in disability claims against the plans.

However, ministerial leaders sampled in June 2013 at the Ministerial Leaders Breakfast cite a number of contributing issues to this adaptive challenge:

- Ministers need spiritual practices/disciplines and a means to effectively incorporate practices in their daily lives and habits.
- Financial issues can lead to a lot of other problems with family and leading the congregation, especially when ministers need an outside employment source to make ends meet.
- Ministers need to be careful of the double standard that we sometimes speak. We say we want healthy clergy but we applaud overwork and over-the-top leadership.
- Accountability is important to prevent isolation – lone Rangers often get into trouble. Ministers need to be able to have trusting relationships.
- Mental health issues are stigmatized as opposed to other health issues so often not admitted to or helped until a crisis. We need to initiate time for conversation.
- Regions should be included to know the concerns of clergy so cares and prayers could be sent.
- Part of problem is nonparticipation.
- Resources not made available to new pastors. There is a lack of financial resources. The funding is low for some resources. Volunteers not available. How do we help clergy make self care a priority?
- Indebtedness – young pastors coming out of school – must be sure of call.
- Pastors are expected to be perfect - leads to stress. We can teach people to work with their imperfections by showing them we are not perfect - if we do everything others will not have an incentive to grow.

As a result of these concerns, the Ministers Council is forming a team who will further articulate this adaptive challenge in order to understand how best to help ministers realize greater health and wellness.