



Pastoral/Ministry Mental Health

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Past experience

- Family physician-in-chief, St. Joseph's Health Centre, Toronto
- Consultant in psychiatry, St. Joseph's Health Centre
- Peer assessor and medical inspector, College of Physicians and Surgeons of Ontario
- President of Ontario Association for Marriage and Family Therapy
- Visiting professor to medical faculties in University of Hong Kong and Chinese University of Hong Kong
- Visiting professor to China Graduate School of Theology, Alliance Bible Seminary, and Bethel Bible Seminary in Hong Kong
- Ordained minister, Canadian Baptist of Ontario and Quebec
- Assistant Professor, Faculty of Medicine, University of Toronto
- Professor of counseling, Tyndale University



Objectives

- **Health**
- **Mental health**
- **Pastor's mental health**
- **Spiritual dimension**



Health

- WHO: “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (illness).”
- wellness as “the optimal state of health of individuals and groups,” and wellness is expressed as “a positive approach to living.”



Wholistic approach

- Individual: intra-psychic
developmental
- Interactional: relationships within context of
family, group, tribe, culture
- Cultural: including intergenerational
- Spiritual





Mental health

- Emotions
 - Cognitions
 - Behaviors
-
- Mental illness occurs when there is disturbance in thought, mood, or behavior that caused distress and impaired functioning



How common?

- 20% of Canadians will experience a mental illness in their lifetime
- all ages, educational, income levels and cultures
- 8% of adults major depression some time in their lives; 1 % has schizophrenia; 1% has bipolar disorder; 5% has anxiety disorder
- ½ of depressed or anxious do not see a doctor



Myths about pastors and mental illness

- Pastors not supposed to have mental illness
- Pastors cannot reach out for help even if they know the need
- Pastors feel guilty or shameful because if seeking help means not spiritual enough
- If other pastors or the congregation find out I am seeking help, I am doomed (stigma)



Myths of being God's servants

- you have all the time for others
- you will place the wellbeing of others ahead of your own
- your family is not as important as the church family
- you shall not work with other health care professionals because this means you are weak and not good enough



Pastors likely have a higher incidence of mental illness

- No routine time table
- give out more than they receive back
- Harder to have close friends
- Lack of good mentor, supervisor too critical
- Higher expectations and burnout, despair
- Deal with existential despair
- Deal with societal and political divisions



Reality and fact

- Among pastors 23% struggle with mental illness; 50% diagnosed, and 50% not diagnosed
- 49 percent of pastors say they rarely or never speak to their congregation about mental illness.
- Suicide is the 4th leading cause of death among people ages 35-54



Reality and fact

- 70 percent – find no fulfillment in ministry
- 67 percent – project job frustration on the family
- 62 percent – inward has emotional distress
- 75 percent - afraid to let people know their feelings
- 80 percent – guilty to take time off
- 50 percent – feel inconsistent between who I am and how I appear to others



Common reactions to mental illness

- Denial - he/she is not sick
- Worry about stigmatized - what others think
- Concern: what caused the person to become ill
- Worry about the person's future
- Self blame, what have I done to cause this?



My research: Personal wellness

- Pastor wellness 360 degree Questionnaire (Poon *et al* 2019)
- 1. physical health; 2. marital and/or family satisfaction; 3. emotional health; 4. financial needs; 5. outside interests and social life; 6. job satisfaction; 7. well prepared in carrying out my (pastoral) vocational duties; 8. relationship problems in church; 9. burn out; 10. trouble experiencing God.



Published paper

- Poon VHK: Pastor Wellness among Chinese Churches: A Canadian Study. *Journal of Pastoral Care & Counseling*. 2019; 73(3):169-175.
- <https://doi.org/10.1177/1542305019872435>



My findings

- 79 Chinese pastors in GTA, 27.84% have significant concerns about their wellness, and 48.1% have some concerns, with females more affected



Canadian Chinese Church Ministers serving in the English congregation

- 25 pastors, 40% have significant concerns about their wellness (with a total score >30), and 12% have some concerns (with a total score of 25 – 29), with males minimally more affected



Male ministers

- 1. Question 1 = physical health
Question 3 = emotional health
- 3. Question 8 = problem dealing with
relationships in church
Question 10 = spiritual health
- 5. Question 4 = financial need
Question 9 = burnout



Female ministers

- 1. Question 1 = physical health
- 2. Question 6 = job satisfaction
- 3. Question 3 = emotional health
- 4. Question 9 = burnout
- 5. Question 8 = problem dealing with relationships in church



Some interesting observations

- 1. physical health is a #1 concern, whereas in the GTA pastors, it was #2 and 3
- 2. emotional health also a #1 concern for males, #3 for females, vs. lower concern in GTA group
- 3. problem dealing with relationships in church ranks #3, and 5, higher for males, similar to GTA group
- 4. male ministers have concern re spiritual health, vs. not a concern in GTA group
- 5. male ministers have financial concerns, versus female pastors in GTA group



Some interesting observations

- 6. spiritual health is an issue for male ministers, but not an issue in the GTA group
- 7. social life not a concern, vs. it is a concern for female pastors in GTA group
- 8. burnout appears as #5 and 4, whereas in GTA group, occurs only in female pastors (low ranking)
- 9. marital and/or family satisfaction does not enter into the picture here, whereas it is #1 in the GTA group



Breakout questions later

- What do you think are the main areas that would affect mental health of pastors?
- When pastors suffer from mental health issues, what do you think are the best ways to help them?
- What is the hardest part with ministering and caring for pastors who are going through mental health?



What to look for in terms of symptoms

- Psychosis: involve thought content, and thought process
- Mood disturbance: involve Affect, Insight, Suicidal/homicidal thought
- Abnormal behaviors: appearance; behavior; organic pathology, e.g. drugs, affect cognitive functions



Common symptoms

- Social withdrawal
- Difficulty functioning at school or work
- Problems with memory and thinking
- Feeling disconnected from reality
- Changes in sleeping, eating and hygiene habits
- Alcohol or drug abuse
- Extreme mood changes
- Thoughts of suicide



Common instrument

- For depression: PHQ-9 (patient health questionnaire); Hamilton 7 item depression scale; Beck Depression Scale, etc.
- Shows little interest or pleasure in doing things, and feeling down, depressed or hopeless



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Checking for other areas

- For anger problem: Feeling more irritated, grouchy, or angry than usual
- For mania: sleep less than usual, but still have a **lot of energy**; starting lots of projects than usual or doing more risky things than usual
- For anxiety: feeling nervous, anxious, frightened, worried or on edge; feeling panic or being frightened; avoiding situations that make you anxious.



Checking for other areas

- For somatic symptoms: unexplained aches and pains (e.g. head, back, joints, abdomen, legs); feeling that your illnesses are not being taken seriously enough
- For suicidal ideation: thoughts of actually hurting yourself
- For psychosis: **hearing** things other people could not hear, such as **voices** even when no one was around; feeling that someone could hear your thoughts, or that you could hear what another person was thinking



Checking for other areas

- For **repetitive** thoughts and **behaviors**: unpleasant thoughts, urges, or images that repeatedly enter your mind; feeling driven to perform certain behaviors or mental acts over and over again
- For personality functioning: not knowing who you really are or what you want out of life; not feeling close to other people or enjoying your **relationships** with them.



Checking for other areas

- For substance use: drinking at least 4 drinks of any kind of alcohol in a single day; smoking any cigarettes, a cigar, or pipe, or use snuff or chewing tobacco; use medications on your own without a doctor's prescription in greater amounts or longer than prescribed



Scope and extent of illness/disability

- 1. When you have symptoms of the mental illness, plus
- 2. Functional impairment: 4 areas:
 - Activities of daily living (e.g. patterns of eating, sleep, activities outside the home)
 - Social functioning
 - Concentration, persistence, and pace
 - Deterioration or decompensation in complex or work like settings.



Scope and extent of illness/disability

- 3. Extent: Global Assessment of Functioning)
GAF scale: 100 being excellent.
 - 91-100 superior functioning
 - 61-70 mild symptoms, or some difficulty in social, occupational or school functioning, generally functioning pretty well
 - **51-60** moderate symptoms, or moderate difficulty in social, occupational or school functioning
 - 41-50 serious symptoms, or any serious impairment in social, occupational or school functioning



Word about disability

- Sick leave – up to 12 weeks of work absence due to illness or injury
- Short term disability STD: maximum of 3 to 6 months
- Long term disability LTD: for longer period of time, up till age 65, require more details



Conclusion

- Humans have mental illness
- Pastors are humans
- So pastors can have mental illness

- Understand the self of the pastor important



Management of mental illness

Individual:

- Seek medical, psychological/mental health help Have periodic assessment
- Active physical exercise
- Get close to God, walk with Him
- Sabbath rest
- Find a hobby
- Self care important, need recharge



Management of mental illness

Ministry:

- Form ministry teams in your church, and know your role in equipping the saints
- Talk it out with someone
- Say no
- Avoid burnout



Management of mental illness: Enrichment

- Learn from other professional groups, e.g. MD
 - Have continuing education, attend conference
 - Keep up to date on issues
- Can form a group and engage in these activities
- Invite experts to share, including seminary professors
- Involve in agencies like Hudson Taylor Centre



Spiritual perspective

- Learn from Habakkuk
- 1. Hab 1:2 ff: Why are the wicked not being punished in the church?
- God's answer: Hab 1:5-7 I shall raise the Babylonians to punish the wrongdoers – 30 years later 586 BC
- Lesson: God knows and He will do what He wants to do in His own time.



Learning from Habakkuk

- 2. Hab 1:12 I don't understand why you use the Babylonians – they are more evil;
- God's answer Hab 2:2 ff – 5-fold woe and they will eventually receive their punishments – 47 years later 539 BC by the Persians
- Lesson: God who will reward righteousness and who will punish wickedness, but He will decide when to do that.



what are we going to do in the meantime?

- Habakkuk in 3:17-19 “though the fig tree does not bud and there are no grapes on the vines, though the olive drop fails and the fields produce no food, though there are no sheep in the pen and no cattle in the stalls, yet I will rejoice in the Lord, I will be joyful in God my Savior. The Sovereign Lord is my strength; he makes my feet like the feet of a deer, he enables me to tread on the heights.”



Poon's paraphrase

Though in my church ministry, one does not see significant result or fruit, though not many have been brought to Christ, though the people in the church are leaving left and right, yet I will remain faithful to God. I will rejoice and sing praise to my Jahweh, I will be joyful in God my Savior. For He is my Sovereign Lord, He is my strength. As I continue to serve, He will provide me with strength. He would enable me to run like a deer treading the mountain path. So I can move on in my ministry for Him.



Individual questions:

- Have you ever experienced some form of mental disorder? What was it like and how it affected you individually, in the family, and in the church?
- How did you try to overcome /prevent the mental dysfunction? What did you find worked the best for you?
- What do you wish others could be of help: from family members? From the church? Please be specific in terms of your needs.



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Welcome your feedback

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