

Why Clergy and Spiritual Leaders May Be Reluctant to Address Mental Health Issues

As an ordained minister and a person who lives with a mental illness, I am often asked why it is so difficult for many spiritual leaders to talk openly about mental illness.

Does Your Pastor Know...

- One in five persons sitting in our pews has a family member struggling with mental health issues
- Many persons with a mental health issue go first to a spiritual leader for help
- Studies show that clergy often lack the training to provide appropriate support and referral information
- Our faith communities can be a caring congregation for persons living with a mental illness and their family members

Having the support of the leadership in a congregation is essential to moving forward to create a caring congregation for persons living with a mental illness and their families. So why is it so difficult to get this support?

It is a complicated issue and I offer these observations based on my personal experience and in speaking with colleagues.

- **Clergy are not adequately trained in seminary** to understand the complexities of mental illness. The model of seminary education is to equip the faith leader to do everything! Pastoral care is only one part of the many tasks expected of a clergy person, especially if that person is the sole pastor of a congregation. The high expectations of congregations and the expectations we put on ourselves are a major contributing factor in clergy burnout.
- **The mindset and theology of many clergy**, that is reinforced by the population in general, is that mental illness is a moral or spiritual failure. It has only been in the last 20 years that medical science has identified serious mental illness as a biochemical brain disorder. The idea that mental illness is caused by something outside our bodies and the belief in demonic possession has been ingrained for thousands of years.

- **Clergy are frightened of mental illness** because we don't understand it. It is difficult for any of us to fully comprehend what a person is experiencing when they have exhibit symptoms like hallucinations, hearing voices or being so depressed that life is empty and meaningless. We are trained to "do" something to fix the person or move them to another place. We need to simply "be" with the person to listen and respect their experience. It requires a different mindset to really enter into another's pain...and this process can be time consuming for a busy clergy person. It is essential that faith leaders know when a referral is necessary and have referral information readily available.
- **Clergy and society in general have bought into the medical model** that when something is wrong it is something to be treated and something to be cured. But there is no blood test for mental illness. Persons with severe symptoms are seen as outside the social norm. Just as in Biblical times, we isolate persons with mental illness and our actions further the division of "us" and "them."
- **Serious mental illness is a chronic condition.** As spiritual leaders, we have been trained to provide care in situations that mostly resolve within a given time frame. Providing pastoral care to persons with a physical illness, a relationship issue, a loss or death and other life issues generally have a beginning and a time when less support is needed once a person gets through a crisis. Severe mental illness can be chronic and unpredictable.