

Guide for a Clergy Leave of Absence for Mental Health Reasons (RCA)

Sustainable patterns of work and rest are essential in ministry and are most helpful when openly and regularly discussed between the pastor and consistory. The ideal relationship between a pastor and a consistory is framed by a mutual spirit of hospitality. A pastor intends to use God's gifts so that a congregation may flourish, and a consistory intends to provide a context within which a pastor may flourish. When each seeks the well-being of the other, a framework for conversations that are gracious, candid, and ongoing is in place. This can produce a pattern of mutuality in which concern for one another's well-being is a visible expression of being a Christian community. It can also encourage addressing concerns before they spiral into crisis.

Success and longevity in ministry do not safeguard a pastor from burnout, clinical depression, or other forms of mental illness. Compassion fatigue, significant losses of many kinds (both personal and congregational), stress in ministry, or other life stressors can create the need for a leave of absence for reasons of mental health. Mental illness is a real illness from which people can recover. (See the suggested resources at the end of this guide for definitions of mental health and mental illness.)

When the pastor experiences significant stress or a crisis in mental health that impacts his/her participation in ministry, it may be necessary to consider a leave of absence. This brief guide is meant to help pastors and consistories—and their classes—in navigating a path of healing and health.

For the pastor:

1. If you think you need help, be evaluated by a health professional and follow treatment. If a leave of absence is necessary, seek a written recommendation from a healthcare professional.
2. Connect with the appropriate church or pastoral supervision committee within your classis as a support and as an advocate alongside you in your conversations with your consistory.
3. Present to your consistory a written recommendation for a leave of absence. Remember, you are in control of what you share with others. Be specific with a few, and more general with a larger group—whatever feels appropriate for your situation. You might consider inviting your advocate to be present as well.
4. Seek professional help in processing and reflecting on your situation so that you can gain insight and make healing and healthy changes. Be patient with yourself. Healing takes time.
5. Be relieved of pastoral responsibilities for a time per the advice of a healthcare professional and with agreement from the consistory. With the professional, create a timeline for when you will return to work or the pace at which you will return to your responsibilities. Review the timeline

- monthly/bimonthly, with the possibility of revising as needed, based on an assessment with the professional. Involve your advocate in this process.
6. Be proactive about the kind of support you need. Make certain the support suits you and your family's needs. Be open to assistance in identifying your needs. Identify caring and supportive people you trust.
 7. Silence about a mental health situation fosters stigma and gossip. Appropriate transparency communicates trust, invites compassion, and signals to members of the congregation that their own mental health concerns may be addressed in the faith community.

For the consistory:

1. Be proactive. If you notice signs of depression or signs of stress in your pastor, approach him/her in a supportive and caring manner.
2. Take the advice and recommendation of a professional seriously. A leave of absence may be necessary to facilitate healing apart from the stress of ministry. Trust the pastor's request for what he/she needs to regain stability.
3. The classis will be an important resource to assist in conversations between the consistory and the pastor. With the appropriate church or pastoral supervision committee within your classis, decide on a plan of communication between the consistory and the pastor.
4. The classis is responsible for approving the leave of absence (*Book of Church Order*, Chapter 1, Part II, Article 15, Section 3).
5. Current information about the pastor's insurance plans (medical, life, long-term disability, etc.) will be needed to ensure continuation of coverage and appropriate remuneration. Whether coverage is through the Reformed Benefits Association, Board of Benefits Services, or other provider, contact the appropriate benefits specialists for assistance.
6. Be flexible with the timeline for returning to responsibilities and follow the written recommendations of the healthcare professional. Healing and recovery may not occur in a definite timeline. Returning too soon may hinder healing and recovery, delay a full return, or lead to a relapse. Follow the healthcare professional's recommendation for a back-to-work plan.
7. Pastoral care is important. Let the pastor and family guide you as to what they need. The need for emotional space varies and must be respected. It may be tempting to prescribe what should be done and when, but the details for an arrangement need to be worked out with the pastor and the pastor's healthcare providers.
8. Communicate with the congregation in language that is approved by the pastor. Communicate ways the congregation can be supportive. Include ways that are suggested and agreeable to the pastor and family. For congregational understanding and awareness, enlist the help of the appropriate church or pastoral supervision committee within your classis or a mental health professional as needed.
9. Maintain confidentiality to ensure safety and trust.

10. In the case of a lengthy leave of absence, consider approaching the classis for assistance with pulpit supply and filling gaps in the church's leadership structure.

This guide does not address all the needs that could arise, such as congregational education or aftercare for the pastor following a leave of absence.

Suggested Resources for Clergy Mental Healthcare

Definition of mental health (World Health Organization): A state of well-being in which individuals realize their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and are able to make a contribution to their community.

Definition of mental illness (National Alliance on Mental Illness): A condition that impacts a person's thinking, feeling, or mood and may affect one's ability to relate to others and function on a daily basis.

Simpson, Amy. *Troubled Minds* (IVP Books, 2013). Drawing on surveys and the latest clinical research, as well as her family's personal experience with mental illness, Simpson offers many suggestions for how the church can be the body of Christ when persons and families are walking the path of mental illness. Simpson's father was a pastor and her mother experienced schizophrenia.

Albers, Meller, and Thurber, eds., *Ministry with Persons with Mental Illness and Their Families* (Fortress Press, 2012). Eighteen psychiatrists and pastoral theologians come together in an interdisciplinary, collaborative effort to ensure accuracy of information concerning the medical dimensions of mental illness, interpret these illnesses from a faith perspective, and make suggestions relative to effective ministry.

Van Essen, Larry. *This Poison Called Depression* (Author Solutions, 2013). In this frank, informative, and inspirational personal story, Van Essen tells about the major depression that he experienced as both a teenage caregiver of his mother and his own encounters with major depression as a pastor.

Gregg Schroeder, Susan. *In the Shadow of God's Wings: Grace in the Midst of Depression* (Upper Room Books, 1997). Gregg-Schroeder offers a bold statement about living with chronic depression and discovering gifts of God in the midst of that depression. Taking readers on her own personal journey into depression, she describes what happened to her while she served as a pastor.

Hart, Archibald. *Coping with Depression in the Ministry and Other Helping Professions* (Word Books, 1984). Many find Hart's book helpful on a variety of levels and his analysis of the stages of depression particularly useful.

Mental Health Ministries website (MentalHealthMinistries.net). Look in the “Brochures” section of the website for “Clergy Self-Care: How Clergy and Congregations Can Prevent Burnout and Support Healthy Living.”

Pine Rest Christian Mental Health Services website (pinerest.org). The “Resources” tab includes a comprehensive list of topics such as anger, depression, and grief. This website includes articles, videos, and blogs.

CRC-RCA Disability Concerns website (network.crcna.org/disability-concerns). Select “Mental Health” under “Filter by Topic” for a list of resources.