



Duke | CLERGY
HEALTH INITIATIVE

CLERGY HEALTH TRENDS: MENTAL HEALTH 2008-2023

Findings from the Statewide Clergy Health Survey of
North Carolina United Methodist Clergy



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Clergy Health Trends is a series of health and wellbeing reports that shows the health-related trends among United Methodist Church (UMC) clergy. Each report contains data from the years of 2008 to 2023.

This is the Health Trends Mental Health volume, a report that contains information about depressive and anxiety symptoms, burnout, and flourishing among clergy in the UMC.

The Mission

The Duke Clergy Health Initiative (CHI) identifies, tests, and promotes evidence-based practices to support the health and wellbeing of United Methodist clergy in North Carolina.



Executive Summary

The Duke Clergy Health Initiative has tracked depressive and anxiety symptoms for 15 years, burnout for 13 years, and positive mental health for 9 years among UMC clergy in North Carolina.

Depressive symptoms. Elevated depressive symptoms were stable from 2008-2014 and then increased from 2014-2019. Elevated depressive symptoms remained stable from 2019 to 2021. From 2021 to 2023, elevated depressive symptoms decreased slightly, but the change was not statistically significant. Changes in the specific symptoms were practically the same for all except one symptom. Feeling down/depressed/hopeless fell from 45% to 39%, which was statistically significant. This is especially good news as it is the most severe symptom item included.

Anxiety symptoms. Elevated anxiety symptom rates were stable from 2008-2014 and then increased in 2014-2019 and increased further in 2021. From 2021 to 2023, anxiety stayed the same (both the overall prevalence of an elevated score and every individual symptom). There were no statistically significant changes or trends in this most recent period.

Positive mental health. We began collecting positive mental health data in 2014. High positive mental health — flourishing — was stable from 2014-2019 and then decreased from 2019-2021. From 2021 to 2023, flourishing mental health rose from 64% to 70% which was statistically significant! In fact, it is almost the highest prevalence we have recorded (72% in 2016). Languishing mental health continued to hover consistently at 2%. Moderate mental health dropped from 34% to 27%, due to being offset by increases in flourishing.

Burnout is commonly measured as three components: emotional exhaustion, depersonalization (i.e., cynicism), and low personal accomplishment. Of these, high depersonalization has been stable across time. Low personal accomplishment was stable from 2010 to 2016, increased in 2019, and remained stable from 2019 to 2021 and also from 2021 to 2023. High emotional exhaustion was stable from 2010-2014 and then increased from 2014 to 2019, increasing further from 2019 to 2021 and then was stable from 2021 to 2023. Notably, all three components of burnout were stable between 2021 and 2023.

The Clergy Health Initiative has begun examining combinations of these mental health indicators, resulting in a more nuanced understanding of positive and negative mental health among clergy. We have been able to identify mental health profiles that are common to UMC clergy by considering which combinations of scores across multiple mental health measures are typical. Four mental health profiles were common using survey data across a five-year period (2014-2019): Flourishing, Burdened But Fulfilled, Languishing, and Distressed.

The different profiles predicted whether pastors sustained or experienced a shift in their mental health profile between 2019 and 2021. The majority of clergy with a Flourishing mental health profile (high positive mental health and feelings of personal accomplishment combined with low depressive and anxiety symptoms and low emotional exhaustion and depersonalization) were protected during the shocks of the pandemic and political strife and sustained a Flourishing mental health profile in 2021. In contrast, substantial percentages of clergy with the other three profiles either kept their Distressed mental health profile or transitioned to the Distressed profile. These findings suggest that it is not just important to bolster the mental health of currently Distressed clergy, but that it is also important to intervene with clergy in the Burdened But Fulfilled profile and the Languishing profile, as a way to prevent future distress.

We hope the findings presented here will help clergy health researchers and denominational officials understand and make recommendations to support clergy in their wellbeing.

Study Overview

The United Methodist clergy of North Carolina have given each other and researchers a treasure trove of data on their physical, mental, and spiritual wellbeing. What started as a single, hour-long survey in 2008 has been repeated nearly every 2 years, providing 8 snapshots of clergy wellbeing across 15 years.

All United Methodist clergy with a current appointment, and many with a previous appointment, are invited to participate in the survey. The survey's measures include validated, standard health measures for comparison to non-clergy groups, as well as many other items tailored to clergy.

Clergy have responded to the survey at impressively high rates, even in 2023, such that we can be confident in the generalizability of the findings for United Methodist clergy in North Carolina. Besides the high response rate, we have been able to keep a large sample size over all waves of this study. This allows us to examine trends in clergy health against the backdrop of the general population to see if there are unique pathways or patterns among clergy and to identify points of potential intervention.

The longitudinal nature of this survey allows us to compare clergy to themselves over time. If we see changes across time in clergy health and wellbeing, they could be due to resources directed at clergy, new behaviors among clergy, or societal events (e.g., the COVID-19 pandemic). We are excited to share and compare pre-pandemic to 2021 and 2023 clergy health data. Of course, other events have also been affecting United Methodist clergy, including political polarization and policies around sexual orientation. It is not possible to know with certainty what causes changes in clergy health and wellbeing between waves, but having many waves of data allows us to detect changes and patterns.

A grant from The Duke Endowment enables us to conduct the survey again in 2025, for 9 time points and over 13,000 surveys across 17 years (2008-2025).



TABLE 1 Response rates and sample size by survey year

Survey Year	Sample Size	Response Rate
2008	1,726	94.8%
2010	1,749	87.1%
2012	1,777	81.3%
2014	1,788	75.1%
2016	1,802	72.7%
2019	1,452	72.7%
2021	1,461	72.2%
2023	1,080	69.5%

Compared to other survey studies, the response rates of the Statewide Clergy Health Survey have remained enviously high over the years.

Surveys are given to all currently appointed United Methodist Church clergy in North Carolina. Using ID numbers, we are able to follow individual clergy across the years to see changes in health and wellbeing over time.

Benchmarks

In the current report, we use Clergy Health Initiative data of North Carolina UMC (NC-UMC) clergy from 2008, 2010, 2012, 2014, 2016, 2019, 2021 and 2023. Across the survey items, we compare 2021 data to 2023 data. For some items, we also describe significant changes between an earlier wave of data and 2023.

When the data are available, we compare this NC UMC clergy data to:

National UMC clergy data (US-UMC). The UMC benefits provider—Wespath Benefits & Investments—conducts a health survey on a demographically representative sample of US-based United Methodist clergy. In 2021, the US-UMC clergy survey invited a random sample of 4,000 clergy and had a response rate of 28%. In 2023, 5,000 clergy were invited and a 25% response rate was achieved. While 25% is typical of many online surveys and does not definitely indicate response bias (Groves, 2006), a higher response rate would provide more confidence. The survey covers physical, mental, social, and financial wellbeing, using many of the same items that the Clergy Health Initiative uses because we were consulted in its construction.

The US-UMC data is only shown using whole numbers because that is the way their findings were provided to us. For comparisons between prevalence rates of health diagnoses between NC UMC clergy and US UMC clergy, we conducted tests of proportions. For more details on Wespath's data, please access <https://www.wespath.org/health-wellbeing/health-well-being-resources/clergy-congregational-resources/clergy-well-being-research>

Abbreviations & terms

NC-UMC – North Carolina United Methodist Church

US-UMC – United States United Methodist Church clergy

Health professional – a physician, nurse, or other credited health professional

Study Findings

In this report, we offer findings from the Statewide Clergy Health Survey for UMC clergy in North Carolina with a current appointment. Our inclusion criteria were currently being appointed, which could mean be appointed in parish ministry or in extension ministry (broadly defined to include district superintendents and bishops), and that appointment could be full- or part-time. Our exclusion criteria were being fully retired, inactive, disabled, or on leave.

TABLE 2 Individual-level trends over time among North Carolina UMC clergy with a current appointment

Mental Health	Trend 2008 to 2014	Trend 2014 to 2019	Trend 2019 to 2021	Trend 2021 to 2023
Elevated depression symptoms	Stable	Increasing	Stable	Stable
Elevated anxiety symptoms	Stable	Increasing	Increasing	Stable
Flourishing	Not available	Stable	Decreasing	Increasing
Burnout: High Emotional Exhaustion	Stable	Increasing	Increasing	Stable
Burnout: High Depersonalization	Stable	Stable	Stable	Stable
Burnout: Low Personal Accomplishment	Stable	Stable	Increasing	Stable

Note: People who disaffiliated before the 2023 Statewide Clergy Health Survey were included in the first 3 trends but not in the last trend between 2021-2023.

Mental Health

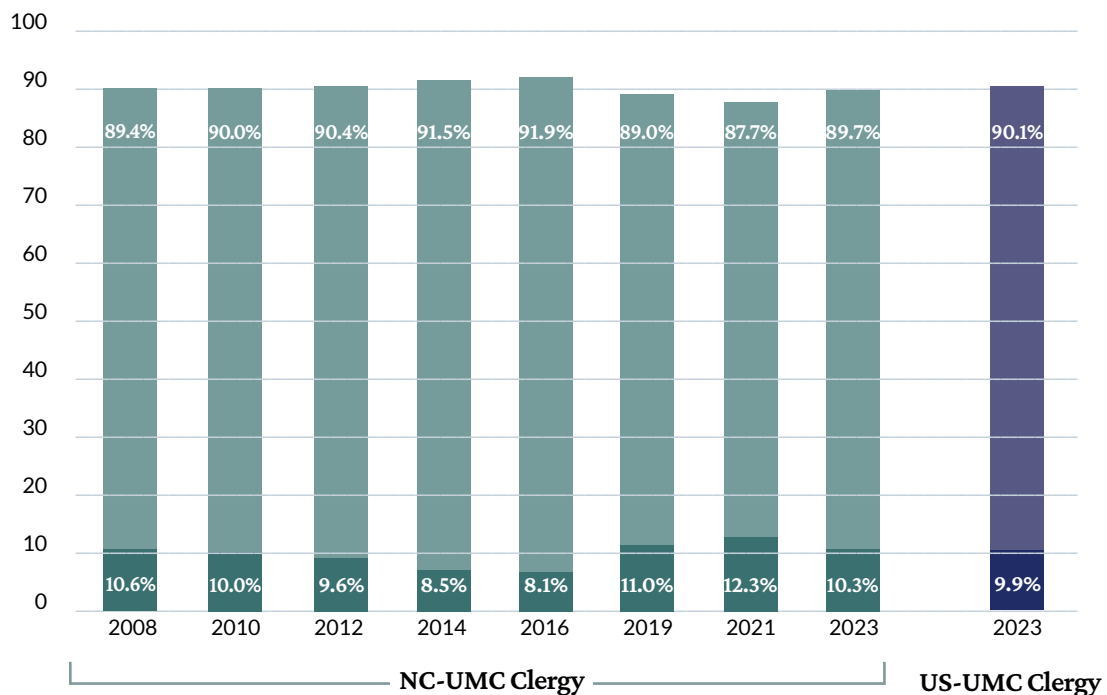
▶ Depressive Symptoms Screener

To assess depression, our team used the Patient Health Questionnaire-8 (PHQ-8) screener. We show the trends and prevalence of depressive symptoms between 2008 to 2023 and each specific depressive symptom included in the PHQ-8 and its prevalence.

Main take-away

- During 2023, 90% of NC-UMC clergy experienced no or minimal symptoms of depression.
- Moderate or severe depressive symptoms were experienced by 10% of NC-UMC clergy in 2023, which was a decrease of 2 percentage points between 2021 and 2023, although this change was not statistically significant. Note: NC-UMC and US-UMC clergy had essentially the same rates of depressive symptoms in 2023.

Presence and Severity of Depressive Symptoms



Note 1: PHQ-8 (Patient Health Questionnaire-8 items) is a validated screening tool that assesses the presence and severity (none, mild, moderate, moderately severe or severe) of depressive symptoms.

Note 2: The US-UMC clergy (2023) depressive symptoms survey includes a ninth item on thoughts of harm. Studies on the eight vs nine-item versions suggest that the two versions show very little difference in prevalence of elevated symptoms; however, it is possible that the different number of items might have slightly affected the comparison between NC and US UMC clergy.

Other points

- In previous research, we found that groups of clergy tend to stay with their same level of depressive symptoms across 5.5 years. For example, the best fitting model of UMC clergy data categorized clergy into 3 groups: clergy with minimal, mild, or moderate depressive symptoms. Certain factors increase the likelihood of experiencing chronic mild or persistent moderate/severe depressive symptoms. These factors include being female, having poor self-rated health, experiencing high financial or occupational stress, receiving limited emotional support, and having lower spiritual wellbeing. On the other hand, individuals who exhibit resilience to depressive symptoms tend to have strong support networks, a greater sense of spiritual wellbeing and lower stress levels related to finances and work. Clergy in those groups were likely to still be in their same original group after 5 years, as opposed to getting better or worse (Hybels et al., 2018), although of course certain individuals could improve or worsen.
- Consistent with the effort-reward imbalance theory, various external pressures (job-related stress, unpredictability in life) and internal pressures (feelings of guilt about not meeting work expectations, questioning one's calling to ministry) were found to be significantly associated with depression and anxiety. Additionally, rewards such as finding fulfillment in ministry work and financial security were also associated with better mental health outcomes (Proeschold-Bell et al., 2013).
- In other clergy research, we found that elevated depressive symptoms preceded occupational distress one year later, and yet occupational distress did not precede elevated depressive symptoms, suggesting that it is especially important to address depressive symptoms as they arise to prevent future work-related distress and sustain oneself in ministry (Milstein et al., 2019).



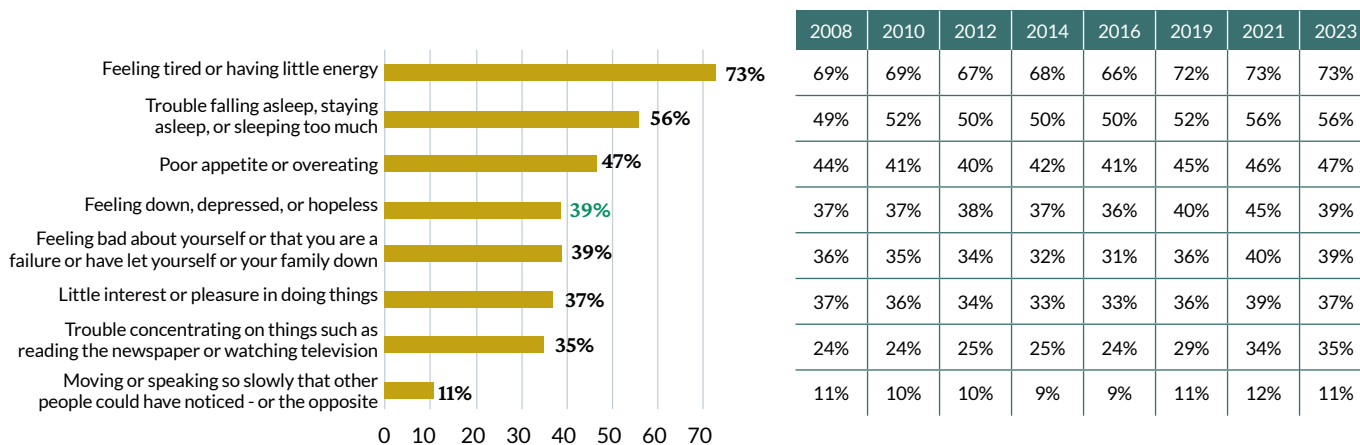
► Specific Depressive Symptoms

We were able to use the same eight-item screener, the Patient Health Questionnaire-8, to examine specific depressive symptoms. In order to compare to national UMC clergy data collected biennially by Wespath, we followed their procedure and dichotomized responses to the symptom questions, “Over the last 2 weeks, how often have you been bothered by any of the following problems...” into “not at all” vs “several days, more than half the days, and nearly every day.” The way to interpret the findings below is to consider clergy reporting no problems with a specific symptom over the past two weeks versus clergy reporting any difficulties. While this sets a low bar for difficulties, it allows for comparison to national UMC clergy data.

Main take-away

- Between 2019 and 2021, all eight of the specific depressive symptoms measured increased in 2021, with significant increases in three symptoms: ‘feeling down, depressed or hopeless’, ‘trouble falling asleep, staying asleep or sleeping too much’, and ‘trouble concentrating on things such as reading the newspaper or watching television.’ Between 2021 and 2023, the symptom ‘feeling down, depressed or hopeless’ significantly improved back to the 2019 rate, although all other symptoms stayed stable with 2021 levels, including ‘trouble falling asleep, staying asleep or sleeping too much’ and ‘trouble concentrating on things such as reading the newspaper or watching television.’

Several Days, More Than Half the Days, or Nearly Every Day of Each Depressive Symptom in 2023



Note 1: Patient Health Questionnaire-8 asks participants to indicate the frequency of depressive symptoms over the last 2 weeks with response options of not at all, several days, more than half the days, and nearly every day. The percentages here represent participants who responded several days, more than half the days, or nearly every day to the depressive symptoms.

Note 2: Numbers in green indicate a statistically significant decrease between 2021 and 2023.

Note 3: The people who disaffiliated before the Statewide Clergy Health 2023 survey were included in the significance test between 2021 and 2023 prevalence numbers. Therefore, the 2021 and 2023 samples were different.

► Anxiety Screener

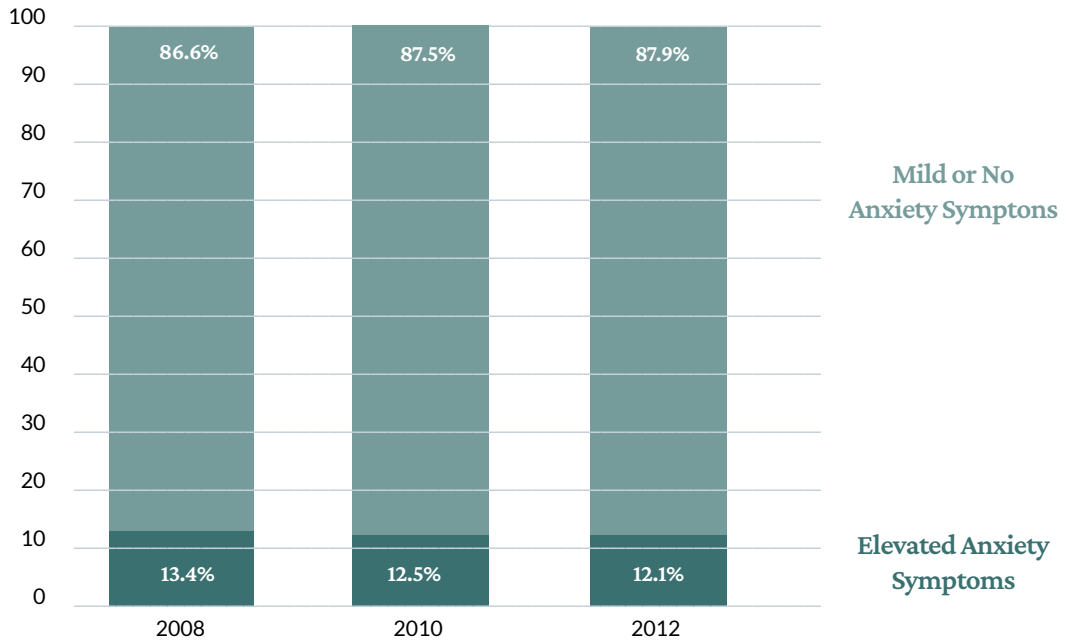
When we initiated collecting North Carolina UMC clergy's data on anxiety in 2008, we opted to use the Hospital Anxiety and Depression scale. However, we changed to the Generalized Anxiety Disorder scale (GAD-7) in 2014, because it is the preferred scale to screen anxiety in the United States.

Main take-away

- The rate of elevated anxiety symptoms in 2023 was the same as the rate in 2021.
- Elevated symptoms of anxiety were experienced by 16% of NC-UMC clergy in 2023.



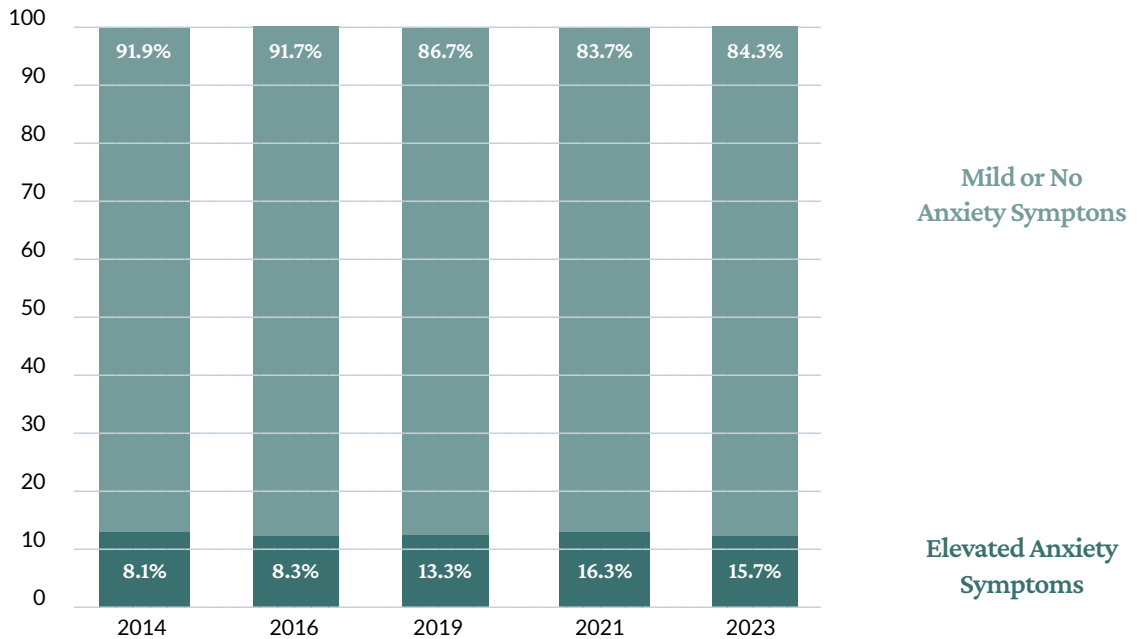
NC UMC Clergy Anxiety Symptoms – HADS scale



Note 1: This chart shows severity of anxiety symptoms using the HADS scale – Hospital Anxiety and Depression scale.

Note 2: The US UMC clergy report does not include data on anxiety symptoms.

NC UMC Clergy Anxiety Symptoms – GAD-7 scale



Note 1: This chart shows the severity of anxiety symptoms using the using GAD-7 scale – Generalized Anxiety Disorder scale. A score of 8 or higher was classified as elevated anxiety symptoms.

Note 2: The US UMC clergy report does not include data on anxiety symptoms.



Other points

- In our previous clergy studies, we found elevated anxiety symptoms to be significantly related to higher levels of job stress, life unpredictability, feeling guilty about not doing enough, doubting one's call, and serving more years in ministry, but unlike depressive symptoms, not social isolation. Higher ministry satisfaction is related to lower odds of having elevated anxiety symptoms (Proeschold-Bell et al., 2013).
- In another study, nearly 15% of clergy exhibited elevated symptoms of anxiety or depression, or both. About half (50.9%) of those had sought professional mental health treatment in the past. Younger clergy, those with a history of depression prior to age 21, and those who felt deeply supported by their congregation were more likely to have utilized mental health services recently or currently. While the rate of mental health service use among United Methodist clergy is comparable to the national average among US adults experiencing mental distress, it is nonetheless concerning that half of the clergy with elevated symptoms remain untreated (Biru et al., 2022).
- Mindfulness Based Stress Reduction (MBSR) and the Daily Examen were found to result in fewer symptoms of stress and anxiety among clergy than a control group, even during a global pandemic (Proeschold-Bell et al., 2024). MBSR also significantly improved heart rate variability (a biological measure of stress).

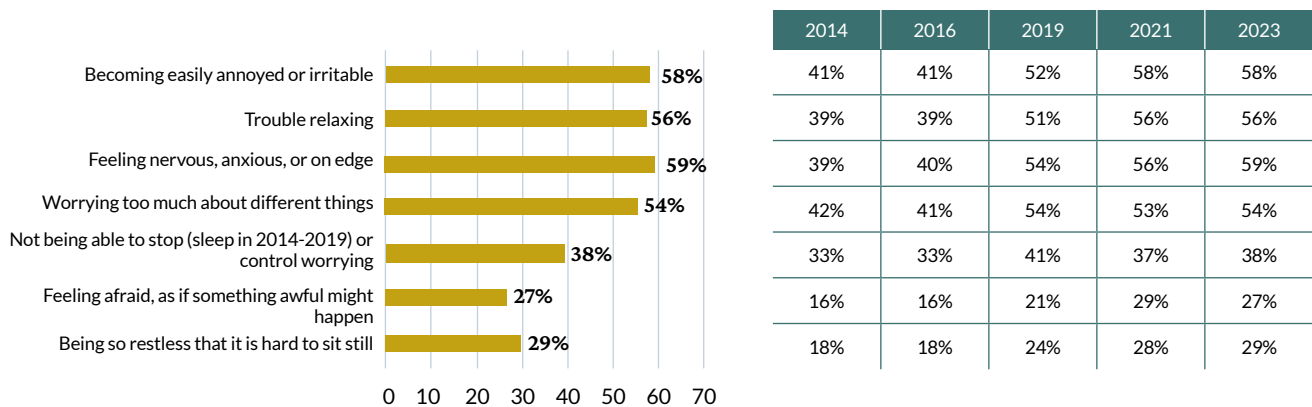
► Specific Anxiety Items

We were able to use the same seven-item screener, the Generalized Anxiety Disorder-7, to examine specific anxiety symptoms. In order to compare to national UMC clergy data collected biennially by Wespath, we followed their procedure and dichotomized responses to the symptom questions, “Over the last 2 weeks, how often have you been bothered by any of the following problems...” into “not at all” vs “several days, more than half the days, and nearly every day.” The way to interpret the findings below is to consider clergy reporting no problems with a specific symptom over the past two weeks versus clergy reporting any difficulties. While this sets a low bar for difficulties, it allows for comparison to national UMC clergy data.

Main take-away

- Between 2019 and 2021, four of the seven symptoms of anxiety significantly increased: ‘becoming easily annoyed or irritable,’ ‘not being able to sleep or control worry,’ ‘feeling afraid, as if something awful might happen,’ and ‘being so restless it is hard to sit still.’ Between 2021 and 2023, anxiety symptoms held steady; in other words, there were no statistically significant differences in anxiety symptoms between 2021 and 2023.

Several Days, More Than Half the Days, or Nearly Every Day of the Anxiety Symptoms in 2023



Note 1: The Generalized Anxiety Disorder Scale asks participant to indicate the frequency of anxiety symptoms over the last 2 weeks, with response options of not at all, several days, more than half the days, and nearly every day. The percentages here represent participants who responded several days, more than half the days or nearly every day to the anxiety symptom.

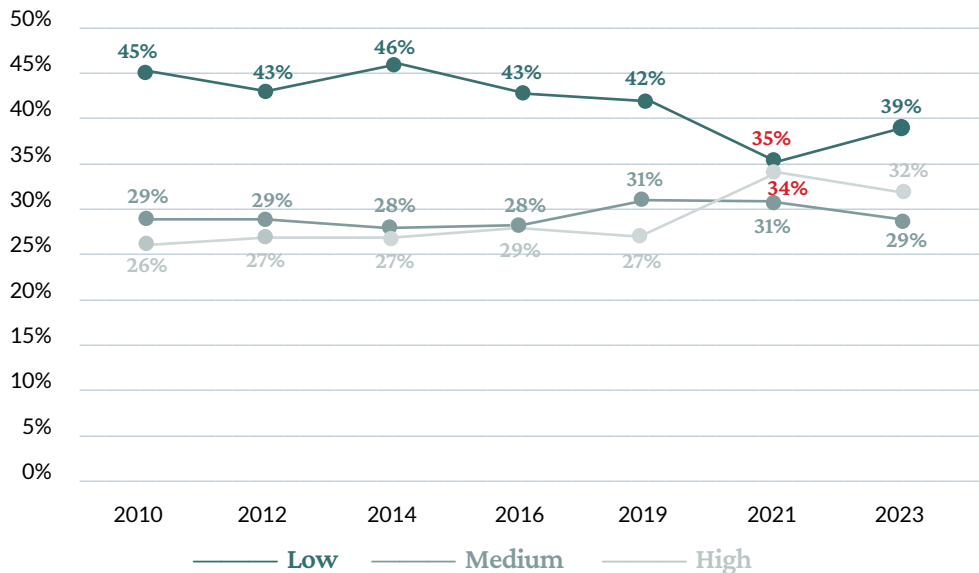
► Burnout

Burnout was assessed using data on three components of work-related burnout: low personal accomplishment, high depersonalization, and high emotional exhaustion.

Main take-away

- Between 2019 and 2021, when trichotomizing burnout levels into low, moderate and high, rates of high burnout for (lack of) personal accomplishment and emotional exhaustion significantly increased for NC-UMC clergy. Between 2021 and 2023, NC-UMC clergy had similar rates of high burnout for all three types of burnout components. In other words, in 2023 the percentage of clergy scoring as having high burnout remained elevated for lack of personal accomplishment and emotional exhaustion compared to 2019.
- Between 2021 and 2023, all 3 components of burnout remained stable.

Sense of Personal Accomplishment Decreased in 2021 and Remained Steady in 2023



Note 1: Percentage in red indicates a statistically significant difference between 2019 and 2021. There were not significant differences between 2021 and 2023.

Note 2: The US UMC clergy report does not contain information on sense of personal accomplishment.

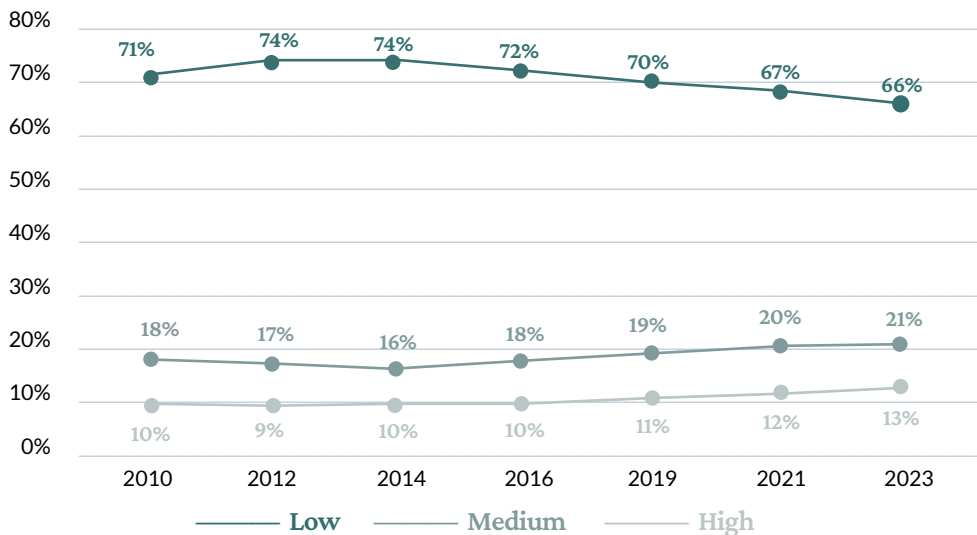
Other points

- Over the years, we saw a very stable sense of personal accomplishment; however, in 2021 there was a statistically significant decrease in sense of personal accomplishment which suggests an increase in the percentage of clergy experiencing high burnout. This remained steady in 2023.

Depersonalization: becoming detached from and cynical towards other people.

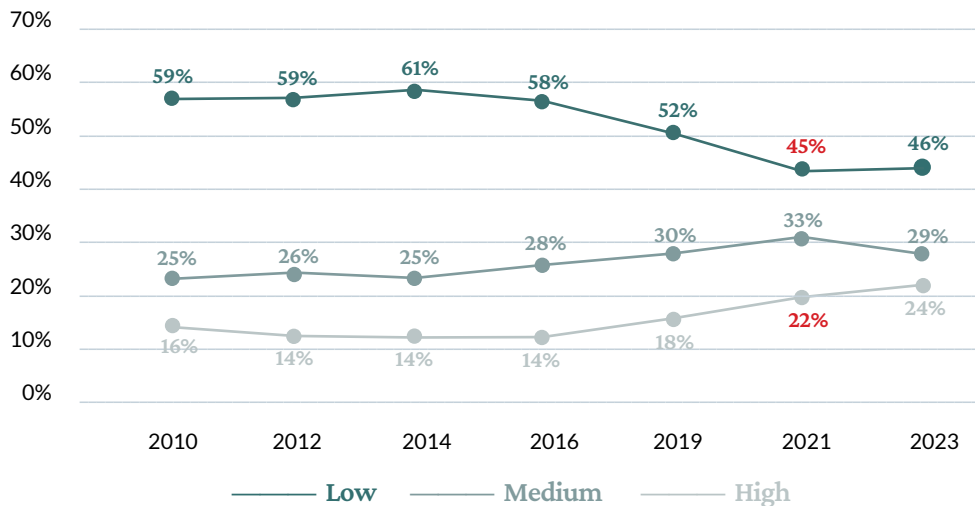
- The depersonalization component fluctuated over the years, and in 2021 it trended up showing a slight but not statistically significant increase in NC-UMC clergy experiencing high burnout. This remained steady between 2021 and 2023.

Depersonalization Rates Saw Small Changes Between 2019 and 2021, and Between 2021 and 2023, Which Were Not Statistically Significant



Note: The US UMC clergy report does not contain information on depersonalization.

Emotional Exhaustion Increased Between 2019 and 2021 and Held Steady Between 2021 and 2023



Note 1: Percentage in red indicates a statistically significant change between 2019 and 2021. There were not significant differences between 2021 and 2023.

Note 2: The US UMC clergy report does not contain information on emotional exhaustion.

- The most noteworthy change in burnout was observed in the emotional exhaustion component which increased by 5 percentage points between 2019 and 2021. Looking at this data across the years, this increase was even higher; comparing the years of 2016 and 2021, NC-UMC clergy emotional exhaustion increased by 9 percentage points.
- Clergy played a significant leadership and support role within their communities. Current issues in ministry such as political conflict, views on gender identity and the pandemic may have created an additional layer of emotional pressure and challenges faced by clergy, potentially increasing emotional exhaustion.

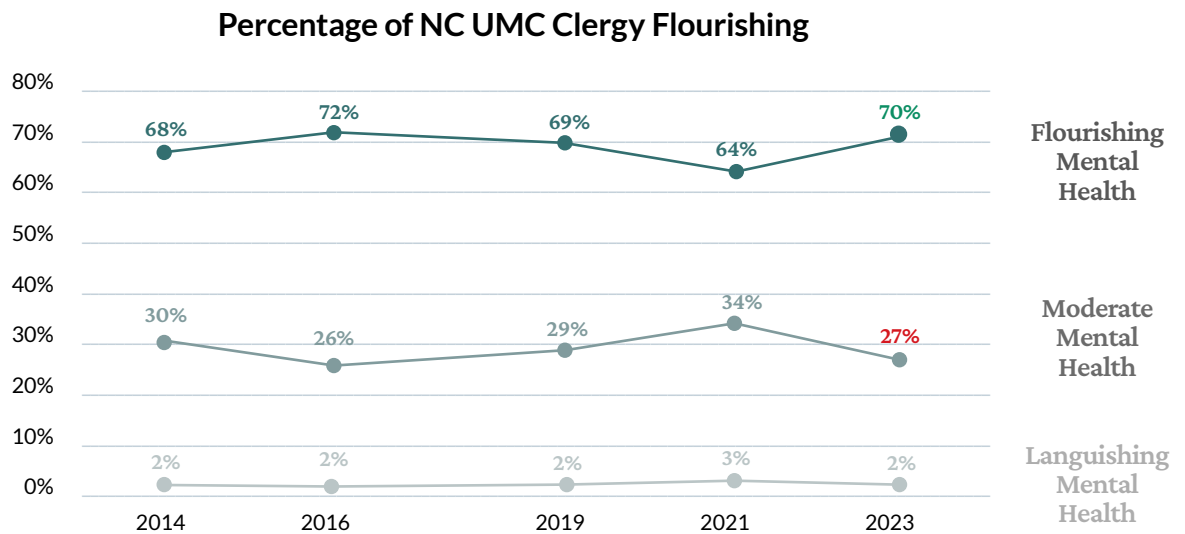
► Flourishing Mental Health

Flourishing is a state of psychological and social wellbeing that happens when we feel positive emotions, have good psychological functioning (for example, have warm and close relationships and feel like we are growing as a person), and have good social functioning (for example, feel we are contributing to society and have a place where we belong). Whether or not someone has a mental illness, they may experience positive emotions and good psychological and social functioning. For instance, someone living with panic disorder may also have flourishing mental health.

We started collecting data on flourishing in 2014 using the Mental Health Continuum Short Form (MHC-SF) developed by Corey L. M. Keyes. The MHC-SF assesses the frequency with which respondents experience indicators of positive mental health in 3 domains of wellbeing: emotional wellbeing, social wellbeing, and psychological wellbeing (Keyes et al., 2008). Flourishing has been considered a unique approach to mental health in the absence (or presence) of a mental illness as it offers ways to construct meaningful lives.

Main take-away

- Between 2021 and 2023, flourishing significantly increased by 6 percentage points.
- In 2023, 70% of NC UMC clergy scored as having flourishing mental health.
- While flourishing is the presence of positive mental health and not an indication of mental illness, problems such as elevated depressive symptoms are highly correlated—specifically negatively correlated with positive mental health.



Note: The US-UMC clergy report does not include data on Flourishing or Languishing.

Other points

- Flourishing mental health is protective against future depressive symptoms among clergy (Keyes et al., 2020)
- Among clergy, we have found that staying flourishing across two years is related to working in alignment with God, investing time in taking care of one's physical health, mental health, and spiritual wellbeing (e.g., practicing physical exercise, spending time in prayer, and spending time with family and engaged in hobbies), nourishing genuine friendships, and setting boundaries around work and personal life (Keyes et al., 2020).

► **Combinations of Mental Health and Mental Distress**

Mental health is a complex interplay that includes both negative symptoms (i.e. depressive and anxiety symptoms) as well as positive functioning (flourishing). We were able to identify mental health profiles that are common to UMC clergy by using latent class analysis to determine combinations of scores across multiple mental health measures that are typical. Four mental health profiles were common using survey data across a five-year period (2014-2019): Flourishing, Burdened But Fulfilled, Languishing, and Distressed.



► Different Combinations of Clergy Mental Health

<i>Flourishing</i>	<i>Burdened but Fulfilled</i>	<i>Languishing</i>	<i>Distressed</i>
<p>LOW depressive & anxiety symptoms</p> <p>LOW burnout</p> <p>HIGH positive mental health</p>	<p>MODERATE depressive & anxiety symptoms</p> <p>MODERATE burnout but HIGH personal accomplishment</p> <p>HIGH positive mental health</p>	<p>MODERATE depressive & anxiety symptoms</p> <p>MODERATE burnout</p> <p>MODERATE positive mental health</p>	<p>HIGH depressive & anxiety symptoms</p> <p>HIGH burnout</p> <p>LOW positive mental health</p>

The mental health of pastors was significantly impacted during the pandemic, with individual outcomes varying based on pre-pandemic mental health profiles. Notably, pastors who were thriving before the pandemic (Flourishing subgroup) showed resiliency in their mental health, while substantial percentages of clergy with the other three profiles either kept their Distressed mental health profile or transitioned to the Distressed profile.

Specifically:

- Of clergy with a Flourishing mental health profile in 2019, 76% remained flourishing in 2021 and only 2% transitioned to a Distressed profile in 2021.
- Of clergy with a Burdened But Fulfilled profile in 2019, 24% transitioned to a Distressed profile in 2021.
- Of clergy with a Languishing profile in 2019, 24% transitioned to a Distressed profile in 2021.
- Of clergy with a Distressed profile in 2019, 80% remained Distressed in 2021.

These findings suggest that it is not only important to bolster the mental health of currently Distressed clergy, but also important to intervene with clergy in the Burdened But Fulfilled profile and the Languishing profile, as a way to prevent future distress.

This longitudinal study is one of the first to track changes in mental health among helping professionals before and after the COVID-19 outbreak, especially using the nuance of multiple measures. Our findings highlight the importance of considering both positive and negative mental health indicators in identifying subgroups of people for targeted support during future periods of stress (Lee et al., 2024).

Mental Health Discussion

Clergy provide counsel, compassion, and support to others but are not immune to mental health conditions. In fact, some studies suggest that people in helping professions are at a higher risk for anxiety and depression (Kim, 2019).

Depressive and anxiety symptoms and indicators of two components of burnout worsened for UMC clergy in North Carolina between 2019 and 2021. This decline coincided with a series of unprecedented stressors, including a highly contested election, the COVID-19 pandemic, and a divisive debate within the Church on human sexuality. Other helping professionals also experienced striking increases in burnout, including worse than found here for clergy. For example, the physician burnout rate more than doubled from 2019 to 2021 (Ortega et al., 2023).

The mental health statistics in 2023 reported here indicate that although levels have not returned to those of 2019, they have stabilized. The data suggests that the prevalence of mental health issues, such as anxiety and depression, remain higher than pre-pandemic levels but have not deteriorated further. This suggests a stagnation in mental health recovery, during a period of time that continued to be challenging for clergy due to lingering effects of COVID-19 pandemic, such as less church engagement by congregants and declines in giving, and ongoing discussions and later disaffiliation processes pertaining to views on the UMC's stance on human sexuality. Although percentages with high burnout increased between 2019 and 2021, the percentages appear better than for some other helping professions such as medical providers (Linzer et al., 2023)

Our research reveals a nuanced understanding of mental health, highlighting the importance of considering an individual's comprehensive mental wellbeing. We discovered a significant proportion of clergy experiencing flourishing mental health or demonstrating resilience despite challenges (Burdened But Fulfilled profile). Our findings emphasize the crucial need for early intervention when initial signs of burnout and subtle symptoms of depression and anxiety emerge, as neglecting these warning signs may lead to a downward trajectory towards more severe mental health struggles (Distressed profile). While it's encouraging to see the protective effects of Flourishing mental health during the unprecedented 2020-2021 period, our results also indicate that this status is not guaranteed and requires intentional effort to maintain.



Data-Driven Suggestions for Improving Mental Health and Flourishing

Our research team discovered that Mindfulness-Based Stress Reduction (MBSR) and the Daily Examen significantly reduced symptoms of stress and anxiety in clergy participants, even during the COVID-19 pandemic (Proeschold-Bell et al., 2024). Additionally, compared to a control group, clergy participating in MBSR had significantly better heart rate variability, a key biological indicator of stress levels.

A notable study revealed that clergy who flourish employ four key strategies that distinguish them from those experiencing burnout. Flourishing pastors are intentional about taking care of their physical and mental health, setting boundaries around their work and personal lives, nourishing friendships and mutual relationships, and working in alignment with God (Case et al., 2019).

The results from both suggest effective approaches for mitigating stress and promoting well-being.

The Duke Clergy Health Initiative will continue to track the mental health of UMC clergy in North Carolina in 2025, through a period of transitioning away from UMC church decisions around remaining in the UMC or disaffiliating and through a contentious US Presidential election. We look forward to sharing those findings in support of these important leaders.

Note: The report is one of several reports on health and wellbeing trends of UMC clergy in North Carolina. Visit our website at <https://clergyreligionresearch.duke.edu/clergy-health-initiative-chi/> to check out our other reports.

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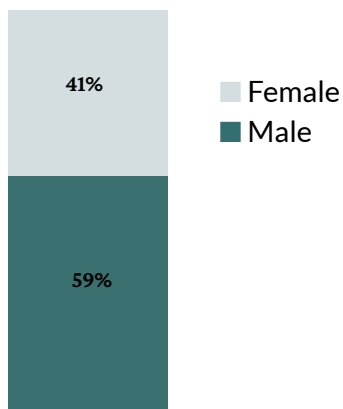
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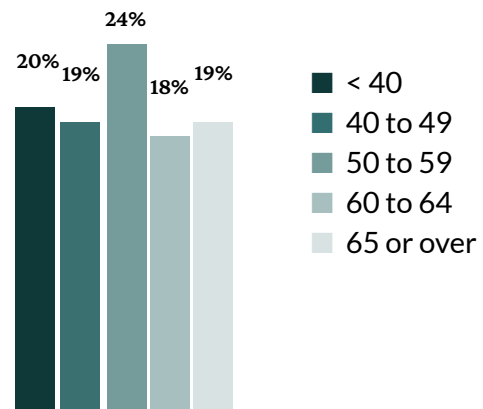
Appendix

2023 Demographics

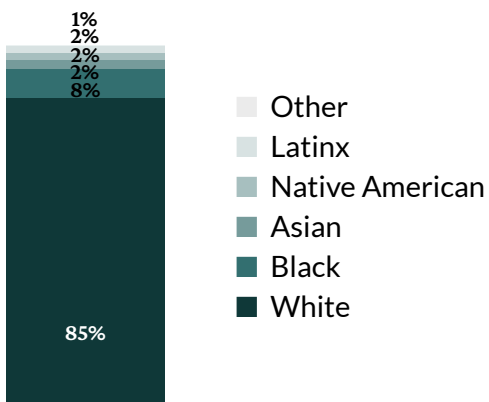
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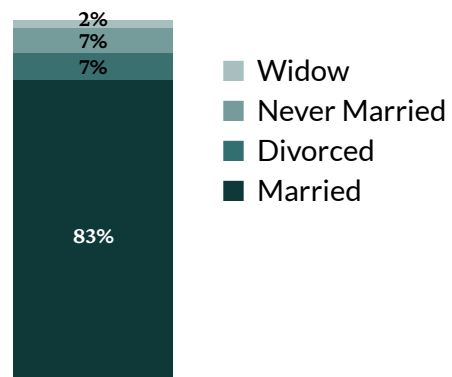
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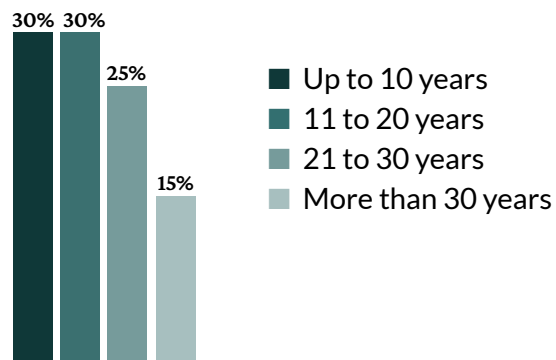
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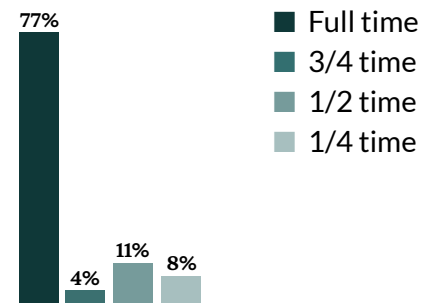
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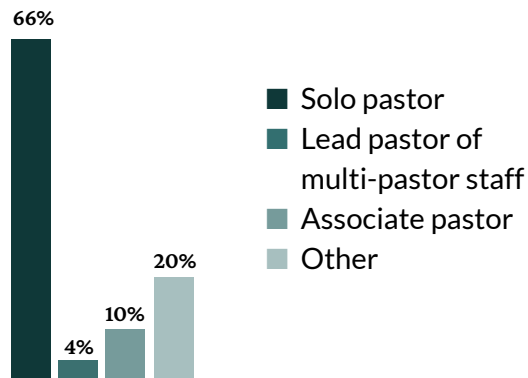
Years in Ministry



Appointment Type



Pastoral Role



About the Duke Clergy Health Initiative

Ministry is a complex profession – full of purpose and meaning. However, the challenges of ministry, combined with the need to prioritize their sacred calling, can prevent pastors from tending to their own well-being. We believe congregations and communities flourish when pastors have permission and tools to foster their physical, emotional, and spiritual health. To that end, we identify, test, and promote evidence-based practices to support the well-being of clergy. Contact us at clergywb@duke.edu to learn more.



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