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天國視野 Kingdom Perspective

Chinese Baptist Fellowship of the United States and Canada

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HELP FOR PASTORS, THE WOUNDED HEALER

Dr. Sam Leong

When there is the tragic news of the death of a pastor due to suicide, the entire Christian world is shaken. This shock wave goes to the core of the leadership of that church leaving them to wonder about how they could have missed the warning signs. It should serve as a wake-up call for the church leadership.

What exactly is it that we should look for when we consider the mental health of the pastor? This article will focus on this question and offer a way to look at these danger signs as well as some practical preventive measures that the church can take to ensure the emotional health of our pastors.

Pastors are vulnerable to taking their own lives. This leads us to a major issue of identifying any discrepancies between our perception and expectations of pastors and the reality of who they are. Given the mindset of church culture and the general public's mentality, ministers are put on a pedestal and much is expected of them. His vulnerability is further heightened if the pastor buys into this mentality and portrays the image of someone who is perfectly well adjusted, free from psychological problems, spiritually mature, complete and lacking in nothing. This is in contrast to ministers who know that they are made just like any created being, no different in terms of vulnerability to physical, psychiatric, and spiritual illness and decline. Having feet of clay and being able to admit this to themselves and to those around them is a healthy sign and may lessen the undue pressure on their souls.

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As a psychologist, one of the key issues in working with clients who are suffering from mental illness is to learn how to assess for suicidality. The "SAD PERSONS" assessment is a concise method to think through the common risk factors for someone who is on the verge of taking their life. "SAD PERSONS" is an acronym with each of the nine letters representing a risk factor to check for. Here is a brief description of each letter and a quick key for interpreting the score that is tallied:

SAD PERSONS scale (give a score to each item accordingly):

S – Sex: 1, if male; 0 if female; (although more females attempt, more males succeed)

A – Age: 1, if under twenty years of age or over 44 years old

D – Depression: 1, if depression is present

- P – Previous attempt: 1, if present
- E – Ethanol (alcohol or drug abuse): 1, if present
- R – Rational thinking loss: 1, if present
- S – Social support lacking: 1, if present
- O – Organized suicide plan: 1, if plan is made and lethal
- N – No significant other: 1, if divorced, widowed, separated, or single
- S – Sickness: 1, if chronic, debilitating, and severe

The key for interpretation and recommended interventions are as follows:

A score of less than 5 – there is low risk, but continue to monitor and follow-up

A score of greater than 6 – there is concern, and recommend professional help

A score of greater than 8 – there is imminent danger, and hospitalization is required

***“Every pastor needs to be in a small group
where he is NOT the leader.”***

For example, if a pastor is in his Fifties recently lost his wife to illness, has a history of clinical Depression and does not have a good Support system; he should be monitored and given follow-up care. If you add to that, the signs of a drinking problem (Ethanol) or abuse of medication that impacts cognitive functioning, and a Previous suicide attempt; this increases the risk. The matter of loss of Rational thinking may be difficult to ascertain, but you are looking for signs of thoughts like – “I think this world would be a better place without me” or “I’m such a total failure in my ministry”. The Organized suicide plan can only be determined if you ask the awkward question: “Have you thought of taking your life and if yes, how might you do it?” To determine if there is lethality, you are looking for if he has a concrete plan and if the method is lethal (e.g. gunshot has a higher lethality than medication overdose). If there is an imminent danger, the pastor must be admitted to the psychiatric emergency unit in the nearest hospital. If he is willing to go voluntarily, you can take him. But if he is not willing to go voluntarily, a call to the police or county’s mobile crisis team may be necessary.

Rick Warren, Pastor of Saddleback Church in Southern California, has this sound advice to all pastors, recalling his own experience of having to deal with the death of his son by suicide and how he was ministered to by his small group: Every pastor needs to be in a small group where he is NOT the leader.

Practical Tips: 1. Does your pastor have a small group that he attends regularly? If not, you may want to make this a recommendation or a requirement; 2. Build into the Deacon Board agenda at least on an annual basis, a time to meet with the pastor and have a heart to heart conversation about how he is doing with the burden of caring for the church; 3. Given the notion that the Pastor is “on-call 24/7”, ministering to the needs of his congregation, consideration should be made for the pastor to be given paid time off throughout the calendar year to get away for rest and renewal; and, 4. Make sure that he is taking his sabbath rest on a regular basis.



This is the critical role of the Deacon Board – to care for the emotional and physical health of the pastor. May God give you wisdom and grace to minister the needed care to pastors who are weary and suffering in silence.

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幫助牧師 - 負傷的治療者

梁炳欽博士

當聽到一位牧師因自殺而去世的悲慘消息時，整個基督教世界都震動了。這也使教會領導的核心層感到震驚，他們想知道他們怎麼可能會錯過這個警戒，這是給教會領袖的一個提醒。

當我們顧慮到牧師的心理健康時，我們應該注意什麼呢？本文將重點討論這個問題，並提供如何去查看了解這些危險跡象的方法，以及教會可以採取的一些實際的預防措施，來確保我們牧師的情緒健康。

牧師是自殺的高危群，會讓我們去認清對牧師的看法和期望，與及他們究竟是誰的現實之間是有差異這個重要的題目。由於教會的文化和公眾的心態，傳道人都被要求高高置於臺階上，人們對他們有著極高的期望，如果牧師也接受他們究竟是誰的現實心態，並塑造自己成為一個完全很好適應，沒有任何心理問題，靈命成熟及一點無所缺的形象，他們本身的脆弱性就會進一步提高。但是他們如果知道自己是與別人沒有不一樣的傳道人，他們認識到他們本身身心靈三方面的疾病和軟弱是和別人一樣，而能夠接受並向周圍的人承認自己的弱點，這是一個健康的信號，並可以減輕心靈上不適當的壓力。

如果牧師也接受他們究竟是誰的現實心態，並塑造自己成為一個完全很好適應，沒有任何心理問題，靈命成熟及一點無所缺的形象，他們本身的脆弱性就會進一步提高。

作為一名心理學家，在治療精神病人的一個關鍵問題是學習評估自殺傾向。“SAD PERSONS”評估是一種簡明的方法，可以為在自殺邊緣的人們測試查看常見的風險。“SAD PERSONS”是首字母縮寫詞，九個字母各代表要測試查看的危險。下面是每個字母的簡要說明，以及計分的方法：

“SAD PERSONS” 測量表（相應地會給每個項目打分）：

- S - 性別：如果是男性則為 1；如果是女性則為 0；（儘管有更多女性嘗試，但更多男性成功嘗試）
- A - 年齡：20 歲以下或 44 歲以上為 1
- D - 抑鬱：如果存在抑鬱，則為 1
- P - 先前嘗試自殺為 1（如果存在）
- E - 乙醇（酒精或藥物濫用）：1（如果存在）
- R - 理性思維損失：1（如果存在）
- S - 缺乏社會的支持：1（如果存在）
- O - 有組織性的自殺計劃：如果已製定計劃且具有致命性的則為 1
- N - 身邊無重要的其他人：1，如離婚，喪偶，分居或單身者。
- S - 疾病：如果是長期，虛弱和重度的疾病則為 1。

詮釋和預防措施：

- 分數低於 5 – 風險低，但要繼續進行監控和跟進。
- 得分高於 6 – 值得關注，並建議專業幫助。
- 分數大於 8 – 迫在眉睫的危險，需要住院治療。

照顧牧師的情緒和身體健康是執事會的關鍵角色作用。

舉例說，如果一位五十多歲的牧師最近妻子病逝，有臨床抑鬱的症狀史且沒有良好的他人支持，應該對其進行監視，並給予後續護理。如果加上會有飲酒（乙醇）或濫用藥物的問題，有影響認知功能的徵兆，以及曾有過嘗試過自殺的跡象，這就增加了風險。不容易去確定是否失去理性思維，但你要注意諸如“如果沒有我，這個世界會變得更美好”或者“我的事奉完全失敗”這樣的想法，只有當你問那一個尷尬的問題：“你是否考慮過要自殺，若有，那麼你將如何做？”你才能確定他是否有有組織的自殺計劃。在決定他是否具有致命性計劃，你要知道他可是有計劃性，（例如他的致命性槍擊死亡率計劃是高於藥物過量）。如果有迫在眉睫的危險，必須將牧師送往最近醫院的精神科急診室。如果他願意自願前去，可以帶他去醫院，但是，如果他不願自願前去，可能有必要打電話給警察或縣府的流動危機小組。

他說：「每位牧師都需要參與一個他不是領導的小組。」

南加州馬鞍山教會的華理克牧師（Rick Warren）對所有牧師有這樣的忠告，他回顧了兒子自殺身亡以及他的小組如何幫助他的經歷時，他說：每位牧師都需要參與一個他不是領導的小組。

實用提示：

1. 你的牧師是否有一個定期參加的小組活動？如果沒有，你可將其作為建議或要求。
2. 至少每年一次在執事會議中納入與牧師會面的時間，並就其在照顧教會和負擔所有的感受進行真誠的交談。
3. 考慮到牧師是“24/7 全天候待命”來照顧會眾，每一年應給牧師有帶薪休假，使其得到休息和更新。
4. 確保他有定期的休息。

照顧牧師的情緒和身體健康是執事會的關鍵角色作用。願上帝賜給你有智慧和恩典，為疲倦而默默受苦的牧師們提供必要的照顧。



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