

As a priest, you work in the area broadly known as human services (e.g. police, ambulance officers, health professionals, social workers etc). Studies identify that those working in human services have an increased risk to their health and wellbeing due to high stress levels and burnout.

There are many reasons why clergy are at particularly high risk, a few of these are:

- High expectations on self and varied/unrealistic expectations by others
- Lack of clearly defined boundaries - tasks are never done
- Hard to measure achievements
- Lack of separation between role, relationships, living environment
- High time demands
- Multiplicity of roles/responsibilities
- Increasing administrative work – offers little reward
- 'Shift work' and being 'on call' can increase isolation

To list some simple guidelines may seem trite if you are currently feeling stressed and frustrated. A big part of the picture is to recognize that it is normal to struggle with these sorts of issues in ministry, and thinking through some positive approaches is a good way forward. Perhaps the first thing to do is to think through how you can say 'No' when you need to. Work out your personal and ministry priorities so you can measure requests against a bigger view than the immediate demand. Start with self care so that you can feel back in control of the decisions you are making.

I have a slogan on a coffee mug "A well dusted home is the sign of a wasted life"; it is a good reminder about priorities. I'm sure someone can come up with an equally clever slogan for priests. Feel free to submit them and I promise I will find a prize for the winner! Warm regards,

-- Cheryle Davies (Archdiocese of Brisbane)

"The sacrament of holy orders is conferred upon [priests] as individuals, **but they are inserted into the communion** of the presbyterate united with the bishop ...

"This sacramental origin is reflected and continued in the sphere of priestly ministry: from *mysterium* to *ministerium*.

Unity among the priests with the bishop and among themselves

**is not something added from the outside** to the nature of their service, but expresses its essence inasmuch as it is the care of Christ the priest for the people gathered in the unity of the Blessed Trinity.

**"The presbyterate thus appears as a true family,** as a fraternity whose ties do not arise from flesh and blood but from the grace of holy orders. This grace takes up and elevates the human and psychological bonds of affection and friendship, as well as the spiritual bonds which exist between priests. It is a grace that grows ever greater and finds expression in the most varied forms of mutual assistance, spiritual and material as well.

**"Priestly fraternity excludes no one.** However it can and should have its **preferences** ... those who have greatest need of help and encouragement. This fraternity takes special care of the young priests, maintains a kind and fraternal dialogue with those of the middle and older age groups, and with those who for whatever reasons are facing difficulties, as for those priests who have given up this way of life or are not following it at this time, this brotherhood does not forget them but follows them all the more with fraternal solicitude."

(emphases added)

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## INFORMATION BULLETIN

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Dear Brothers in Ministry

The last two Bulletins (Diabetes, Christmas in mega-parishes) brought with them many positive responses. Many thanks for your generous comments. A great deal has been happening around Australia on the "health and wellbeing" front. *The Swag* published an article by Dr Michael Shanahan as a result of the work he and two other doctors, Michael Quinlan and Leonard Chan, have been doing with the priests of the Archdiocese of Perth and the Diocese of Bunbury.

In addition, fine work is being done on the same topic in the Archdioceses of Brisbane and Melbourne particularly by their health-care teams. These teams include among their number **women** with a nursing and/or social welfare background who are actively engaged in **caring for clergy**. The exceptional work done by Cheryle Davies and Bernadette Mills (and other members of their teams) is referred to in this Bulletin. Both women spoke to the Diocesan Directors of Clergy Life and Ministry at their national gathering this year, which had as its focus the Presbyterate. Similar initiatives in relation to clergy care have been--or are being--developed in other dioceses.

There is no substitute for our care for one another. *Pastores dabo vobis* makes this clear, as you will see from the quotation on the back of this Bulletin. What is also clear are the great blessings that result from well resourced dioceses sharing their gifts with other dioceses. The sharing in health care is a great example.

With personal best wishes,

**Director**

**Frank Devoy**

**National Federation of Presbyteral Councils**  
**“A Practical Guide to Priestly Wellness”** (extracts)

*“All areas of wellness are **interconnected**. .... While we cannot simply consider the physical dimension of our health in isolation, there can be some value in reflecting on the physical aspects of our wellness. A positive attitude, while key to physical wellness, cannot substitute for necessary treatment when our medical or physical condition requires it. In a manner that is balanced and honest, we must take care of our bodies, ensuring we get adequate rest and exercise, eating a balanced diet, availing ourselves of regular physical check-ups, and seeking medical interventions when it is needed.*

*“It is important to recognize that many chronic or life-threatening illnesses do not have immediate discern-ible **symptoms**. Elevated cholesterol, high blood pressure, diabetes, even cancer, are conditions that can best be detected through regular physical examinations by a physician. In each case, early detection is the most important factor....*

*“Along with physical well-being, attention to our psychological, spiritual and mental health is equally important. Conditions like **depression, anxiety**, and bi-polar disorder are illnesses which cannot usually be controlled without medical intervention .... It is also possible that our ministry might have exposed us to traumatic situations that are not easily integrated into an optimistic and joyful view of life. Such experiences can be taken too lightly, and dismissed as simply a “part of the job” that should not distract us from helping others. But the reality is quite different ....*

*“Many factors can contribute to the **diminishing effectiveness** of our ministry over time, even as we give more energy and time to the work of service. Such things as: overwork and work addiction, being unable to set appropriate boundaries, a lack of balance in our schedules, the absence of rest and recreation, carrying difficult and stressful burdens, and the absence of interests and hobbies not related to ministry.... There can be no justification for not attending to the health of our bodies. -- **NFPC, Canada.***

**National Meeting Diocesan Directors**  
**“The Changing Face of the Presbyterate”**

The national meeting of Diocesan Director of Clergy Life and Ministry this year was devoted to examining the Presbyterate. Entitled **The Changing Face of the Presbyterate**, the Directors provided photographs of their presbyterates, explaining why they had chosen them. Many displayed two or three photos spanning the past fifty, even eighty years, using them to identify clearly the changing face of their presbyterates.

Probing the topic at a deeper level, Archbishop Mark Coleridge ‘unpacked’ **Section 74** of *Pastores dabo vobis*. His analysis prompted wide-ranging discussion on our obligations to each other and to the Church.

The focus then shifted to the **“Health and Well-being Issues for Catholic Priests”**.

Cheryle Davies, one of two guest speakers on this topic, spoke of her work with general body of clergy in her role as the Clergy Healthcare Coordinator for the Archdiocese of Brisbane.

The second guest speaker was Bernadette Mills who spoke of her rewarding work with the ‘retired’ men in Melbourne. Bernadette works with the Home Support Program for the Melbourne Archdiocese.

Both women are **Registered Nurses** and have done further study in caring for the aged. They tell a wonderful story of excellence and pride in their work and of success in areas of care. They enjoy the trust, appreciation and admiration of the priests with whom they work. Both have taken their story to other dioceses and have sought out other women with similar roles in other dioceses.

The blessings of reasonable health, good genes, age, and the need or desire to step down from the responsibility of running a parish, call not only for our personal support for those ‘retired’ (by visits etc), but also for such specialised care which can be offered only at diocesan level. These are the topics the women presented to the gathering of Directors:

**Archdioceses of Brisbane and Melbourne**  
**“Health & Wellbeing Issues for Priests”**

**Cheryle Davies** spoke in detail of the importance of proactive preventative health care. She identified those priests at high risk, health-wise; the nature and impact of stress and burnout in the lives of priests, indicating the signs of both. She also addressed the added pressures priests find themselves facing, the importance of making some significant ‘life-style’ changes, and the impact of doing so; planning strategies for good health, along with how to respond to change, and how to plan for the future.

**Bernadette Mills** provided details of the day-to-day work involved in looking after some 80 or more retired priests in Melbourne. She spoke of practical issues often overlooked, or not attended to well, by priests themselves. These included data relating to their medications; keeping on file a detailed record of one’s health, medical interventions, and treatments; details of one’s doctor; having an up-to-date will, power of attorney; the role and benefits agencies such as aged care assessment teams, local government agencies and other services, community aged care packages, and the like.

Cheryle Davies has a special **list of ten things** she has learned about priests while caring for them:

1. Priests’ care for others: “Fr X needs you, I don’t!”
2. Individuality of each priest: health is very personal and approached differently by each priest.
3. Independent: priests like their independence.
4. Generosity of spirit: but they are stingy in relation to themselves.
5. Capable and competent, but have a fear of not being in control when in need of care.
6. Private – priests are public figures and protect their privacy, but by being too guarded no one sees their inner goodness.
7. Conscientious about everything.
8. Resourceful, i.e., clever at devising plans to get around necessary supervisory health measures.
9. Not good at asking for help.
10. Priests are a very diverse but an very interesting group of people.

### **The Symptoms:**

Many people with type 2 diabetes may not be aware they have it, as there may be no symptoms initially. The symptoms may not appear until blood sugar levels are very high (over 15).

has seen the need not only for the care of their brother priests and their bishop (visits, phone calls etc) but also of specialised care which can only be provided by their dioceses

The symptoms to look for include:

- Excessive thirst
- Abnormal frequent urination
- Extreme tiredness or lack of energy
- Blurred vision
- Persistent infections

### **Prevention: This is all PREVENTABLE!**

- An annual blood test, which measures your blood sugar level, is critical.
- regular exercise (walking a minimum of 20 minutes a day – twice as long to lose weight);
- changes in diet (healthy food and smaller portions – perhaps invest in a housekeeper);
- minimise stress levels.

**See your Doctor, eat well and  
start exercising today!!**