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The psychological health of clergy in Ireland – who cares for the carers?

According to recent surveys among adults in Ireland, 96% believe in God and 73% attend church regularly.¹ The Roman Catholic population in Ireland is 4,056,030, with 1,368 parishes and 2,643 churches served by about 4,281 priests. In addition there are 17,361 men and women in various religious orders of priests, brothers and nuns.^{2,3} However, what is unclear is how many of these religious are suffering from work-related ill-health. The work-related health of the clergy should be a matter of not only personal, but also professional concern for mental health professionals in Ireland, as it is elsewhere,⁴ and of course the Catholic Church, for two very practical reasons. First, work-related stress is a major factor in shaping general personal physical and mental health, and those who suffer from work-related stress may, as a consequence, fall ill in other ways. Second, work-related stress is a major factor in how well the pastoral and administrative job is done, and those who suffer from poor work-related health may consequently be ineffective in their job.

At present there have been no empirical studies to examine this issue in Ireland, unlike the UK, for instance. For example, Francis⁵ provided a comparison between levels of burnout, as measured by a modified version of the Maslach Burnout Inventory,⁶ among 1,476 Anglican clergymen⁶ and 1,468 Catholic priests⁷ in England and Wales. A synopsis of these findings is presented in the *Table* above.

The data shows that significant numbers of Anglican clergy and Catholic priests in England and Wales are experiencing psychological ill-health as a direct result of their work. It is also clear that Catholic priests experience higher levels of emotional exhaustion and depersonalisation than the Anglican clergy.

The question that arises from such findings is whether comparable levels of psychological health would be found among Irish Catholic priests if they were surveyed. Such applied research would serve much more than academic curiosity. First, the data could allow for both an examination

Work-related health measures of Anglican clergy and Catholic priests (Francis, 2005)

Work-related health measures	Anglican	Catholic
<u>Emotional Exhaustion</u>	%	%
Feel working with others is a strain for them	12	27
Feel burnt out	8	14
Wake up feeling fatigued at the beginning of the day	9	16
<u>Depersonalisation</u>		
Less patient with parishioners than they used to be	11	27
Feel parishioners blame clergy for their own problems	16	31
Don't really care what happens to some parishioners	5	11

of the general levels of work-related health among Irish Catholic priests, and these could be subsequently compared with samples of other occupational groups in Ireland, as well as samples of clergy from other countries, in order to assess if Irish clergy in general terms are a group at risk. Second, the data could be employed to help identify potential candidates for psychological burnout in order to implement preventative strategies.⁸ Burnout, or people exhaustion, has been implicated in increased sick leave, leaving, early retirement and even suicide.^{9,10}

In the light of decreasing numbers of ordinands in training in Ireland^{2,3} there is a need for an overall strategy for clergy support, thus making the job more appealing to those with a vocation for the priesthood. However, a first step is an evaluation of the extent of the problem. For those concerned, and those charged with the psychological well-being of all members of our society, a nationwide survey of the work-related health of Irish clergy warrants serious consideration.

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When sleep matters in depression

Zispin SolTab 15mg, 30mg, 45mg - Zispin 30 mg Tablets
(See SPCs before Prescribing)

Presentation: Zispin SolTab 15mg, 30mg, 45mg.

Peel-to-open strips of 6 orodispersible tablets each containing 15, 30 or 45mg of mirtazapine, available in packs of 30 tablets.

Zispin tablets: Blister strips of 7 tablets each containing 30mg of mirtazapine, available in packs of 28 tablets.

Uses: Episode of major depression **Administration:** Zispin SolTab should be taken out of the strip with dry hands and should be placed on the tongue. The SolTab will rapidly disintegrate and can be swallowed with or without water.

Zispin tablets should be taken orally, if necessary with fluid, and swallowed without chewing. **Dosage:** Adults and elderly: The effective daily dose is usually between 15 and 45mg.

Treatment should begin with 15mg daily and dosage should be reviewed and adjusted if necessary within 2 to 4 weeks of initiation of therapy. Children: Do not use in children or adolescents under 18 years. The clearance of mirtazapine may be decreased in patients with renal or hepatic insufficiency. Zispin is suitable for once-a-day administration, preferably as a single night-time dose. Treatment should be continued until the patient has been completely symptom-free for 4-6 months.

Contraindications: Hypersensitivity to mirtazapine or any ingredients of Zispin. **Precautions and warnings:** Reversible bone marrow suppression presenting as agranulocytosis and granulocytopenia have been reported with most antidepressants. Reversible agranulocytosis has been reported as a rare occurrence with Zispin. The physician should be alert for symptoms such as fever, sore throat, stomatitis or other

signs of infection; if these occur, treatment should be stopped and blood counts taken. Patients should also be advised of the importance of these symptoms. Careful dosing as well as regular and close monitoring is necessary in patients with:

epilepsy and organic brain syndrome (See SPC); hepatic or renal insufficiency; cardiac diseases; low blood pressure. As with other antidepressants care should be taken in patients with:

micturition disturbances like prostate hypertrophy, acute narrow-angle glaucoma and increased intra-ocular pressure, and diabetes mellitus. Treatment should be discontinued if jaundice occurs. Moreover, as with other antidepressants, the following should be taken into account: worsening of psychotic symptoms can occur when antidepressants are administered to patients with schizophrenia or other psychotic disturbances; when the depressive phase of manic-depressive psychosis is being treated, it can transform into the manic phase. As for all therapies for depression, risk of suicide, suicidal thoughts and self harm may increase in the first few weeks of treatment, see SmPC for full details. Zispin has sedative properties and may impair concentration and alertness. The use of Zispin has been associated with psychomotor restlessness. Withdrawal symptoms when treatment is discontinued are common, particularly if discontinuation is abrupt, see SmPC for full details. **Interactions:** Alcohol, benzodiazepines and MAO inhibitors. **Pregnancy & Lactation:** Safety in human pregnancy has not been established. Use during pregnancy not recommended. Women of child bearing potential should employ an adequate method of contraception. Use in nursing mothers not recommended. **Adverse reactions:** The following adverse effects have been reported: **Most common:** increase in appetite and weight gain, Oedema, Drowsiness/sedation, generally occurring during the first few weeks of treatment. (N.B. dose reduction generally does not lead to less sedation but can jeopardize antidepressant efficacy). Dizziness. Headache. **Rare:** (Orthostatic) hypotension. Exanthema. Mania, convulsions, tremor, myoclonus. Acute bone marrow depression (refer to SPC). Elevations in serum transaminase activities. Paraesthesia. Restless legs. **Overdosage:** Present experience with Zispin alone indicates that symptoms are usually mild. Depression of the CNS with disorientation and prolonged sedation together with tachycardia and mild hyper- or hypotension have been reported. Treat by gastric lavage with appropriate symptomatic and supportive therapy for vital functions.

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