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Enough is not enough! Confronting church leadership's mental health in Zimbabwe

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Mental health is highly problematic in Zimbabwe because of personal, political, socio-economic and ecological crises. While church leaders predominantly face personal and leadership pressures, they are expected to enhance holistic societal well-being. As such, church leaders are under pressure to serve both the church and society from mental health issues. Sadly, the mental health of church leaders is ignored. Consequently, many clerical leaders give up and surrender to the internal and external burdens of life and leadership, and die from burnout, substance abuse and suicide, without receiving the support they need. How can the servants of God be served without losing mental health battles when they should be serving others to win? By employing Lazarus and Folkman's (1984) stress, appraisal and coping theory, doing a literature review and deducing lessons from the biblical story of Elijah (1 Ki 19:1–18), this article explains that mental health difficulties should not end the work and lives of church leaders. It troubleshoots church leaders' mental health in the Zimbabwean context, where the saying 'enough is enough' is apt in light of the urgent need for change amid a citizenry that experiences helplessness and hopelessness. Discerning hope, help and a panacea from Elijah when he believed that he had faced enough trouble and wished to die, this article concludes that church leaders should destigmatise mental ill-health, submit to ministry by others, rest, seek professional help, engage in physical care and fellowship, remain purposeful and submit to God's grace to achieve self and collective mental health.

Contribution: This article troubleshoots church leaders' mental health in the Zimbabwean context, which is characterised by personal, political and socio-economic helplessness and hopelessness.

Keywords: Church; leadership; society; mental health; pressure; crises; care; sustainability.

Introduction

Mental health is puzzling in Zimbabwe, mostly because of political, socio-economic, environmental and personal crises in the country (Chirimujiri 2024; Dzingai 2024; Gwenanguruwe 2025; Kidia et al 2017; Mpofu 2021). While church leaders face personal and ministerial pressure, they are expected to play an integral role in enhancing holistic societal well-being (Doma 2025). Society expects church leaders to help humanity in managing mental health (Mahuni 2025). According to Nyangani (2022), church leaders must receive training to sustain the mental health of people in society. Reports by the Daily News (2022), Ngiza (2023) and Lubinda (2025) urge the church in Zimbabwe to address issues relating to substance abuse and suicide. Upon realising that the mental health of church leaders themselves is not receiving attention, this article fills the gap. The article starts by overviewing the theoretical framework and reviewing mental health in Zimbabwe. Subsequently, it discusses the biblical case of Elijah and problematises ecclesiastic leadership and mental health. Towards the end, it explores strategies to address church leadership' mental health in Zimbabwe.

Theoretical framework: Stress, appraisal and coping theory

This article is framed on Lazarus and Folkman's (1984) stress, appraisal and coping theory, which focuses on how individuals perceive and respond to stressful situations. Their theory asserts that stress is caused by multiple internal and external factors. The theory underscores that stress can be managed through appraising someone's situation, ability to tackle issues and engage with feasible strategies to manage both the stress and the stressors. Lazarus and Folkman (1984) describe stress as a condition or feeling a person experiences when they perceive that the demands of their situation exceed the resources and abilities that are available. For Lazarus and Folkman (1984), stress is the way people deal with their feelings and react to threats and vulnerability; stress affects their ability to cope. According to Krohne (2002), stress, appraisal and coping theory

take stress as a relational concept between individuals and their environment. For Krohne (2002), interactions between people and what they face in their environments affect their well-being, cause stress and demand both individual and collective management. According to Folkman (2013), appraisal and coping strategies are integral pillars of the stress management process. She explains that there is always a need to evaluate what happened or is happening and to consider how to deal with stress and stressors to inform effective coping. Gunawan (2013) explains that the theory of stress, appraisal and coping focuses on evaluating stressful threats and strategising to manage stress. According to Lazarus and Folkman (1984), there are two stages of appraisal: primary appraisal, which interprets the meaning and degree of the situation, and secondary appraisal, which involves introspection to evaluate the individual's ability to deal with the stress, exploration of external strategies and involvement of others to manage the stress. Considering that mental health issues are devastating, this article applies Lazarus and Folkman's (1984) stress, appraisal and coping theory to review and explore strategies that could help church leaders cope with the issues they experience.

Understanding mental health in Zimbabwe

According to the World Health Organization (WHO 2022):

> Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. (n.p.)

Mental health is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is 'crucial to personal, community and socio-economic development', and 'concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realise one's intellectual and emotional potential' (WHO 2003:7). Accordingly, mental health is achieved by enhancing the competencies of individuals and communities and enabling them to achieve their self-determined goals. Mental health is determined by several factors. According to WHO (2022:n.p), 'exposure to unfavourable social, economic, geopolitical and environmental circumstances – including poverty, violence, inequality and environmental deprivation – also increases people's risk of experiencing mental health conditions' (WHO 2022:n.p.).

In Zimbabwe, mental health is influenced by a complex interplay of political, socio-economic, environmental and personal stress. As explained by Shoko and Naidu (2020), Zimbabwe's political instability has ruined the national economy and environment, increased anxiety and depression and significantly affected the mental health of its citizens. Nyatsanza (2024) states that:

> [I]n Zimbabwe, we all recognize that the malfunctioning state of our economy has brought devastating effects of abject poverty, degradation of standard of living, poor health facilities,

homelessness, and lack of food on the table … This economic malfunction falls under the environmental factor which becomes the basis of what forces many to live under unbearable stresses which eventually trigger mental health illnesses. (n.p.)

Similarly, Gwenanguruwe (2025:n.p.) declares that the high cost of living, high unemployment rate and unstable economic situation cause anxiety. 'Most men experience tremendous pressure to provide for their families, and when they experience failure in being able to do this, their ego is adversely affected' (Gwenanguruwe 2025:n.p). According to Masau (2019:n.p.), 'over 1.3 million Zimbabweans are living with mental health conditions because of harsh economic climate, depression and anxiety'. Dzingai (2024:n.p.) explains that Zimbabwe's hyperinflation, unemployment, and widespread poverty lead to mental ill health. 'The constant struggle to secure basic necessities, such as food, shelter, and healthcare places an immense psychological burden on individuals and families'.

Additionally, environmental crises in Zimbabwe, such as droughts, floods and pollution, significantly affect the mental health of its population, leading to increased stress, anxiety and depression. As reported by Samu and Akıntu (2020), Zimbabwe has had traumatic experiences of floods and droughts that have destroyed homes, property, lives and livelihoods. There are also increasing cases of illegal mining, displacement of people and destruction of livelihoods in the country (Gukurume & Tombindo 2023). Macheka (2021) reports on the politically powered fast-track land reform programme in Zimbabwe, which facilitated the invasion of white-owned land by ruling Zanu PF party leaders, war veterans and allies, who grabbed multiple farms and failed to manage them, which retrenched and rendered almost three quarters of farmworkers jobless and thereby disrupted the lives and livelihoods of settler farmers and caused varying degrees of stress to everyone who was directly and indirectly affected, including employees and business people who consequently lost their livelihoods.

Today, the people of Zimbabwe are hard-pressed by various mental health conditions, such as depression, anxiety, psychosis, bipolar disorder, epilepsy and alcohol use disorder, which are major causes of morbidity and mortality (Chimbwanda 2023). Gwenanguruwe (2025) states that the suffering of Zimbabweans because of multiple political, socio-economic and environmental crises and the absence of solutions for these crises causes feelings of uselessness, anxiety, depression, hopelessness and helplessness and the problems of anger management, violence and suicide. With all this in mind, let us consider Elijah's case and draw lessons that can be applied in the Zimbabwean church leadership context.

Overview of the case of Elijah

This overview describes the case of Elijah's mental health, with reference to the prophet's emotional and psychological struggles as described in the biblical books of 1 Kings 18 and 1 Kings 19, particularly after Elijah's victory over the prophets

of Baal. This episode is characterised by his exhaustion, isolation and feelings of hopelessness and despair. According to Smyth (2025), Elijah safeguarded monotheism from being corrupted by Baalism. Elijah declared that there was only one God.

1 Kings 17:1 narrates that Elijah was a Tishbite who came from Tishbe in Gilead to confront Baalism, which was promoted by Queen Jezebel during King Ahab's reign in Israel. Elijah declared that Israel would experience 3 years of drought as punishment for the people's disobedience to God and their idolatry (1 Ki 17:1). Upon noting that the people showed no remorse, Elijah gathered and contested 450 prophets of Baal to showcase the true God in Israel at Mount Carmel. Elijah proved that Yahweh was the true God and directed the Israelites to kill Baal's prophets, who were misleading people. King Ahab told his wife, Queen Jezebel, about this, and she threatened to kill Elijah. According to Iwański and Plante (2025:14), Jezebel's threat triggered a deep fear in Elijah, which caused him to flee and isolate himself. Elijah's turning to the wilderness marked a remarkable departure from the great boldness he had displayed at Mount Carmel to suicidal fear. After Jezebel's threat, Elijah isolated himself (1 Ki 19:4). Roi (2012:34) explains that the contradiction between Elijah's public victory and his private mental struggle underscores the high cost of his prophetic role. Anxiety, hopelessness, helplessness and suicidal thoughts dominated Elijah's retreat, and highlight the interplay between his spiritual calling and his human vulnerability. Iwański and Plante (2025:14) explain that the story of Elijah demonstrates the moral and emotional toll of the prophetic mission. In Zimbabwe, church leaders face similar struggles. While they are divinely empowered to display God on earth, like Elijah, they remain with a human vulnerability to mental health challenges (Iwański & Plante 2025):

> Any exegetes assume that Elijah fled out of fear for his life. This interpretation sees Jezebel's words as the immediate cause of his reaction … When the dust of his various battles for Yahweh settled, Elijah may have confronted the incredible dangers he had faced. (p. 14)

It is evident that the emotional pain of standing alone against deadly threats left him feeling bitter. Even the joy of his victory against Baal's prophets at Mount Carmel could not fully counteract the mental trauma that Elijah endured.

In the Zimbabwean context that is characterised by multifaceted political and socio-economic conflicts, prophetic church leaders have also faced tragic threats, and some of them have lost their lives because of the ruling Zanu PF's acts of silencing voices of dissent. Like the case of Elijah, the cost of prophetic ministry in Zimbabwe is traumatising. The ruling government makes puppets of partisan gospel ministers and churches and victimises and terrorises church leaders who oppose political ills (Magezi & Tagwirei 2022). In addition to political victimisation, church leaders struggle with their own burdens caused by personal, family and church issues in the context of economic haemorrhage, as well as church conflicts and the general pressures of ministry.

While some churches, especially commercialised neo-Pentecostals, seem to be doing well economically, Tagwirei (2022) argues that the Zimbabwean national economic crisis has impoverished most churches because citizens struggle to meet the cost of their basic needs. In addition to battling economic crises, church leaders also face the hurt and pain caused by denominational and ecumenical conflicts (Tagwirei 2024). While they are expected to stand up and save society from mental health challenges, church leaders are fighting their mental struggles, just like Elijah did. When Elijah's life was threatened, 1 Kings 19:3–5 says that he became so afraid and ran for his life into the wilderness.

Even after God appeared to him through an angel and miraculously gave him food, Elijah was still physically and emotionally depleted, isolated, withdrawn, terrified and suicidal. 1 Kings 19:8–9 narrates that 'Strengthened by that food, he travelled forty days and forty nights until he reached Horeb, the mountain of God. There he went into a cave and spent the night'. Yet, what Elijah thought was enough to make him give up was not enough because God wanted him to continue serving (1 Ki 19:15–18). All the roller-coaster experiences of Elijah, from the monumental demonstration of God's sovereignty at Mount Carmel to sudden trauma, burnout, fear and isolation, are like what some church leaders face. Drawing from Elijah's encounter with God through angelic visitation, conversation, provision, direction and renewal, nothing can or should end ecclesial leaders' mission and lives. There is hope for the hopeless, help for the helpless and a way out for the traumatised. Before exploring strategies to address mental health challenges, the following subsection problematises experiences of church leaders in Zimbabwe.

Problematising Church leadership and mental health in Zimbabwe

It is commendable that some church leaders have been involved in talks and walks about mental health in Zimbabwe. This is well-evidenced by ecumenical, denominational and individual church leaders' facilitation and involvement in mental health awareness campaigns, spiritual guidance and supportive programmes to destigmatise affected people while enlightening and empowering communities to deal with mental health conditions. According to Kalima (2024:n.p), ecumenical bodies such as the Evangelical Fellowship of Zimbabwe, churches and para-church organisations facilitate community outreach meetings and anti-substance-abuse awareness, as well as rehabilitation campaigns, across the country. According to Deketeke (2024):

> [C]hurches have pledged to be more involved in the fight against drug and substance abuse by closely working with communities and different institutions to support national campaigns co-ordinated by the Government. (n.p.)

Sadly, some pastors, elders and other ecclesial leaders have been reported to suffer from the same cases of depression, burnout, substance abuse and suicide that have been wreaking havoc in their communities. For example, a classical Pentecostal Apostolic Faith Mission pastor drank poison

when he experienced a love conflict with his girlfriend (Nhika 2023). A senior leader of the classical Pentecostal Assemblies of Zimbabwe died after jumping from the fourth floor of his office building, reportedly because of financial stress (The Citizen 2021). A neo-Pentecostal Harvest House International Church pastor hanged himself from the roof trusses of his church over financial distress (The Herald 2015). A neo-Pentecostal Eagle Life Church pastor poisoned himself and his two children over marital problems (Onwukwe 2018). A pastor of the mainline United Methodist Church drank poison after mistakenly posting sexual innuendos to his church group (Zenda 2023:n.p). A pastor from a mainline Reformed church in Zimbabwe drank poison after failing to refute allegations of adultery (Mswazie 2014:n.p).

The abovementioned cases are not exhaustive – there are other, similar cases, both reported and unreported, involving classical, Pentecostal, neo-Pentecostal, mainline and white garment church leaders who failed to withstand stress and died. These cases confirm that church leaders are struggling with their mental health in Zimbabwe. How can church leaders who face mental health challenges manage it and continue to serve others who are in a similar predicament? Mental health is highly problematic and in dire need of attention. Therefore, the following subsection explores lessons from Elijah's case and related literature and presents strategies to improve the mental health of church leaders in Zimbabwe.

Addressing Church leaders' mental health in Zimbabwe

The story of Elijah offers profound lessons on navigating mental health challenges. Despite being a powerful prophet, Elijah experienced severe emotional and physical exhaustion, which caused feelings of isolation and suicidal despair. According to Smith (2025:n.p.), 'Christian pastors carry the significant weight of spiritual leadership in a world that often demands more than we can give'. For Smith (2025), being a church leader is so fulfilling, but paradoxically full of challenges that complicate mental health. 'The pressure to be spiritually strong, emotionally available, and physically present for others can sometimes leave pastors feeling overwhelmed, isolated, and burned out' (Smith 2025:n.p).

Thus, it is important to remember that, while pastors are leaders, at the same time, they are also human. They, too, are vulnerable to stress, anxiety and depression. Recognising the need for mental health care should not be viewed as a sign of weakness; it should be taken as a wise call to steward one's health to serve others effectively. The case of Elijah provides wisdom and encouragement for leaders who are facing mental health struggles that cause them to need rest and support, and to rely on God. This article agrees with Reese (2023:n.p.) that it is thought-provoking to note that 'Elijah the Prophet was a powerful man of God, and God used him mightily, but ultimately, we find Elijah depleted, mentally, physically, and emotionally drained'. We can draw lessons from the story of Elijah and apply them in the Zimbabwean context. It can be deduced from Elijah's story that leaders should not give up

their ministry when they suffer mentally. Like God sent an angel to minister to Elijah, church leaders need someone, or some people, to minister to and help them recover from depression to hope, restoration and transformation. Considering that, the following suggestions could be useful.

Get ministered by others

It is difficult to take care of oneself when suffering from mental health challenges. God sent an angel to take care of Elijah (1 Ki 19:5) to demonstrate that he loves and cares and can send anybody or anything to take care of his servants when they experience need. Church leaders need to be ministered to, just like they, too, minister to their followers. Everyone has moments of despair and weakness, and when this happens, one should seek help. It seems that leaders find it difficult to express their feelings while they serve others, because it may come across as being weak, when leaders ought to be strong among their followers. Yet, as Reese (2023:n.p.) observes, 'pastors and church leaders at times find themselves experiencing the same symptoms as Elijah … but at the same time, God was preparing him for greater works'. When church leadership gets overwhelmed and a leader feels lonely and unable to deal with their pressure on their own, engaging others to help, as Lazarus and Folkman's (1984) theory suggests, might make a difference. Depression and loneliness are usually accompanied by fear and doubt. It is helpful to embrace vulnerability and engage someone, so that one can be encouraged, revived and restored. The story of Elijah reminds us that God gave Elijah time to rest and receive refreshment. Just as God provided Elijah with food, water and strength through an angel, he can use anybody to help today's church leaders when they feel down and depressed.

Take time to rest and get self-care

The story of Elijah underscores the importance of rest, both physical and spiritual. It is interesting to note that God modelled this from the beginning of creation, when he rested on the seventh day (Gn 2:2–3). In his turn, Jesus withdrew from the crowds to pray and rest, even when people were continuously in need of his attention. In Mark 6:31b, Jesus tells his disciples to 'come with me by yourselves to a quiet place and get some rest'.

This approach is important for church leaders today. As Fuqua (2022:n.p.) explains, 'life's demands sometimes give us very little time to stop and do an honest self-assessment of our emotional state'. Fuqua (2022) suggests that gospel ministers must create time to rest, do introspection about their situations, seek personal advice from fellow leaders and/or mature followers on addressing their issues and reviving their lives and ministries.

While the struggles of life prevail, people demand that church leaders keep attending to their tough job of being the light in a very dark world. 'It feels rather dim sometimes, but friend, you never know how much your light means to

someone else, so keep shining' (Fuqua 2022:n.p.). According to Thompson (2017), 'now absolutely, it's important to rest and take time off, Elijah undoubtedly was tired' and had to rest. It is crucial to know when you need a retreat. Having a routine plan of rest is strategic.

For Smith (2025:n.p.), 'rest is not just a physical act but a spiritual discipline. It's an acknowledgement that we are not God and cannot sustain ourselves by sheer willpower'. Smith (2025) explains that church leaders need to step back from the demands of life, revise their faith in the sustenance of God to recover from any doubts and stand again to serve after some time. Reflecting on Elijah's case, Smith (2025:n.p) says that it may not always be easy to secure ourselves from harm, but we can mitigate vulnerability by taking time to rest and safeguard our mental health. For church leaders, rest can be a life-bearing strategy; they can use this undisturbed time to pray, read scripture, turn quiet, listen to God, listen to other people and be restored and revived.

Stay purposeful

It has also been suggested that maintaining a sense of purpose can foster mental well-being by mitigating stress and enhancing personal resilience. People who remain purposeful tend to manage stress and encounter low levels of depression because they can manage healthy engagements. The account of Elijah ends with God instructing him to return to his purpose. 1 Kings 19:10–18 presents the missionary purpose that God wanted Elijah to execute.

According to Thompson (2017), today's church leaders are no different. They should keep up their missionary purpose because that will maintain the belief that nobody and nothing can stop what God planned for them:

> We all have a purpose to live for. Knowing this often gives me the hope I need to see through a season of depression […] Elijah went on to achieve amazing things and raised up another leader who achieved even more than he did. His journey wasn't over yet. Neither is yours. (n.p.)

For the American Psychiatric Association (APA 2023:n.p.), 'research indicates that having a purpose in life is good for mental health'; having a greater purpose in life is significantly associated with lower levels of depression and anxiety:

> Some research indicates that purpose in life may build greater resilience after exposure to negative events. A recent meta-analysis found that people with greater purpose in life experienced less stress. (APA 2023:n.p.)

This view is affirmed by Hart (2024:n.p), who says that having a purpose in life enhances physical and mental health.

All the above is applicable to the Zimbabwean situation. While appraising their capacities to cope with their situations, as Lazarus and Folkman (1984) suggest, remembering that they have a life-saving mission could motivate church leaders to be resilient enough to move forward in submission to the direction of God, regardless of the drawbacks they face.

Refresh in fellowship

It is also recommended that church leaders fight depression through fellowship with other leaders and their followers. It is believed that fellowship can promote mental health. Having social connections can provide a sense of belonging, decrease feelings of seclusion and beget necessary support during times of problems. With reference to Elijah's story, Huilt (n.d.) interprets that 'finally, God directly addresses Elijah's incorrect assumption that he was alone, stating that there were 7000 faithful Israelites'. Church leaders must never forget that they are not alone. This realisation is helpful in times of suffering and depression. While depression attracts loneliness, knowing that there are other people who can help attracts fellowship. This article agrees with Spandler-Davison (2022) that, since:

> [T]he church is a body of Christ – our people need us, and we need our people. Never are we called to bear our burdens alone. We are in this together, pastors and all of God's people. (n.p.)

This is why Lawren (2024:n.p.) says that 'community and fellowship are like a lifeline thrown out to us in the midst of the storm'. In agreement with Lawren (2024), fellowship provides support and reassurance, which everyone require in times of challenges.

After evaluating their situations and considering what can help them, as Lazarus and Folkman's (1984) stress, appraisal and coping theory proposes, church leaders established a variety of pastors' fellowships, such as Pastors Fraternal. Through these bodies, and ecumenical fellowships such as the Evangelical Fellowship of Zimbabwe and Zimbabwe Council of Churches meetings, church leaders fellowship frequently. Attending such ecumenical and pastoral fellowships can serve as a source of connection, understanding and belonging for church leaders who are dealing with the ups and downs of mental health challenges. When leaders are surrounded by a loving and caring community, they can be understood, supported and valued. Whether it is a small local, regional or national church leadership fellowship, or a circle of friends or an online community, having people who walk alongside you on the ecclesial leadership journey can make all the difference in the world.

Destigmatise Church leadership mental ill health

One of the most significant challenges related to the mental health of church leaders is the stigma that is attached to seeking help. As Gomez (n.d.) says, 'mental illness in churches often encounters stigma, a roadblock to open dialogue. Mental wellness isn't always seen as a legitimate medical condition, but rather a spiritual shortcoming'. In the Zimbabwean context, mental ill health is commonly generalised as the consequence of disobedience, sin, curses or defeat by witchcraft, or by the devil. Yet, even Elijah, a great prophet and a very powerful man of God, became mentally drained. This should confirm that everyone, including church leaders, can face mental health problems. Spiritualising and misunderstanding mental health

challenges can hinder leaders' access to appropriate mental health care. It is possible for church leaders to change negative public perceptions about mental health by dispelling stigma through teaching, sermons and facilitating seminars on mental health. It is necessary to destigmatise the mental health challenges of church leaders, to create a supportive environment. When leaders openly address mental health problems, it encourages them and others to seek help and reduces the shame sometimes associated with mental illness. Besides Elijah, there are other great leaders, such as King David who also faced mental meltdown (Ps 42:11). This is why Spandler-Davison (2022:n.p.) asserts that 'we must debunk a myth that has saturated our thinking: that churches can't be a place for healing for church leaders […]' Accordingly, if church leaders face mental health challenges, they should reach out to those around them for help.

Spandler-Davison (2022) explains that God does not only want our preaching and leadership. Instead, God loves and cares for his servants so much that he can use anybody to help the leaders out. Thus, destigmatising leaders' mental health struggles can free them to seek professional help. Engaging other people to help when they feel overwhelmed is what Lazarus and Folkman's (1984) stress, appraisal and coping theory recommends. When church leaders engage professionals, doing so will promote the demystification of mental ill health across the whole church further. It embodies the truth that seeking help does not contradict faith – it matures faith by trusting that God also works through others to bring healing and restoration.

Seek professional help

Depression can be overwhelming; therefore, there should be no shame in seeking professional help. It is vital to recognise that mental health is a medical issue that can be effectively addressed with professional assistance. Unfortunately, as Lowder (2020:n.p.) observes, 'many Christian leaders suffering from suicidal thoughts, depression or anxiety feel increasingly isolated and alone because they don't feel fully comfortable seeking help, even from their fellow church leaders'. The church predominantly considers leaders to be invincible people who are seldom shaken by anything. So, some church 'leaders fear loss of their position, income stream, reputation for being seen as a hypocrite or a failure if they dare to speak up about their struggles' (Lowder 2020:n.p.). Other church leaders then stay silent out of fear that their followers may misunderstand, misjudge and mistake them as fallen. 'But secrecy is an enemy to vulnerability, which is required to grow as individuals and to get help'. Regrettably, Lowder (2020) argues that some leaders often falsely believe that they can navigate their mental minefields alone.

Without help from their community, church leaders eventually tire of living up to the image of someone they can never be. This is why Lazarus and Folkman (1984) suggest that coping can be realised through exploring external strategies and involving others to deal with stress.

Engaging others encourages needful vulnerability, accountability and transparency and cultivates a church culture that supports people who are going through the valley by talking about the experience, even from the pulpit. Just as Elijah fell into depression, he, nevertheless, remained a great servant of God until He took him to heaven. Similarly, engaging specialised helpers when undergoing mental health pain does not belittle one's being. It is paramount to remember that suffering from mental illness does not mean personal failure or being abandoned by God. Elijah's experience as described in 1 Kings 19:1–18 is a powerful reminder that God is always present to offer rest, help and reassurance, and to renew one's purpose, even in the darkest of times. As church leaders navigate personal battles with depression, they should be reminded to engage professional counsellors. Meanwhile, they should keep up their faith in God, who is always ready to meet them in their deepest pain and provide healing, hope and restoration.

Take care of the physical body

It is notable that depression sometimes affects and manifests through our physical bodies. Therefore, taking care of one's body should be part of mental health management. Generally, a healthy body begets a healthy mind (Gittus 2024:n.p). Thus, physical health is pivotal for mental health. Doing physical exercise, eating a healthy diet and getting adequate sleep promote physical and mental health and help mitigate mental health problems. According to Scott (2023:n.p.) 'taking care of your physical body is good for your mental health'. For Scott (2023), stress, poor sleep and related problems can cause mental health problems.

In Zimbabwe, as Choga (2016:n.p.) reports, this is why, besides imparting spiritual and moral values, some churches are commendably helping congregants to exercise by facilitating sporting events, building sports and recreational facilities. Choga (2016) declares that it is imperative to maintain good nutrition and avoid eating excessively and substance abuse. Generally, according to Searcy (2019):

> [M]any pastors we know just don't take the time to take care of themselves physically. They figure that they can maintain their effectiveness in ministry by staying strong spiritually, emotionally, and mentally … We find that we can't absorb some of the emotional shocks that come as a pastor. (n.p.)

When a church leader fails to withstand the shocks and pressures of ministry, they succumb to mental ill-health. In view of this, it is key for church leaders to take care of their physical bodies.

Lean on God: Embrace his grace for personal health

I agree with Veliyannoor (2007:46) that, when someone hits rock bottom in life, 'either remain there wallowing in self-pity, or arise resolutely. Elijah almost took the first course of action in despair'. Helpfully, Elijah accepted his brokenness and failure (1 Ki 19:4) when he said, 'it is enough ... I am no

better than my fathers'. Although he was a great prophet, Elijah demonstrated humility and accepted help from another (1 Ki 19:6–8). For Veliyannoor (2007), Elijah's spiritual descent had started. The breaking moments had started. 'Ultimately, mental health for Christian leaders involves continuously relying on God's strength rather than our own' (Veliyannoor 2007:46). As Isaiah 40:31 promises:

> But those who hope in the Lord will renew their strength. They will soar on wings like eagles; they will run and not grow weary; they will walk and not be fainted. (Online Biblegateway:n.d:n.p)

According to Veliyannoor (2007), church leaders should be reminded that their strength is not limitless. Everyone can grow weary, but God renews them if they keep their hope in him. 'The more we surrender our burdens to God, the more He lifts us up and gives us the strength to continue leading effectively' (Veliyannoor 2007:46). By sending his angel to take care of Elijah, God demonstrated that a human being cannot serve themselves but needs others.

While leadership begets reverence, it remains vulnerable to overwhelming pressure that can only be managed with the help of others. Jesus Christ called everyone who is weary and burdened to come to him for rest (Mt 11:28–30); therefore, church leaders must join the rest of humanity in submitting themselves to God when they are overwhelmed by anything. 'By acknowledging the pressures of leadership, practicing self-care, seeking help when necessary, and leaning on God's strength, pastors can lead with resilience and peace' (Reese 2023:n.p.).

Conclusion

Ecclesial leaders in Zimbabwe face tragic mental health challenges because of personal, political and socio-economic and environmental crises, as well as traditional misconceptions that spiritual leaders are invincible. Drawing from Elijah's encounter with depression (1 Ki 19:1–18) and in view of Lazarus and Folkman's (1984) stress, appraisal and coping theory, as well as other engaged literature, this article concludes that everyone is vulnerable to mental health challenges, but nothing is ever enough to end life and leadership. Instead of giving up, church leaders should submit to being ministered by others, rest, remember and be revived by their mission, refresh in fellowship with others, destigmatise mental ill-health, take care of their physical bodies, seek professional help and embrace God's grace to achieve sustainable health in the volatile Zimbabwean context.

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