



# RUDERMAN SYNAGOGUE INCLUSION PROJECT



RUDERMAN  
FAMILY FOUNDATION



## INCLUSION OF PEOPLE LIVING WITH MENTAL ILLNESS IN OUR SYNAGOGUE COMMUNITIES

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In the Torah, *Behaalotekha 11*, Moses is so overwhelmed by the complaints/demands of the Israelites that he asks G-d to take his life. G-d advises Moses to gather 70 elders to “share the burden with you and you shall not bear it alone.”

Many of our Torah portions begin with “G-d spoke to Moses” who then speaks to us. G-d wants us to speak to each other and also to listen. Our tradition teaches us that we are each created in G-d’s image and so every voice is, in a sense, an echo of G-d’s voice.

Mental illness, including depression and suicidal thoughts, are not new.

Mental illness is a medical condition that disrupts a person’s thinking, feeling, mood, ability to interact with others, and their daily functioning.

Because 1 in 4 Americans suffers from mental illness at some point in their lives, it is likely that almost every Jewish family has been impacted. Every age group is impacted, from young children to older adults. The toll on caregivers is incredibly high. All too often individuals and their family members feel cut off or even shunned by the community.

As you heard a moment ago, even Moses was not immune from feelings of despair and hopelessness. In the U.S. there are more than a million suicide attempts each year, and over 13 million in the U.S. consider suicide. Deaths by suicide outnumber homicides by a 2:1 ratio. Depression and the isolation and stigma that often accompany mental illness add to the burden and the risk. The World Health Organization is predicting that depression could jump from the 4th leading cause of death and disability to 2nd place by 2020! The increase in psychiatric diagnoses around the world is seen as related to the stress of modern life and fears of terrorism, violence, and poverty.

Unfortunately it is almost universal that a sense of shame or fear of stigma arises when it comes to disclosing that we or a family member are ill with a psychiatric diagnosis. A social worker I know just shared with me that her husband was currently psychiatrically hospitalized and told me that only one other person at work knew. As we spoke I asked if she would have shared with others if he were ill with cancer or



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heart disease, and she acknowledged that she would have. By not sharing this, she has reduced the support I know her colleagues would provide, and it makes it harder for her to get the time off she needs to coordinate with her husband's care providers.

There is much we can do to provide support to those of us who are struggling with depression, anxiety, or other types of mental illness. Often by being present and expressing care and a non-judgmental stance, people feel supported. Think how you might feel if you shared with me that you were having a difficult time emotionally, and I responded with "it sounds like you are having a really rough time. I'm sorry that you have to deal with this, but please know that I am here for you."

Research shows that over 40% of those struggling with mental illness first seek help from a member of the clergy. Getting through the day when you are experiencing bipolar disorder, the delusions of psychosis, or severe depression can be exhausting and takes enormous courage. Feelings of shame and a loss in self-worth can often accompany a mental illness diagnosis. The healing and sense of community our congregations can offer both to those living with mental illness and their family members are literally life-changing.

## What can we do?

- We can educate ourselves and others.
  - We can change the way we speak about mental illness.
  - We can reduce stigma.
  - We can advocate.
  - We can make the synagogue a place where those struggling with mental illness can find support.
1. We can educate ourselves and learn that it is a disease like so many others. Mental health and mental illness are two poles of a continuum. Even the healthiest individual has their down days or periods of anxiety and, likewise, even the most chronic paranoid schizophrenic has lucid, logical moments. Our great sage and physician, Maimonides, experienced what would today be diagnosed as a clinical depression after his younger brother died by drowning. As a result of this experience, Maimonides became an ardent spokesman for the integral connection of mind and body and the need for physicians to treat mental illness on an equal basis to that of physical illness. Our *Mi Shebeirach* prayer recognizes this by asking G-d to bring about a healing of soul and a healing of body. The same commandments that can be broken to save a life in medical crisis can, and in fact, must, be broken to save a person at risk psychiatrically. We can acknowledge the grief related to mental illness by acknowledging the losses that often accompany the illness.



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2. We can **change the way we speak** about mental illness – by not referring to folks as nuts or crazy. We can recognize the power of language. In the field of suicide prevention, people no longer say “commit suicide” because of the negative connotations of the word “commit,” e.g., we “commit murder” or “commit adultery”.
3. We can further **reduce stigma** by speaking to people with mental illness and their families and allow them to talk about their sadness, fears, and confusion. People with mental illness often report that when people learn they suffer from this, the conversation comes to an end because they don’t know what to say. It would be helpful to ask questions, to be interested in what the person is experiencing, without being intrusive. Our tradition reminds us to welcome the stranger because we were once strangers. Although it might be hard to see G-d in psychotic individuals, we are instructed to do so. The Talmud teaches: “Blessed be the One who made creatures different.”
4. We as individuals and as a community can **advocate** for increased resources and parity in both research and treatment. We are reminded that we are to try and repair what is broken.
5. We can **make this synagogue a place** where those living with mental illness and their families **can find support** whether through visits to those hospitalized psychiatrically, to reaching out to find what needs individuals and families are struggling with and trying to meet them, to including prayers for recovery. We can show up and be there and be patient when they don’t “cheer up” the next day or next year. Often these are lifelong struggles. We can encourage those struggling to get help and provide them with resources. We can offer workshops that promote mental health and guidelines for when referrals to mental health professionals are advisable.

Some concrete ways that a congregation can demonstrate inclusiveness toward an individual struggling with mental illness:

1. Requesting their help with meaningful tasks that engage them with fellow congregants – such as handing out prayer books or welcoming people to the service. If they have a good voice, invite them to join the choir or to share other talents with the congregation. One woman battling bipolar disorder put together an exhibit sponsored by her synagogue of her artwork and poems. She spoke of how meaningful it was to have her family come to celebrate her achievement.



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2. Hosting a support group or healing services for community members dealing with mental illness can be a way of signaling that indeed all are welcome. The Talmud tells the story of when Rabbi Yochanan fell ill and Rabbi Hanina visited him. Rabbi Hanina asked, “Are these sufferings welcome to you?” Rabbi Yochanan responded, “Neither they nor their reward.” Rabbi Hanina saw that Rabbi Yochanan was in distress and replied, “Give me your hand.” Rabbi Yochanan reached up his hand and Rabbi Hanina raised him up. Our sages asked, “Why could Rabbi Yochanan not raise himself?” The response is that “the prisoner cannot free himself from jail,” *Babylonian Talmud Brachot 5b*.
3. Having regular visits to psychiatric hospitals by the clergy or other members of the congregation similar to those to general hospitals. Provide services to Jewish patients in acute psych units at holiday times.
4. During a psychiatric hospitalization, the congregation can send a package that may include ritual items safe in the environment and specific holiday prayers offering comfort.
5. Having literature available in the synagogue about various types of mental illness and resources for addressing concerns.
6. Having a list of referrals to turn to.

[Read “A Prayer of Healing for Mental Illness”](#)