Community Conversations: Mental Health
February 24, 2017

Before we look at our key questions, let's define some terms that will be of central importance:

Mental Health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.

Mental Illness is defined as "collectively all diagnosable mental disorders" or "health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning." Under these definitions, substance use might be classified as either a mental health problem or a mental illness, depending on its intensity, duration, and effects.

Prevention is a step or set of steps along a continuum to promote individual, family, and community health; prevent mental and substance use disorders; support resilience and recovery; and prevent relapse

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. People with mental illnesses can and do recover from these conditions, and hope plays an essential part in overcoming the internal and external challenges, barriers, and obstacles. Controlling or managing symptoms is part of this process. Reducing or eliminating substance use is critical for recovery from addiction.

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.

Types of Mental Health Problems

Anxiety Disorders - People with anxiety disorders respond to certain objects or situations with fear and dread. Anxiety disorders can include obsessive-compulsive disorder, panic disorders, phobias, and Post-Traumatic Stress Disorder (PTSD).

Attention Deficit Hyperactivity Disorder - Attention deficit hyperactivity disorder (ADHD) is one of the most common childhood disorders and can continue through adolescence and adulthood. Symptoms include difficulty staying focused and paying attention, difficulty controlling behavior, and hyperactivity (overactivity).

Eating Disorders - Eating disorders involve extreme emotions, attitudes, and behaviors involving weight and food. Eating disorders can include anorexia, bulimia, and binge eating.

Co-Occurring Mental and Substance Use Disorders - Mental illnesses and substance use disorders often occur together. Sometimes one disorder can be a contributing factor to or can exacerbate the other. Sometimes they simply occur at the same time.

Mood Disorders - These disorders involve persistent feelings of sadness or periods of feeling overly happy, or fluctuating between extreme happiness and extreme sadness. Mood disorders can include depression, bipolar disorder, Seasonal Affective Disorder (SAD), and compulsion to self-harm.

Personality Disorders - People with personality disorders have extreme and inflexible personality traits that are distressing to the person and/or cause problems in work, school, or social relationships. Personality disorders can include antisocial personality disorder and borderline personality disorder.

Psychotic Disorders - People with psychotic disorders hear, see, and believe things that aren't real or true. An example of a psychotic disorder is schizophrenia.

Substance Use Disorders - Substance use disorders involve the dependence on or abuse of alcohol and/or drugs, including the nonmedical use of prescription drugs.

Suicidal Behavior - Suicide is a serious problem that causes immeasurable pain, suffering, and loss to individuals, families and communities nationwide. Millions of people consider, plan, or attempt suicide each year; many die as a result.

Adapted from:
http://www.creatingcommunitysolutions.org/sites/default/files/documents/information_brief_english_07-22-13.pdf

A vignette:

The following vignette is a fictional composite sketch, loosely based on the experiences of members in our community and within similar networks. Any resemblance to actual people or events should be interpreted as entirely coincidental.

Your roommate Chana moved in to your apartment almost a year ago. She had recently completed her undergraduate studies at a prestigious university and was starting a job in marketing, based downtown. You met each other through one of the Facebook apartment-hunting groups and quickly hit it off. You'd often chat in the evenings and would sometimes make and eat dinner together. She seemed to acclimate well to the community; she regularly attended shiurim around the neighborhood and began to build a core group of friends with whom she would have shabbat meals.

About a month ago, you noticed that she started having more shabbat meals on her own in the apartment, saying that she's was feeling tired and needed some alone time. While she used to go to bed around 11:30pm and would get up bright and early around 7am, lately, she's been going to bed soon after she gets back from work (around 9pm) and has been oversleeping her alarm clock, causing her to be late for work on more than one occasion. During the short time between when she's been getting home from work and going to bed, she's mostly been sitting in her room with the door closed. You assume that she's probably watching Netflix or listening to music behind the closed door.

She's never told you that she's feeling sad and you've never seen her crying, but you're starting to wonder if something's going on. At the same time, you realize that there may be a simple explanation; perhaps she's gotten busier at work. You don't want to seem like a nosy or overbearing roommate, but you are also genuinely concerned.

Reflecting on this story, consider the following questions:
- What from the story indicated to you that there might be something wrong?
- If you were living with Chana, would you have noticed those subtle changes?
- Would you want to approach Chana about this?
- What would be the tipping point for you to ask Chana more directly about your concerns?
- How would you start the conversation with Chana?
- If Chana responds with a plausible explanation, such as extra stress at work, would you let it drop?
- If you did find out that Chana was experiencing depression or a similar mental illness, how could you be an ally to her?
- If you were Chana, what would you expect from an ally?

Mental Health Resources

Hotlines

1. **NYC Well:** https://nycwell.cityofnewyork.us/en/, 888-NYC-WELL.
   "We're here to listen and help with problems like stress, depression, anxiety, or drug and alcohol misuse. For you or someone you care about." Confidential and Free. 24/7.
2. **NAMI (National Alliance of Mental Illness) NYC**: https://www.naminycmetro.org/
   Helpline, Support Groups, and Classes. 212-684-3264, helpline@naminyc.org
3. **National Eating Disorders Association (NEDA) Helpline:**
   1.800.931.2237; http://www.nationaleatingdisorders.org/
4. **National Suicide Prevention Lifeline**
   1-800-273-TALK (8255); http://www.suicidepreventionlifeline.org
   Free, 24/7, confidential hotline for people in suicidal crisis or emotional distress
5. **UJA Federation of New York's J11 Information and Referral Center**
   877- UJA- NYJ11 (*1-877-852-6951);* http://www.ujafedny.org/find-help/
   For help with a wide range of mental health needs, J•1•1 resource specialists are available Monday through Friday from 9:00 a.m. to 4:00 p.m., with 24-hour voice mail.

Finding a Therapist

1. **Good Therapy:** http://www.goodtherapy.org/
   Helping people find therapists. Advocating for ethical therapy.
2. **Nefesh: The International Network of Orthodox Mental Health Professionals**
   https://nefesh.org/
3. **The Jewish Board:** https://jewishboard.org/how-we-can-help/living-with-mental-illness/
   Individual and group therapy. Accepts most insurance, including Medicaid.

Substance Abuse

1. **JACS** (Jewish Alcoholics, Chemically Dependent Persons, and Significant Others)
   http://www.jacsweb.org/; Phone: (212) 632-4600

Local Community Resource: Partners in Caring (PIC) of the YM&YWHA of Washington Heights and Inwood supports the caring potential of synagogues to be sources of support, compassion, and connectivity for congregants of all ages, both individuals and families, who may benefit from the professional services of the Y's agency system. Services include short-term counseling, support groups, case assistance, information and referrals, discussion groups, educational groups, and home visits. For more information, or to schedule an appointment, contact Chevi Marks, LMSW, at (212) 259-6200 ext. 251 or cmarks@ywashhts.org.

Peer Support Group: As part of our ongoing commitment to creating a welcoming community and supporting one another in our personal and spiritual growth, the Beis is starting a peer support group for members of our community currently dealing with anxiety, depression and stress. The first session will take place in early March and limited spaces are available. For more information, please email supportspace@beiscommunity.com. All inquires will be kept strictly confidential.