Forming a Jewish community response to mental illness

Earlier this month, I struck up a conversation at party with a 20-something woman who is Jewish. When she learned I was editor of the Light, she asked if I knew of a young woman in the local Jewish community named Samantha who had recently taken her own life. I said I did, and told her a Light had run a beautiful eulogy given by Samantha’s cousin at her funeral.

My 20-something acquaintance, I’ll call her Rebecca, told me that she and Samantha had been on a Birthright trip together the year before. The two were introduced by a mutual friend who was also on the trip. So while Rebecca didn’t know Samantha all that well before Birthright, they had become friendly on this shared adventure and certainly enjoyed time — and made memories — together in Israel. Suffice it to say, Rebecca was beyond upset when she heard Samantha had committed suicide the previous week.

Unfortunately, this kind of tragic news is becoming all too common. I don’t think I’m overstating the issue when I say ALL of us have been touched by suicide, or by a person suffering with mental illness or mental health issues.

Typically, when we hear about a suicide, it’s natural to want to talk about it — to understand why this person was in such distress. What doesn’t make sense is why we aren’t talking about it — and doing more as a Jewish community — to make sure it doesn’t happen in the first place.

Samantha suffered with clinical depression. As her cousin wrote in his eulogy, “No matter how many souls she had touched so positively, she could not understand or feel the happiness she provided.”

While not everyone diagnosed with severe depression commits suicide, far too many people, especially those between the ages of 15 and 24, where it is the second leading cause of death, see no other way out. According to the National Center for Health Statistics, the overall suicide rate rose by 24 percent from 1999 to 2014. In all, 42,773 people died from suicide in 2014, compared with 29,199 in 1999.

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The National Alliance on Mental Illness estimates that one out of five adults — roughly 43.8 million Americans — experiences mental illness in a given year. About one in five youngsters ages 13 to 18 — 21.4 percent of that population — experiences a severe mental disorder at some point during his or her life. For children ages 8 to 13, the estimate is 13 percent.

Rabbi James Stone Goodman is troubled by the lack of action to address mental illness and mental health issues.

He has been on the front line of the fight for more services and resources within the St. Louis Jewish community to help battle mental illness and/or substance abuse. He and his wife, Rabbi Susan Talve, have been spearheading a series of community forums called “Shundu: There is None.”

On Sunday, Jan. 29, Goodman and Talve, in association with the St. Louis Rabbinical Association, are inviting the community to an event focused on “Breaking the Stigma of Mental Illness.”

The St. Louis Jewish community has good intentions when it comes to addressing issues of mental illness but we are inadequate in our response. We need to be much more honest, compassionate and willing to acknowledge the presence of mental illness.

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In June 2012, the Light ran a series of articles about confronting mental illness, in which several important initiatives were identified to help people impacted in the St. Louis Jewish community. These initiatives included more education to reduce the stigma, more coordinated services and easier access to them, a comprehensive adolescent day treatment center for teens with serious mental health issues, and more housing and job opportunities for what is said, making a document and hopefully that will direct us to a series of next steps.”

The Rabbinical Association received a $5,000 grant from the Jewish Federation of St. Louis to create materials, offer speakers and convene a Mental Health Awareness Shabbat that many area congregations are undertaking the last weekend of the month. It culminates with the Jan. 29 forum. Several local rabbis say they want to break down barriers around mental illness in order to make it much more acceptable to talk about and help the process of healing.

“I and many other rabbis have included prayers for mental illness in our services,” said Rabbi James Bennett of Congregation Shaare Emeth. “But there is still shame, embarrassment and denial in the Jewish community about this.

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adults living with mental illness.

I went back to several of the people the Light had interviewed then — people living with mental illness as well as rabbis and other Jewish professionals — to find out what, if anything, had changed. What I learned is that while some inroads have been made, not much has come to fruition.

Rabbi Goodman says he would like to see St. Louis do what Kansas City has done. So I called Don Goldman, executive director of Jewish Family Services in Kansas City, who explained that what started in 2010 as frank conversations about mental illness, suicide and resiliency in general, has grown to include the Kansas City Jewish community of 20,000, resulted in the formation of the Kansas City Jewish Community Mental Health Coalition. It was a coordinated effort among his agency, the Rabbinical Association of Greater Kansas City and a dedicated group of volunteers.

“We worked with a local advertising agency that volunteered pro bono to develop a marketing campaign around mental health,” Goodman said. “It involved postcards, flyers, videos and the like. We launched it on the High Holy Days in 2011, at which time the Kansas of rabbis gave sermons around mental illness.

“It wasn’t long before we were contact- ed by Jews who worked in the general community at mental health agencies who said their bosses and colleagues wanted to be a part of it.”

By May 2014, more than a dozen Kansas City organizations came together to build on what the Jewish community had begun, and created the Greater Kansas City Mental Health Coalition. Today the coalition, under the auspices of Jewish Family Services of Kansas City, boasts more than 20 partners in both the Jewish and general communities.

Goldman says he and others associat- ed with the coalition met with members of the St. Louis Jewish community, including Goodman, Bennett and Lou Albert, executive director of JF&CS. Goldman says he offered materials for a “licensing fee” so that St. Louis could replicate the Kansas City model.

“Eventually, the Rabbinical Association came to the conclusion that they wanted to do something more uniquely suited to St. Louis,” said Albert.

“We just didn’t want to import their model and replicate it,” Albert says that while JF&CS has been “providing direct services to people living with mental illness and their families for a long time,” much more is needed. Currently, JF&CS, with support from the Rabbinical Association, is putting together a grant request of roughly $75,000 to Jewish Family & Children’s Services in St. Louis to provide case management services for people living with mental illness.

“That is one important leg of the stool,” Albert said. “Another leg is com- munity education, with the goal of reducing stigma, and another is providing a broad range of services that will help people with mental illness to increase awareness. Still, he adds, “it’s been too slow a process. It’s been really hard to manifest a mental health agenda and I don’t know what the reason is.”

Bennett, who heads the Rabbinical Association, agrees. He says he has offi- ciated at too many funerals involving young people who took their own lives, noting that even one too many. He hopes that the upcoming January week- end dedicated to mental health aware- ness is “the first of a number of initia- tives by the Rabbinical Association spearheading a communal focus on mental health.”

“There has not yet been a communal endorsement of the need for this Jewish focus on mental health and issues of mental health,” Bennett added.

“We need to work together to create a community response and put the resourc- es on the table to make it happen.”