Mental Health as a Jewish Accessibility Issue

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A note about language

• I’m using several different terms. All of them are terms that many people prefer for themselves, for thought out serious reasons:

• Mental illness / mental health condition

• Crazy / madness

• Psychiatric disability / psych disability
Everyone is the author of their own story
One kind of story about stigma and treatment

• “I never thought that people like me could need therapy and medication.”

• “I thought that was for raving nut cases or neurotic rich people. I’m so glad I finally broke through the stigma and got the help I needed.”

• “I want people to know that it’s a chemical imbalance in the brain, and to treat it just like any other sickness.”
Another kind of story about stigma and treatment:

• “Everyone told me that I was sick, and that I needed medication for a chemical imbalance in my brain.”

• “But I wasn’t sick, I was struggling with my life and oppressive circumstances.”

• “I only started to get better when I stopped medicalizing my life, quit therapy, and got off medication.”
Another kind of story

• “I’ve faced stigma for being in treatment, and I’ve faced stigma for leaving treatment”.

• “The stigma for being “off your meds” has been worse”.

• “All of this is complicated.”
Another kind of story about treatment and stigma

• “Everyone wants to reassure me that there’s no shame in taking medication — but I’m not ashamed. The available medications just don’t work for me.”

• “Medication helps some, but I’ve found the side effects worse.”

• “Medication helps, but only somewhat — there are a lot of symptoms I haven’t found any effective treatment for.”
One kind of story about therapy:

• “Therapy is very important to my professional sanity.”

• “You don’t have to have major problems to benefit from therapy — it can be more like a tune-up, to keep things running well.”

• “I wish there was less stigma! Everyone should be in therapy!”
Another kind of story about therapy

• “I experienced trauma, and I was having a really hard time coping.”

• “I was afraid to go to therapy because I’d heard so much about therapists being awful to people like me, but mine was really great.”

• “I wish I had considered therapy an option sooner. Stigma and scaremongering really kept me from getting help.”
Another kind of story about therapy:

• “Everyone keeps telling me to go to therapy, but none of the therapists I’ve been to have been very helpful.”

• “None of them knew how to help me cope with long-term disability, and many of them were counterproductive.”

• “After three therapists told me to dress more femininely, I stopped going.”

• “I’ve found peer support much more helpful.”
Everyone is the author of their own story

- All of these stories reflect real experiences.
- All of these experiences are important.
- Mental health treatment choices are complicated — and personal.
- Stigma isn’t the only problem, and there is no one-size-fits-all solution.
- We don’t need to choose people’s treatment. We need to decide what kind of community to be.
- As community leaders, treatment is not our job. Our job is accessibility.
Our job is access

- Accessibility is not about treatment.
- Or about improving someone’s mental health.
- It’s about access to Jewish community, on equal terms.
The difference between access and treatment

• Treatment is about improving (or maintaining) an individual person’s mental health.

• Accessibility is about a Jewish community removing barriers, and making it possible for more Jews to participate.
Access is an end in itself

• Access to Jewish community may improve someone’s mental health — or it may not.

• In any case, mental health is not the purpose of access.

• Access to Jewish community is an end in itself.

• (Because Jews are important and Jewish community is important).
Mental illness is not always obvious

• Don’t assume that you know who is sane and who is crazy.

• Some people wear it on their sleeve, some hide it.

• And not everyone who appears to have a mental health condition has the one they seem to.

• Assume presence.
All of this is easier said than done

- There is no formula or manual, this is complicated and creative work.
- Don’t expect to succeed all the way all the time.
- Do keep trying, and do keep listening.
- Do remember that you don’t need to be someone’s doctor to facilitate access.
Boundaries
Odd vs threatening

• It’s ok to be weird.

• It’s not ok to touch people against their will.

• Or to stare at them in the bathroom.

• Or to otherwise violate serious boundaries.

• Accessibility doesn’t mean tolerating this.
Boundaries

• A lot of accessibility is about asserting boundaries.

• A lot of accessibility is about respecting boundaries.
People are likely to push your boundaries

• When people are experiencing intense distress, they may attach themselves to you.

• Be explicit about saying no and drawing lines.
The limits of therapy referrals

• Therapy referrals are advice; they are not the boundary.

• “A therapist can help you better than I can” may or may not be true.

• Whether or not you have a solution to offer, it’s ok to say no.
Not everyone feels safe
Responding to impaired trust constructively

- Some people won’t trust you.
- Don’t take it personally.
- Some people will trust you more than they should, immediately.
- Don’t take *that* personally either.
Honoring partial presence
Honoring partial presence

• “Be fully present” is a lot to ask of someone who doesn’t feel safe.

• And it’s a dangerous invitation to someone who doesn’t know how to protect their own boundaries.

• Honor what someone can bring. Don’t expect everything.

• Giving up on full presence makes it possible to honor partial presence.
Let people sit where they want

- A circle of chairs is too much intimacy for some people.
- Don’t hassle people who choose to sit in the back.
- Assume that people have their reasons.
Triggers can be anything

• Triggers don’t necessarily have anything to do with abstract concepts

• Some people are perfectly comfortable talking about graphic horrors but freak out if they are asked to hold a teddy bear.

• Or can’t listen to a certain song, etc.
Keep escape routes open

• Make sure there’s a clear path to the exit, eg:

• Leave a gap in circles of chairs.

• Have a plan for getting people out of an activity if they need to leave, and make it known what the plan is.

• Clearly mark exits.
In youth programming

- In large camp or youth group activities, it's a good idea to assign someone as an accessibility floater.

- One thing the accessibility floater can do is watch for people who might need breaks.
Consent and physical contact

• Not everyone wants a hug.

• Not everyone likes to be touched.

• Not everyone knows how to say no.

• Model asking first, and insist that others ask first as well.
Making room for a range of experiences

• In any group of people, different people will feel different ways.

• Not everyone will be happy on Purim. Not everyone will be sad on Tisha b’Av. Not everyone will feel awe on Rosh Hashana.

• (And people with depression sometimes might not be feeling much beyond exhaustion.)

• Don’t say “we all feel”; say “this time is associated with....”
Teshuva, forgiveness, and survivors

• The pressure to forgive can be a big problem for people who are struggling not to return to abusive relationships.

• “Num. 11:5 We remember the fish that we used to eat free in Egypt, the cucumbers, the melons, the leeks, the onions, and the garlic.”

• The lure of those memories can be powerful, especially when others urge you to forgive and reconcile.
Be careful about alcohol

- Not everyone can or should drink.

- Make sure that grape juice is always available for kiddush. (And that no one has to ask where to find it)

- When alcohol is interesting, make sure other interesting beverages are also available.

- Eg: soda, fancy juice, etc. (Nb: Grapefruit juice can also be a problem for some people).

- This is also helpful for greater gender equality.
Be careful about food

• Eating disorders are common — and not just among thin people.

• Don’t pressure people to eat.

• Don’t comment on people’s eating.

• Don’t comment on apparent weight loss (weight loss can be good or bad, and you don’t know what someone’s weight means to them.)
Be careful how you talk about fasting

- People with eating disorders often feel that eating normally reflects lack of self control.

- Some framings of Yom Kippur fasting and Passover abstention from chametz can trigger this.

- Do not describe fasting as an act of mastery over base animal instincts; do not idealize fasting as a more spiritually whole frame of existence.

- Remind your community that bodies are important, and that we are normally supposed to eat.
Above all else, remember:

• Everyone is the author of their own story.

• Jewish community is an end in itself.

• Your job is access, not treatment.
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