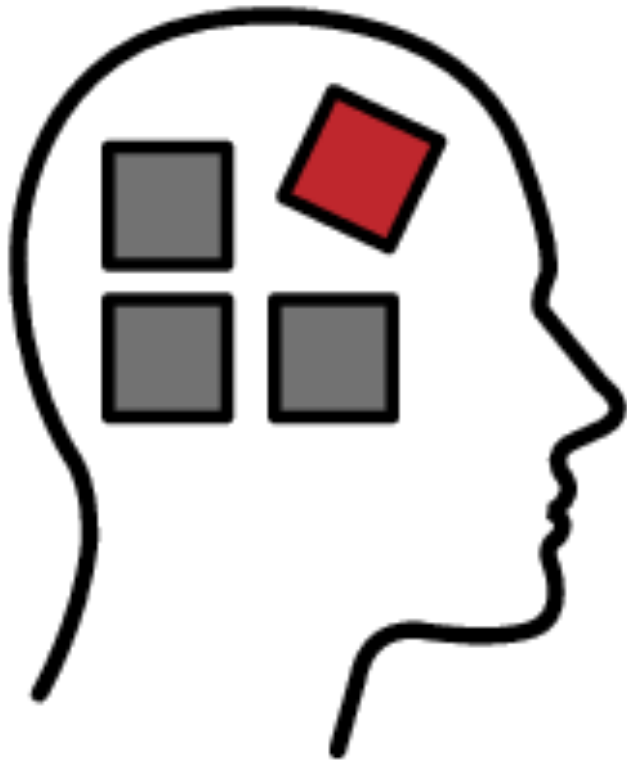


Mental Health as a Jewish Accessibility Issue

Ruti Regan, Rabbinic Disability Scholar in Residence

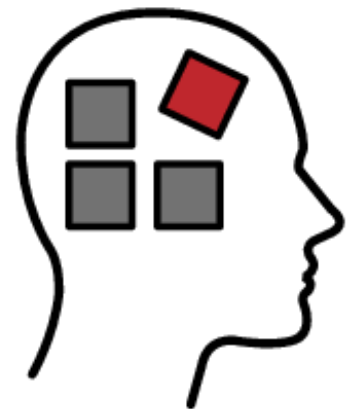


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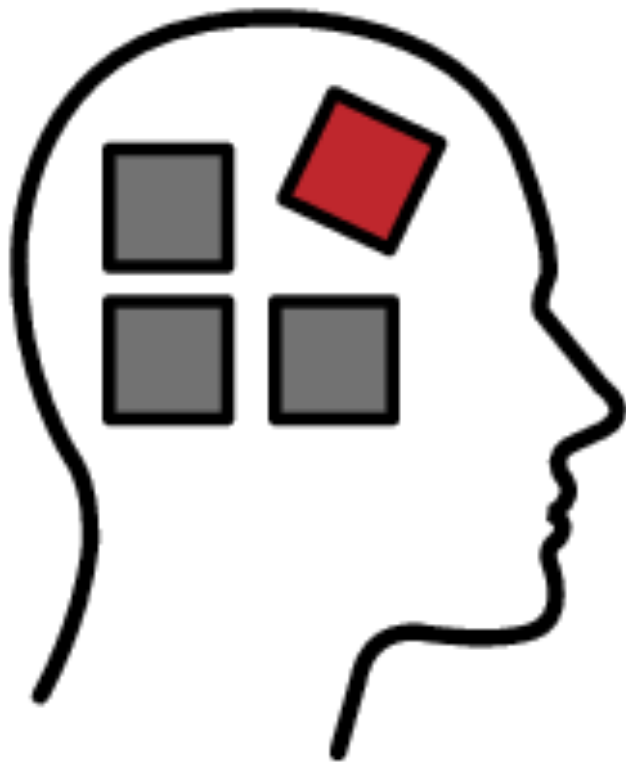


A note about language

- 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



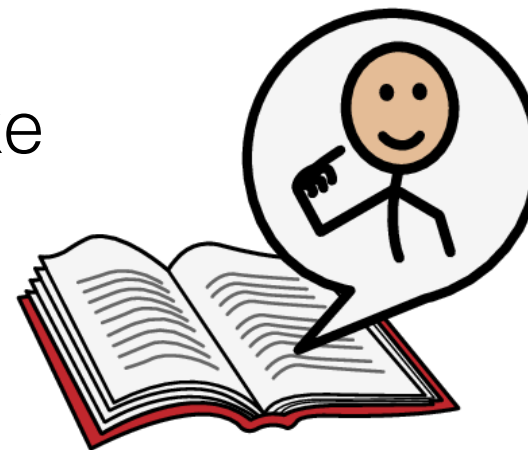
Everyone is the author of
their own story



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.”

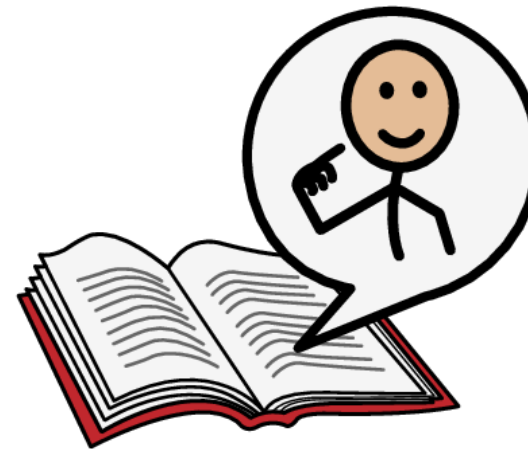




Another kind of story about stigma and treatment:



- “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.”

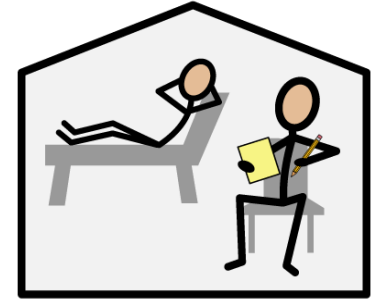


Another kind of story about treatment and stigma

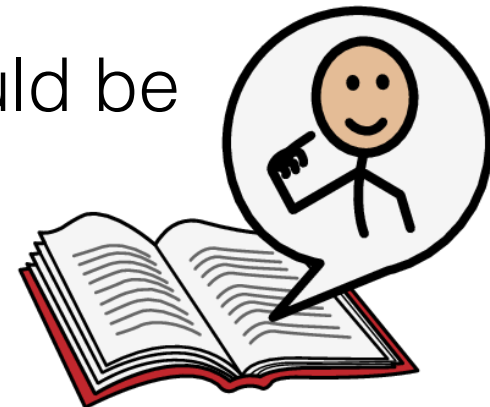
- “Everyone wants to reassure me that there’s no shame in taking medication — but I’m not ashamed. The available medications just don’t work for me.”
- “Medication helps some, but I’ve found the side effects worse.”
- “Medication helps, but only somewhat — there are a lot of symptoms I haven’t found any effective treatment for.”

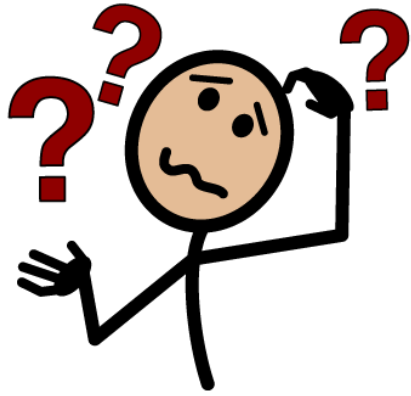


One kind of story about therapy:



- “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!”

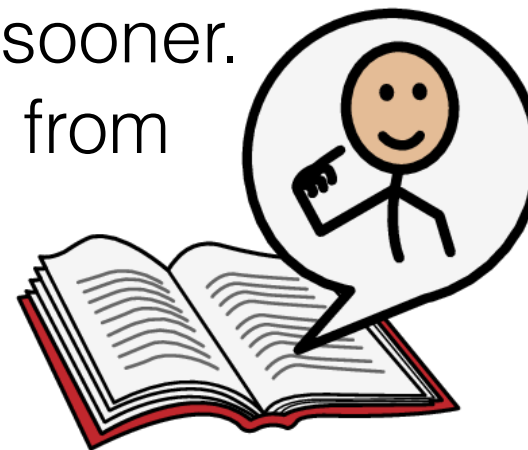




Another kind of story about therapy



- “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.”



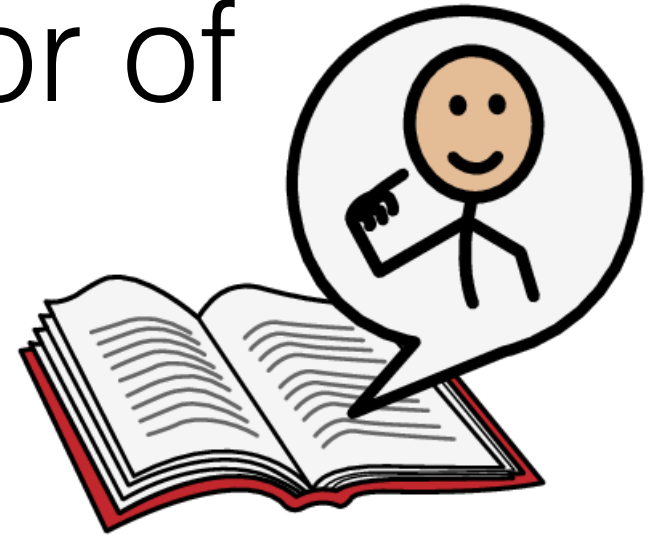
Another kind of story about therapy:



- “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.

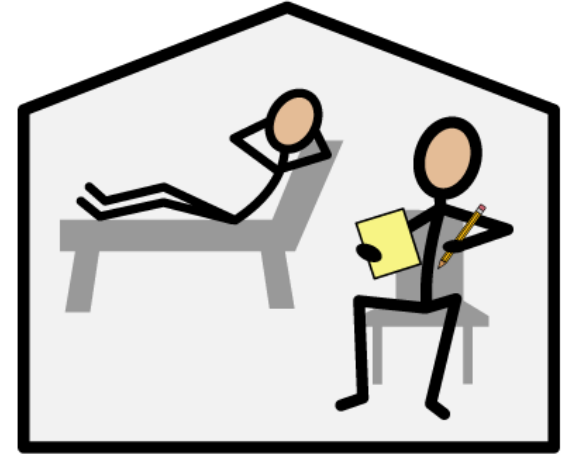
Our job is access

- 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.

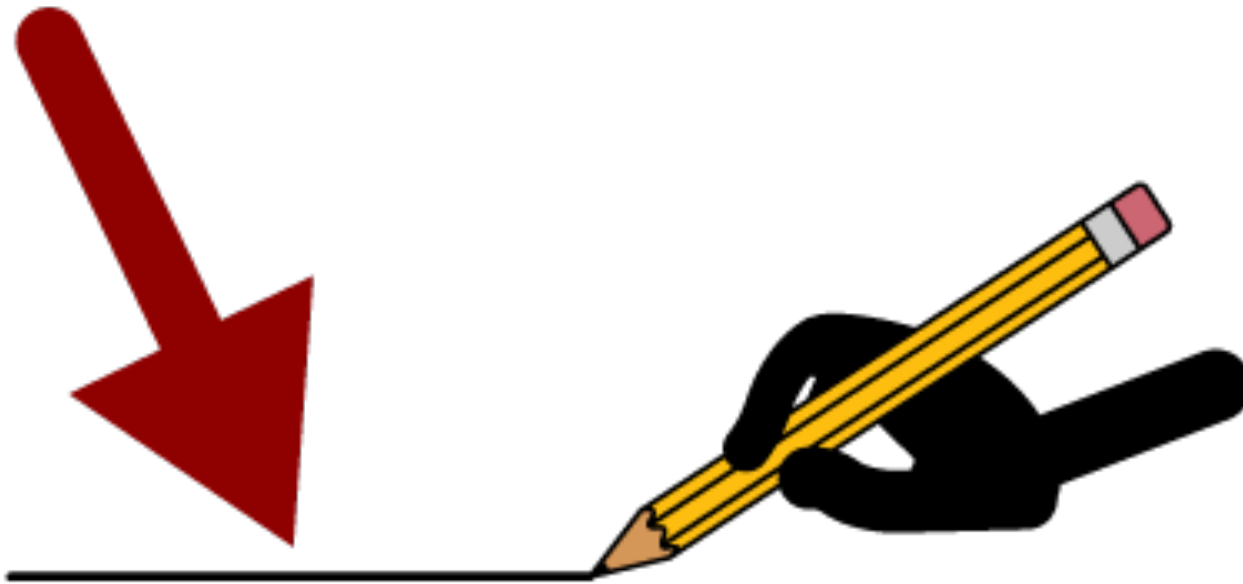


All of this is easier said than done



- 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.

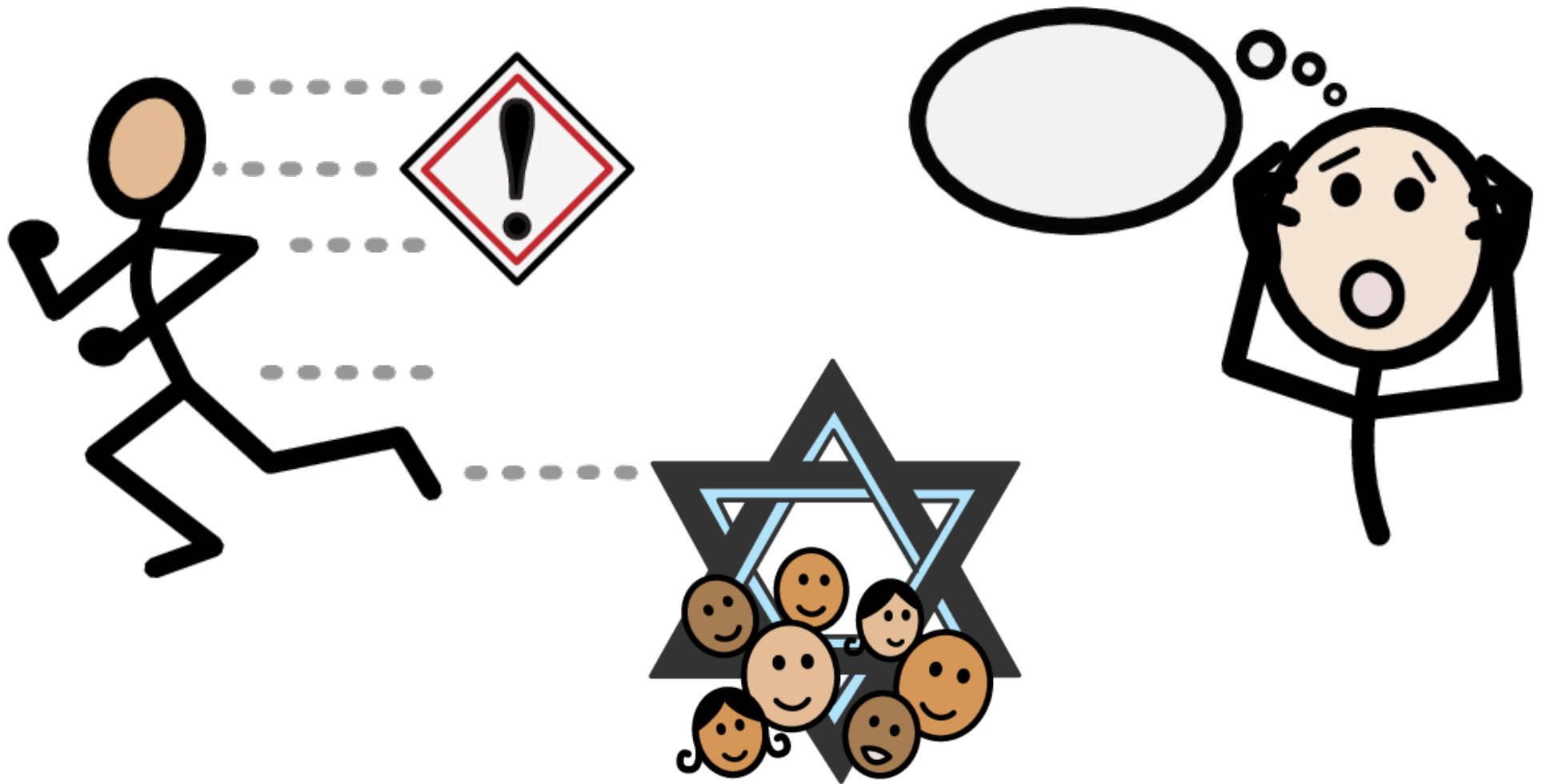


The limits of therapy referrals

- 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.



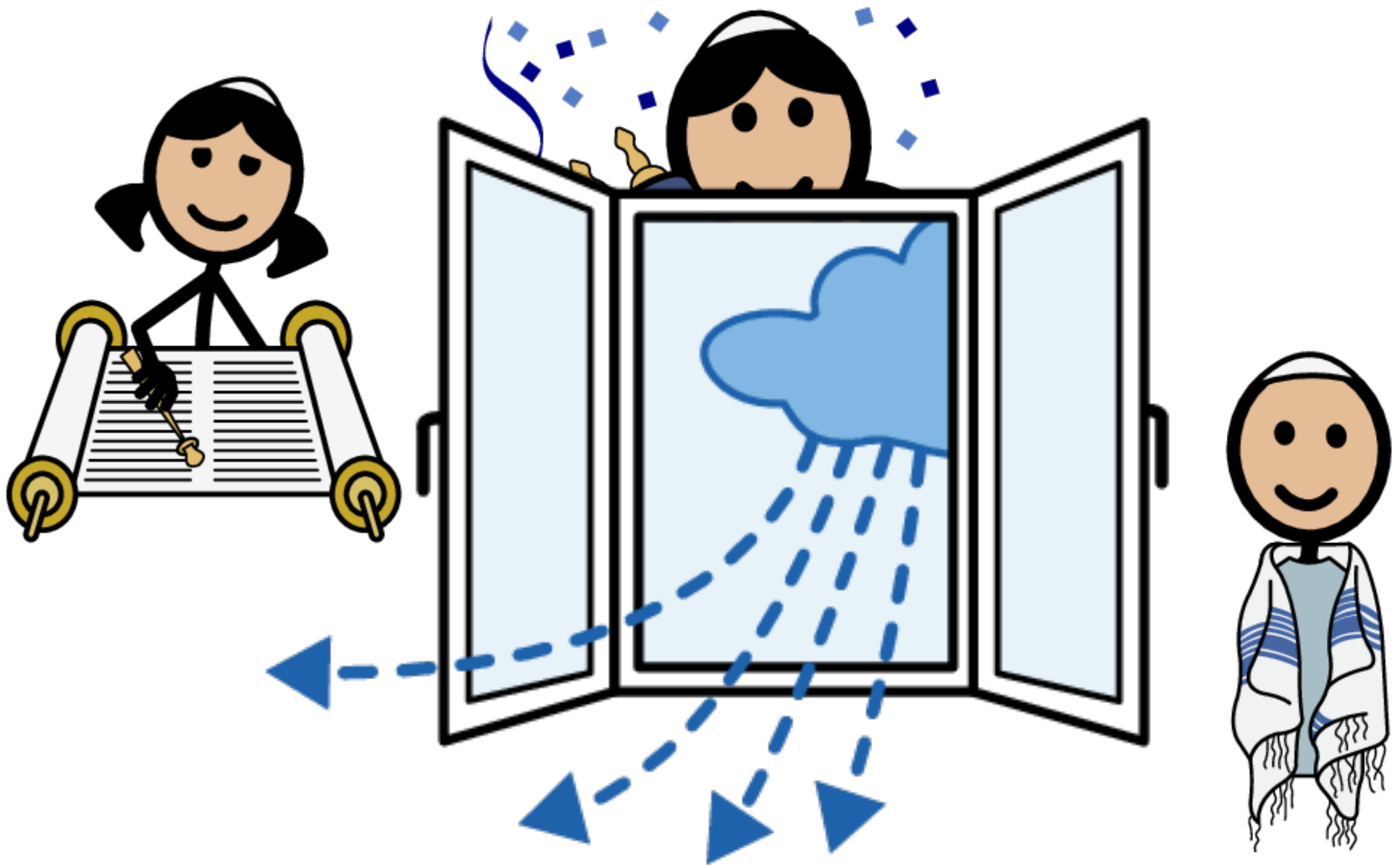
Not everyone feels safe



Responding to impaired trust constructively

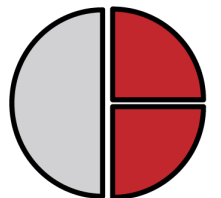
- Some people won't trust you.
- Don't take it personally.
- Some people will trust you more than they should, immediately.
- Don't take *that* personally either.

Honoring partial presence



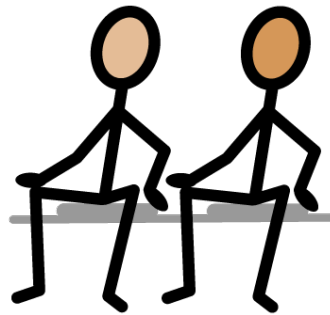
Honoring partial presence

- “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.

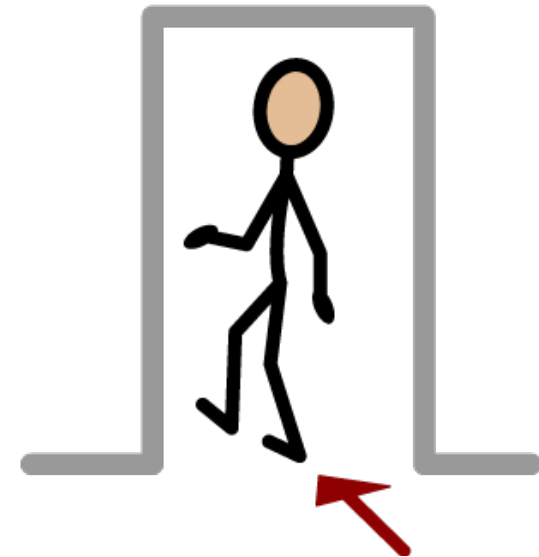
Triggers can be anything

- 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

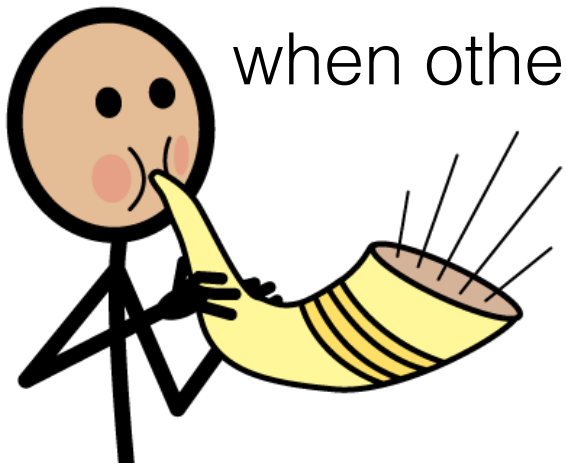
- Not everyone wants a hug.
- Not everyone likes to be touched.
- Not everyone knows how to say no.
- Model asking first, and insist that others ask first as well.

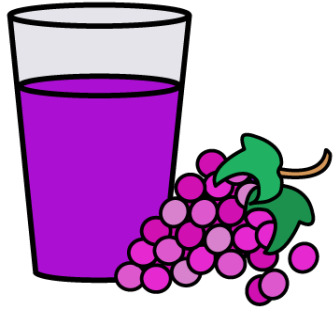
Making room for a range of experiences

- 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.





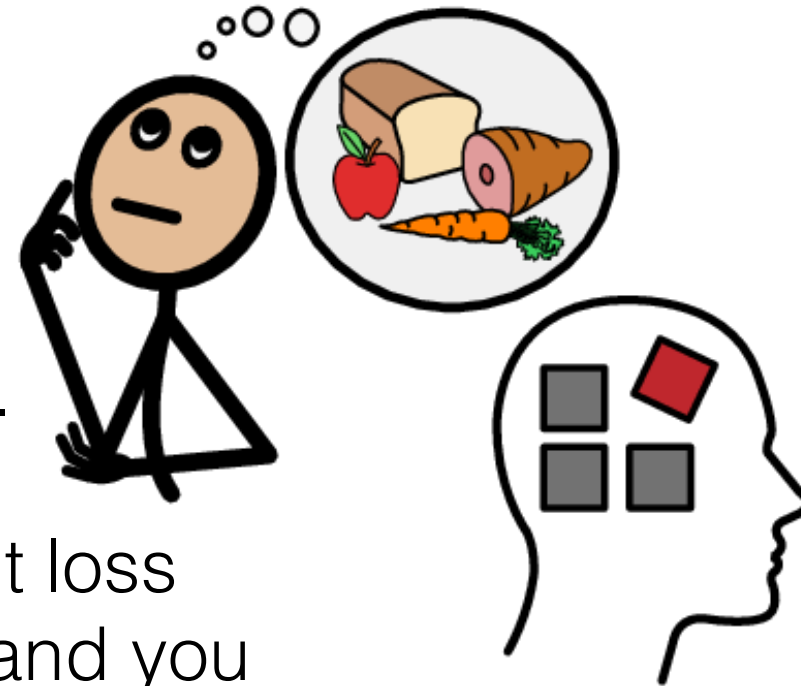
Be careful about alcohol

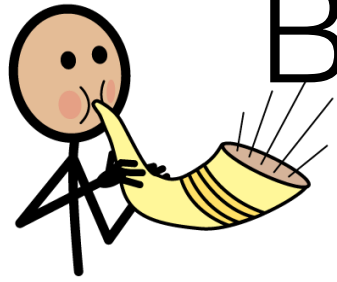


- Not everyone can or should drink.
- Make sure that grape juice is always available for kiddush. (And that no one has to ask where to find it)
- When alcohol is interesting, make sure other interesting beverages are also available.
- Eg: soda, fancy juice, etc. (Nb: Grapefruit juice can also be a problem 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).

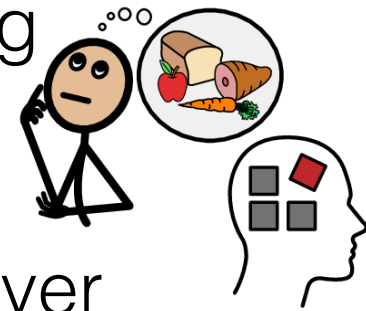




Be careful how you talk about fasting

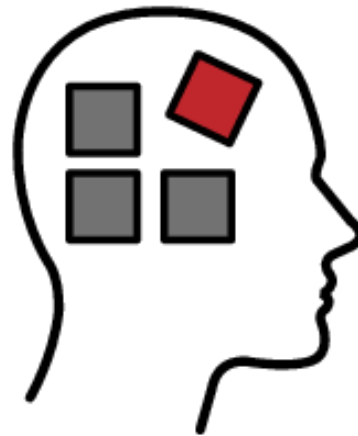


- People with eating disorders often feel that eating normally reflects lack of self control.
- Some framings of Yom Kippur fasting and Passover abstention from chametz can trigger this.
- Do not describe fasting as an act of mastery over base animal instincts; do not idealize fasting as a more spiritually whole frame of existence.
- Remind your community that bodies are important, and that we are normally supposed to eat.



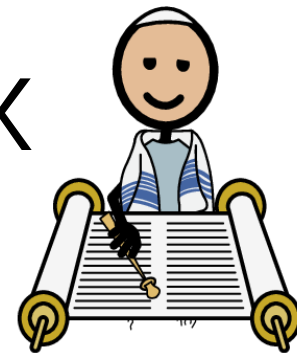
Above all else, remember:

- 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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