**Mental Health Initiative Outreach Talk**

**For talking with other congregations via CJP, URJ, and other connections**

***Summary***

*The mental health committee at Temple Isaiah, Lexington, Massachusetts is composed of interested Temple members and has the support of all of the Temple clergy. The major goal of the committee is to make the congregation a welcoming, stigma-free environment for people who are living with mental illness. We know that this inclusion is in line with our Jewish values and that it can be enriching for everyone.*

*In pursuit of this goal we have undertaken three kinds of activities. The first one is education about the major conditions, symptoms, and issues associated with mental illness. Examples include bringing speakers, both professional and others with lived experience, to talk about depression, addiction, and spirituality and mental illness. The second activity is having open ended nonjudgmental conversations about mental illness within the congregation. Examples include house meetings to discuss the issues, and breaking up into small discussion groups after education presentations. The third activity is providing specialized training to several Temple groups including the Temple Board, as well as to other religious organizations in our communities. The training focuses on the reasons, both internal and external, for stigma, and what we can do about it. Most importantly, through discussion of different possible scenarios, the training offers suggestions of what we can do in situations that seem awkward to us. For example, what do we say to a person who comes to a service soon after discharge from a mental hospital? It is hoped that knowing how to act decreases awkwardness and enhances comfort and acceptance.*

***Beginning the Temple Isaiah Mental Health Initiative***

The idea for our Mental Health Initiative began in a Boston-area psychiatric hospital, where the Temple Isaiah member who is now the senior co-chair of our mental health team had been hospitalized for an episode of severe depression. As part of her recovery, Cynthia—who is a health educator—was determined to do something to educate the Temple community about depression in particular and mental health challenges in general. When our senior rabbi, Howard Jaffe, visited her in the hospital, she started a discussion about how to go about this, and then they had more talks after she had recovered more fully. He encouraged her to meet with other interested members of the Temple because he felt strongly that new ideas should be implemented from within a congregation not just by the rabbi.

So when Cynthia had recovered and was back in the community, she pulled together a team of congregants who shared her passion for creating a mental health initiative in our congregation. Rabbi Jaffe suggested some team members and some have had personal connections with Cynthia. In our team we have congregants who have family histories of mental illness or family members with current lived experience as well as congregants with their own lived experience. In addition, our team includes several mental health professionals—a psychiatrist, a clinical psychologist, a social worker, and a certified peer counselor.

***Goals***

Although mental illness is present in all communities, it is often hidden due to the stigma many still attach to it. Our major goal from the very beginning has been to make Temple Isaiah a welcoming, stigma-free environment for people who are living with mental illness. We also have wanted to make the Temple a safe place to talk about mental health, bringing the issue into the open as a first step in a congregation-wide conversation about how we might support those who deal with mental illness, and their families, in the tradition of our caring congregation. We believe that this inclusion is in line with our Jewish values and that it can be enriching for everyone. We knew we would have to educate our community about what mental illness is and isn’t and provide programs about how to cope. We recognized that giving the congregation opportunities to hear from people with lived experience would help them realize that people with a mental health diagnosis are normal-looking people, who are part of our community and who can help demonstrate that treatment is available, recovery is possible, and there is hope. Our overarching, long-range goal is a culture change in our congregation and in the larger community in which mental illness has become de-stigmatized. However, we have taken to heart Rabbi Jaffe’s realistic assessment that what we were undertaking would be more of a marathon than a sprint.

***Kick-off***

More than a year after Cynthia’s hospitalization, we had a kick-off event that we called “A Community Dialogue About Mental Health,” which included as keynote speakers Kitty and Michael Dukakis, former governor and presidential candidate. Kitty told her story of many years of self-medicating with alcohol and drugs what was eventually diagnosed as depression, and how she has benefitted from electroconvulsive therapy (ECT). Rabbi Jaffe opened the program with a d’var in which he talked aboutwhy mental health is a Jewish issue and how congregants had been generally reluctant to talk with clergy about mental illness even though they will talk freely to him about other personal issues. Although it was the Dukakis name recognition that brought 300 people to the Temple that night, the real power of the event came when our team founder and another congregant, the then Sisterhood president who grew up with a mother with schizophrenia, both “came out of the closet” and shared their compelling stories. The reaction was overwhelmingly positive!

At our kick-off event, we placed action cards on all the chairs, with one check-off item being “I am interested in participating in a house meeting to talk about my or my family’s experiences dealing with mental illness.”

***House meetings***

We invited everyone from the Temple who checked yes to participate in one of a series of house meetings and publicized the house meetings more broadly in the congregation. These meetings were based on the community organizing principles that we have been using in our congregation to come together around social justice issues. At each gathering, we asked the participants to tell a story in response to the questions: How have mental health issues affected you in some personal way? What from your own experience makes you feel strongly enough about this issue to be here today? And what should the temple do to address the issue? More than 50 people participated in house meetings.

There were three almost unanimous responses to what the temple should do: More educational programs, a support group, and opportunities for advocacy. But what struck all of us were the incredible and moving stories we heard – of the long-lasting impact of mental illness and substance abuse on families, of the stigma that led to the holding of family secrets and the negative impact of that internalized stigma. And we also heard how grateful attendees were for the chance to share stories. The story telling was not only the catalyst for bonding among our team, but the beginnings of a mental health community within the temple, and it pointed us towards the model we have developed.

***Events***

After our failed attempt to launch a support group – which is a whole other story -- we introduced a different model that emphasizes storytelling and revolves around two types of programs, short 90 minute programs just for our congregation, and longer 3 hour events that are heavily publicized and open to the entire Greater Boston community. For each we begin by selecting a topic of general interest. In picking our topics we try to cast a wide net and be as inclusive as possible. So our program on anxiety was not just about anxiety disorders but on “Coping with Stress, Worry and Anxiety.” Similarly we talked seriously about depression in a program on “Distinguishing Sadness, Grief and Depression.”

For the shorter events, which we call “conversations” we have a 20-30 minute presentation, usually by a member of the congregation who has professional expertise. We use the talk as a jumping off point for roughly 30 minutes of small (6-8 person) facilitated discussion groups. Sometimes attendees are very eager to share their stories and the groups just take off, as happened in our anxiety program. Sometimes we use a scenario to jump-start the discussion. Here is a simple but sometime awkward scenario we have used for our stigma events: Imagine you are at Temple and you see a congregant who has come to services soon after discharge from a psychiatric hospital. She is standing by herself and looking fine but a little apprehensive.

We ask: What do you think she is feeling? Would you approach her? What would you say? And have you had personal experiences or observed situations like the one we just described?

Setting the right tone for the small group discussions takes some doing – and we have done a lot of training with our facilitators – but we work hard to make everyone feel comfortable, have a chance to share if they choose, and make sure the groups do not turn into therapy sessions. After the groups we reconvene to report back to the moderator, who then summarizes what we have learned, highlighting coping and resilience strategies.

For our larger events, we use the same basic structure, but the keynote address is longer and has been given by an outside expert with name recognition. We also include a d’var from one of our clergy, a Q & A session, and we make sure that we have at least one person with lived experience tell his or her story. For example, at our program on addiction, a 22 year-old woman spoke in public for the first time about her struggles with opiate addiction and her road to recovery; at our program on body image and eating disorders, we heard from a college student from our congregation talk frankly about her experience with battling her eating disorder and we also heard her mother give a parent’s perspective. Such stories are usually the highlights of our event.

We end these larger events with a reception, which allows for additional informal sharing. We also invite a range of organizations to set up resource tables. It’s a great way to send everyone home with information about where to access additional help.

***Creating a presence in the community***

Our educational programs are the core of what we do, but we also do a lot more to promote our mission. One is to simply create a continuing presence. We write pieces about mental health for the monthly Temple Bulletin, even if it is just to announce upcoming events or summarize ones that were just held. We announce our programs at other events, like Brotherhood breakfasts and Sisterhood board meetings. Our rabbis are gracious enough to announce programs at Friday night services. We believe that the publicity for our events sends a message to the entire congregation, even if they have not yet come to our programs, that Temple Isaiah is a place where we talk openly about mental health.

***Collaboration Inside and Outside of Temple Isaiah***

As part of our trying to create a continuing presence in the congregation, we also do a lot of collaboration with other parts of the Temple Isaiah community. It turns out to be a very effective way to extend our reach, get our message out to a wider audience, and create a larger sense of community. We have done a joint program on Building Resilience with the high school of our religious school, which already has a resilience track built into its curriculum, and we have brought a Mental Health Awareness training to our religious school teachers and other interested adults. We collaborated with the Temple’s Navigating the Challenges of Aging Committee on a program on Caring for a Person with Dementia. In addition, the members of the Temple’s Bereavement Committee got a special invitation to our “Conversation” on sadness, grief, and depression. We brought a training session on stigma to our entire Temple Board, and we did a similar specialized training with our Bikur Cholim (caring for the sick) volunteers that we called “how to be comfortable in ‘uncomfortable’ situations” after these volunteers voiced worries about saying or doing the wrong thing when visiting someone with a mental illness. Our trainings have focused on the reasons, both internal and external, for stigma and what we can do about it.

We have also been reaching out to allies in the larger Greater Boston community. We have developed relationships with other local synagogues and churches who are talking about and supporting mental well-being in their congregations, and we have presented workshops on starting a mental health initiative at Limmud Boston and the Biennial of the Union of Reform Judaism. One of our team members is on the board of the local chapter of NAMI, and NAMI has held events at the Temple that we can co-sponsor, like one we did on the deplorable conditions at the Massachusetts state forensic hospital in Bridgewater. Most recently we have been able to offer Temple Isaiah as a host location for NAMI’s 12-week-long Family to Family course for family caregivers and friends of individuals affected with a mental health condition. We will also be offering a Mental Health First Aid class for Lexington community members, in collaboration with the Lexington Health Department.

***Measuring success***

Measuring the success of an Initiative like ours is never easy. What we do know is this. We have a passionate and dedicated core team of 10 who work hard at our mission and two of whom serve as co-chairs. We have another 10-15 individuals who help facilitate our programs. We have tapped Temple members with professional expertise to be speakers. We have clergy who actively supports us and have told us that they are starting to see more Temple families coming to them to talk about mental illness or substance abuse. We generally have 30-40 attendees at our “Conversations” and around 100 people at our large events. And we have more stories – some from people we have known for many years talking for the first time about how mental illness has affected them and their families.

Some of the stories are a basic sharing that deepens a relationship. Our program on eating disorders developed in response to a request from two women who wanted other congregants to have the resources that they didn’t have when going through difficult times with their own daughters’ issues. Many stories come with requests for help. Several of us have gotten requests for referrals, usually to someone outside the temple, and we are happy to oblige. A few years ago, our senior team co-chair was approached by a woman whose daughter was profoundly depressed and not responding to medication; Cynthia was able to talk about her own experiences with ECT in a way that reassured the daughter and supported the family through the whole treatment process.

We hope this gives you a sense of how we do our sacred work, and the kind of mental health community we are creating at Temple Isaiah.