

ונשמרתם
מאד
לנפשותיכם

SERVING OUR CREATOR — WITH A — HEALTHY BODY, MIND AND SOUL

Given by Rabbi Larry Rothwachs

Monday Nights at 8:30

Congregation Beth Aaron, 950 Queen Anne Road, Teaneck NJ

This lecture series is generously
sponsored by the following families:

Rabbi Jay and Linda Goldmintz

Rabbi Mark and Linda Karasick

in honor of their children and grandchildren

Dr. Steve and Cathy Schuss

in memory of their parents, Naftali Herz ben Yizchok,
Miriam bas Avraham, and Shalom Tzvi ben Aharon

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The Torah Imperative and the
Halachic Parameters of Personal
Health Management

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Five Unhealthy Habits
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A Halachic Perspective

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Matters of the Mind:
What Everyone Needs
to Know about Mental Illness

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Shemiras Shabbos vs. *Shemiras*
HaNefesh: Health Management and
Medical Treatment on *Shabbos*

MATTERS OF THE MIND:
WHAT EVERYONE NEEDS
TO KNOW ABOUT
MENTAL ILLNESS

PICTURE "ILLNESS" IN YOUR MIND...



PICTURE “MENTAL ILLNESS” IN YOUR MIND...



“JUST SNAP OUT OF IT.”

IS IT ANY WONDER WHY
2 OUT OF 3 PEOPLE LIVING
WITH MENTAL ILLNESS
SUFFER IN SILENCE?

Defeat denial.
Help defeat mental illness. **camh**
Centre for Addiction and Mental Health



“YOU’RE JUST LOOKING FOR ATTENTION.”

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“MAYBE YOU NEED A DAY OFF.”

LIKE THE HALF MILLION CANADIANS THAT
MISSED WORK TODAY WITH A MENTAL ILLNESS.

That number may sound shocking but when you consider that one in five Canadians will experience some kind of mental illness at one point in their life, the workplace can't help but feel the impact. Simply taking a day off isn't a strategy that's going to work.

Here are some other stats you might find equally surprising. Mental illness is the number one cause of workplace disability. Furthermore, it's estimated that, each year, it costs

the Canadian economy 51 billion dollars in lost productivity.

That's why CAMH is highly involved in Work and Well-being Research and Evaluation – to help businesses make mental health and wellness a priority and try to reduce stigma in the workplace.

Because if we truly want to transform lives, we must also transform the way society thinks about mental illness.

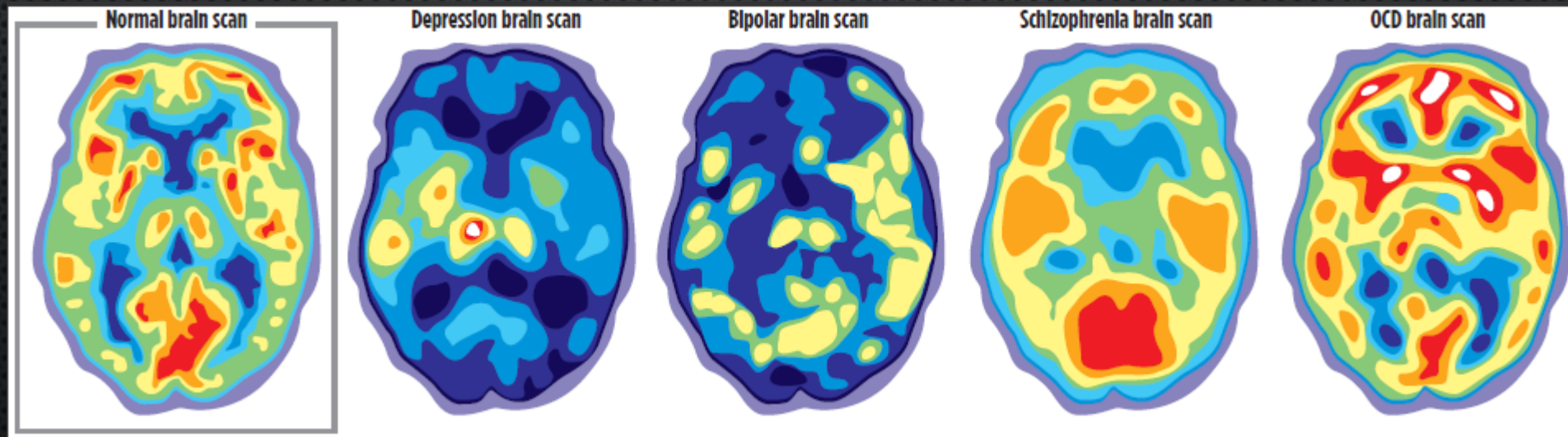
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COMMON MYTHS ABOUT MENTAL ILLNESS

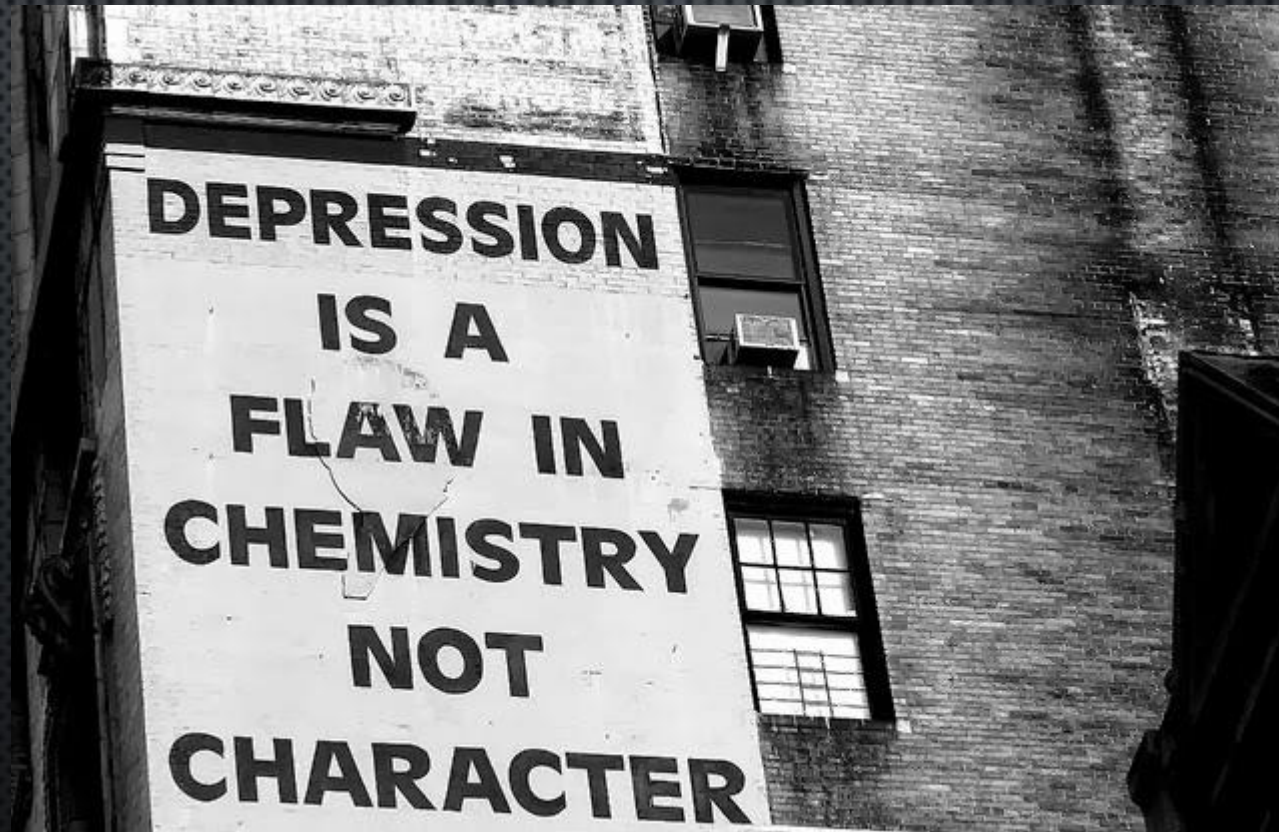
MYTH: Mental illness is a politically correct term for people who are immature or exceptionally needy or just plain “crazy.”

FACT: Mental illness is a condition in the brain that can severely affect a person's ability to perform the normal day-day activities of life. Mental illness is literally an illness of the brain. A biological change occurs in the brain of a person which disrupts and diminishes their thinking ability, mood, behavior, and overall normal functioning abilities.



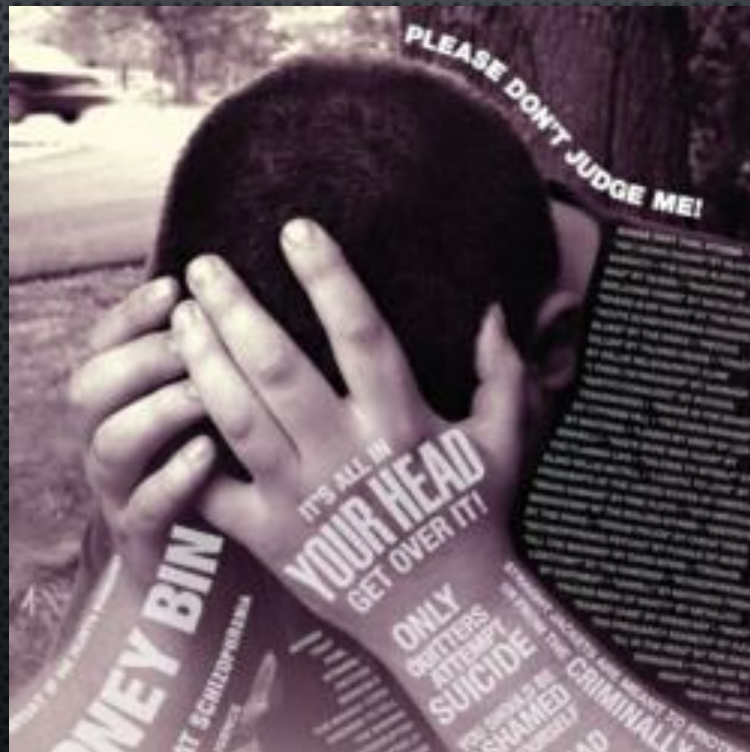
MYTH: Mental illness is a sign of personal weakness or excessive sensitivity.

FACT: Individuals who suffer from mental illness often demonstrate an extraordinary measure of strength and determination, in order to manage their disorder.



MYTH: Mental illness is not very serious, in comparison to other life-interfering disorders.

FACT: Mental illness can have very adverse effects on the person afflicted with the illness and their loved ones. Mental illness can have extremely severe effects on a persons employment, financial management, personal care and relationships.



MYTH: Other than cases of suicide, mental illness is not life-threatening.

FACT: In the US the average life span of a person with severe mental illness in comparison to the general population is 25 years shorter. People with severe mental illnesses are more likely to have other health risk factors such as heart disease, diabetes, cancer, stroke, and pulmonary disease.



MYTH: Mentally ill people are often violent and dangerous.



FACT: Only 4% of violence is attributable to serious mental illness

MYTH: Mental illness is caused by bad parents who are neglectful or abusive

FACT: Mental illness is likely caused by a combination of genetic, biological, psychological and environmental factors.



MYTH: If mentally ill people tried hard enough they could “pull themselves together” and “get over it”



FACT: Mental illness, like any other illness, can not be overcome by willpower alone. Suggesting that someone with a mental illness should just “get over it” would be like telling someone with 2 broken legs to “pull yourself together and stop limping.”

MYTH: One way to help someone with a mental illness is to logically demonstrate how nonsensical or inaccurate their beliefs are



FACT: For many individuals who suffer from mental illness, attempting to talk them out of their reality will actually be counterproductive and possibly harmful.

MYTH: People medicated for mental illness are often listless, drowsy and subdued



FACT: Most drugs prescribed for psychiatric illness do not interfere in one's ability to function normally.

MYTH: Many mentally ill people must be hospitalized or institutionalized



FACT: A very small percentage of people who suffer from mental illness require hospitalization.

UNDERLYING PHYSIOLOGICAL CAUSE OF MENTAL ILLNESS: NEUROTRANSMISSION DISORDERS

Neurotransmission is the process by which signaling molecules called neurotransmitters are released by a neuron, and bind to and activate the receptors of another neuron. Neurotransmission is essential for the process of communication between two neurons.

NEUROTRANSMITTER SYSTEMS OF THE BRAIN

1. NORADRENALINE SYSTEM: regulates anxiety, arousal, hunger, reward perception
2. DOPAMINE SYSTEM: regulates mood, motivation, sexual arousal, cognitive control
3. HISTAMINE SYSTEM: regulates arousal, learning, memory, sleep, phobias, addictions, extreme depression
4. SEROTONIN SYSTEM: regulates appetite, emotion, mood, sensory perception, sleep
5. ACETYLCHOLINE SYSTEM: regulates emotion, short-term memory, long-term depression, learning, wakefulness

COMMON MENTAL DISORDERS

ANXIETY DISORDERS

1. Phobias

- A repeated irrational anxiety response to the same condition or situation
- Leads to “avoidance behaviors”, which can be very socially damaging

2. Generalized Anxiety Disorder

- Persistent, but excessive “low-grade” anxiety, which interferes with normal functioning
- Inordinate worry, disturbed sleep, easy fatigue, irritability, muscle tension

3. Panic Attacks

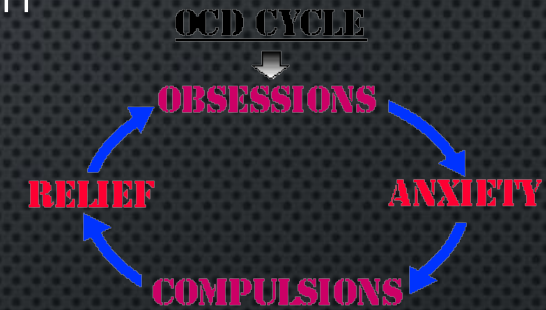
- Sudden intense feelings of apprehension or terror
- Can cause sudden shortness of breath, chest pains, choking sensation
- Episodes last 10-15, with great fear of reoccurrence

4. Obsessive Compulsive Disorder (OCD)

- Repeatedly haunted by annoying or objectionable thoughts (“obsessions”), or feels compelled to perform certain acts or rituals to avoid anxiety (“compulsions”)
- Obsessions and compulsions are often (but not always) linked
- Attempts to resist the compulsive act may generate more severe anxiety

5. Post Traumatic Stress Disorder (PTSD)

- Recurring anxiety or other symptoms after experiencing a traumatic event
- Symptoms may begin immediately after or many years after the traumatic experience



MOOD DISORDERS

1. Major Depressive Disorder (aka “clinical depression”)

- Depressed mood or loss of interest in nearly all activities, usually accompanied by marked functional impairment
- May be accompanied by feelings of guilt or worthlessness, sleep disturbance, changes in appetite, decreased sex drive, inability to make decisions and suicidal thoughts

2. Bipolar Disorder

- Mood fluctuates dramatically between depressive and manic episodes
- Manic Episode: grandiosity, hyperactivity, decreased need for sleep, accelerated speech, flight of ideas, marked impairment in social and occupational functioning, may spend money in grossly reckless fashion, lose normal inhibitions
- Manic or depressive episodes can last several days or even weeks

PSYCHOTIC DISORDERS

1. Schizophrenia

- Arguably the most serious of all mental disorders
- Characterized by delusions and/or hallucinations
- Deep feelings of emptiness and depression
- Tend to deteriorate in their functioning over time

2. Delusional Disorder

- Hold steadfastly to one false belief or a set of beliefs that can not be dispelled by logical reasoning
- Usually no hallucinations nor impaired behaviors or functioning

PERSONALITY DISORDERS

An impairment of the personality structure, which leads to social and/or occupational dysfunction (inflexible, maladaptive, longstanding dysfunction of inner experience and behavior).

1. Paranoid Personality

- Pervasive distrust and suspiciousness of others
- Bear grudges, read hidden message into benign comments

2. Antisocial Personality

- Engages in repeated behavior exhibiting exploitation, harm and disregard of others
- Lack empathy or remorse
- Rebel against authority

3. Borderline Personality

- Exhibit of pattern of instability in social relationships, self-image and identify
- Often impulsive, self-destructive and have thoughts of self-harm

4. Narcissistic Personality

- Exhibits feelings of grandiosity, while at the same time needs excessive admiration from others
- Grandiose sense of self-importance along with an inflated sense of entitlement

STIGMATIZATION OF MENTAL ILLNESS

1. Thoughts → Behaviors → Judgment
2. Absence of discernable indicators of developmental disability of physiological impairment
3. Irresponsible use and/or tolerance of descriptive labels, such as: “insane”, “crazy”, “sick in the head”, etc
4. Stereotyping
 - Hollywood
 - “stuck in the past”
 - sensationalism of sadistic or serial criminals
5. Insufficient education and widespread misinformation

Letter to the Editor November 13, 2014 – “Our son did not die of a drug overdose as was stated in your recent article... He died of the complications of a mental illness, much in the same way as a person who has malignant cancer dies of the complications of his or her illness. He died even though he had a loving and supportive relationship with his family, despite having many good friends and doing well in school, and despite having a great sense of humor and a ready smile. He was under the care of a medical professional who prescribed medication to help him with his illness. Unfortunately, as with many of these illnesses, it took only a moment of overwhelming despair to plunge him into hopelessness, and he used the very medications prescribed for him to take his own life.

Even more unfortunate is that our son did not only have to cope with a devastating disease; he had to live with the shame imposed by the stigma associated with it. He had to endure tremendous shame over and above being ill. Had he been able to avail himself of peer group support, perhaps he wouldn't have had to bear the unbearable. Maybe knowing that there were others like him struggling to overcome the same challenges, he would have drawn strength and been able to realize that his illness was no different from any other. We have no doubt that as his parents, we too would have benefitted from the information and support offered by people in similar circumstances. We have learned an important lesson, albeit too late to help our son. We now understand that keeping this type of illness in the darkness of secrecy serves to provide fertile ground to nurture its growth. Shining a light on it helps to limit the shame and maybe create the opportunity for a better outcome.”

THINGS YOU SHOULD NEVER SAY TO SOMEONE WITH A MENTAL ILLNESS

- “It could be worse.”
- “It’s just a season of life that we all go through.”
- “You need to let it go.”
- “Go and treat yourself and take your mind off of it.”
- “You have so much to be happy for, can’t you just focus on those things?”
- “I wish I had your problems.”
- “But you always seem so happy, how could you be struggling so much?”
- “G-d never gives you a test that you can’t handle.”
- “It’s because you’re on medication, you should stop taking those stupid pills.”

THINGS YOU SHOULD SAY TO SOMEONE WITH A MENTAL ILLNESS

- “You’re not alone.”
- “I have no idea what you are going through, but I am here for you.”
- “You are not going crazy.”
- “You are stronger than you think.”
- “There is hope.”
- “You will get through this.”
- “I/we will not abandon you.”

SUICIDE RISK INTERVENTION

[HTTP://WWW.SUICIDEPREVENTIONLIFELINE.ORG/](http://www.suicidepreventionlifeline.org/)

- Be direct. Talk openly and matter-of-factly about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Don't lecture on the value of life.
- Get involved. Become available. Show interest and support.
- Don't dare him or her to do it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib reassurance.
- Take action. Remove means, such as guns or stockpiled pills.
- Get help from persons or agencies specializing in crisis intervention and suicide prevention.

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