

**A Congregational Response to Teen
and Young Adult
Mental Health Issues**

Submitted by

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A Congregational Response to Teen and Young Adult Mental Health Issues

Introduction

Adolescence is one of the most change-filled periods in life, and a time that is both exciting and turbulent. The reality is that our young people, today, live with the same stressful emotions and challenging situations that adults face. This is a time when digital connectivity is ever-present, bringing adult problems and world issues right into teen lives. A recent cover story in *Time Magazine*, on the American teen, notes that this is the Post 9/11 generation, raised in an era of economic and national insecurity. They've never known a time when terrorism and school shootings weren't the norm. They grew up watching their parents weather a severe recession and, perhaps most important, they encountered puberty at a time when technology and social media were transforming society. ¹

Many teens and young adults, especially in high achieving communities like the Jewish community, have high expectations for themselves. They want to make a difference. They want to attend a well-known, highly respected college. They fill their pre-teen

¹Schrobsdorff, Susanna. "The Kids Are Not All Right." *Time*, November 7, 2016, 47.

and teen years with all sorts of activities to round out their resumes for college and to maximize their experiences before heading off into the real world.

The result of the frenetic pace at which many teens live is an unsettling plague of angst. According to the National Alliance on Mental Health (NAMI), one in five teens and young adults lives with a mental health condition which can include anxiety disorder, mood disorder, addiction, eating disorder, and schizophrenia.²

To aid congregations interested in supporting adolescents and their families through the teen and college years, this project, "A Congregational Response to Teen and Young Adult Mental Health Issues" presents a programmatic guide drawing on programs currently underway in synagogues and in Jewish youth movements, and it presents newly-created programming currently underway at Temple Beth Rishon in Wyckoff, New Jersey.

To those who wonder if the synagogue should be involved in mental health programming, I offer, from my 2016 High Holy Day sermon, this response: If we hold true to the words of Torah - in *Parashat Nitzavim* - 'Choose Life,' then we will raise awareness about teen and young adult mental health issues and we will provide programming that addresses it. It is up to us to choose life for our children. If we do not, we may find that some of our children will become statistics, among the young

² "What Is Depression?" NAMI. Accessed January 12, 2015. nami.org.

people whose lives are marked by depression, anxiety, self-medication, self-harm, substance use, and sometimes, by arrests and jail.

More than ten years ago, the Union for Reform Judaism decided to confront a host of emotional and physical issues impacting adolescents, and thus, their families, because these issues were showing up in movement youth groups, camps, and congregations. The movement's Director of the Department of Jewish Family Concerns at the time, Rabbi Richard Address, did not see how the contemporary synagogue could remain outside of the discussion on mental health. He writes, "If we do not respond in caring and supportive ways to the needs and realities of our families, then we court the danger of being made marginal to our people in times of need."³ Rabbi Address asserts that the strength of the synagogue is that it can and, indeed, "must bring the message of our tradition and texts to the struggles and challenges of everyday life."⁴

The synagogue, writes Rabbi Edythe Held Mencher, the lead coordinator of the URJ's focus, functions as a networker of relationships, and is central to shaping the "human experience in such a way that hope and faith are supported."⁵ Rabbi Mencher writes in the workbook that came out of this effort that the synagogue comes "from a

³Mencher, Rabbi Edythe Held, LCSW, Yael Shmilovitz, and Rabbi Michael Howald. "Introduction." In *Resilience of the Soul: Developing Emotional and Spiritual Resilience in Adolescents and Their Families.*, ix. New York, NY: URJ Press, 2007.

⁴ Ibid, xi.

⁵ Ibid, 17.

foundation of caring, honor, respect and love,"⁶ and is in the best position to help families build resilience to weather the challenges and emotions of normal childhood, adolescence, and young adult years, and, especially, to help families find resilience, "should they find themselves in the wilderness."⁷

The families in our congregations deserve our love, support and guidance. It is in the spirit of 'Choose Life,' that this programming guide has been developed.

⁶ Ibid, 17.

⁷ Ibid, ix.

Survey of Prevalence of Mental Health Issues

In 2015, about 3 million teens ages 12 to 17 had at least one major depressive episode in the past year, according to the Department of Health and Human Services,⁸ and more than 2 million teens report experiencing depression that impairs their daily function.⁹ An anxiety disorder was reported in about 30% of girls and 20% of boys - totaling 6.3 million teens - according to data from the National Institute of Mental Health (NIMH).¹⁰ Government statistics reveal that in a majority of adult mental health illness cases, an initial occurrence is found in the teen and young adult years - half of mental health conditions begin by age 14, and 75% of mental health conditions develop by age 24.¹¹

The NIMH conducted a study of adults which showed that the overall lifetime rate of psychiatric disorder among Jews did not differ from the rate among non-Jews.¹²

Surveys of Jewish teens in the Chicago metro area (2014-15)¹³ and in the Detroit metro

⁸ "High School and Youth Trends." National Institute on Drug Abuse. Accessed June 22, 2016. Teens.drugabuse.gov.

⁹ Ibid.

¹⁰ "Demographics." Anxiety Disorder Among Children. Accessed August 2, 2016. nimh.nih.gov.

¹¹ Ibid

¹² Jewish Americans and mental health: results of the NIMH Epidemiologic Catchment Area Study. Accessed Dec. 12, 2016. <https://www.ncbi.nlm.nih.gov/pubmed/1492249>

¹³ A Study of Young Jewish Women in Chicago, Dec. 2015. <https://jufwebfiles.org/pdf/teens/RTI-Booklet-2015.pdf>

area (2016)¹⁴ show that the incidence of mental health issues among Jewish teens is comparable to the general population. The Chicago study, run by the Jewish United Fund in conjunction with DePaul University faculty researchers and the Beck Research Initiative for Women, Gender, and Community, reported on Jewish females ages twelve to twenty. When asked, "Do you have or have you had a history with the following," the positive responses were as follows:

Depression - 28%

Anxiety/Stress - 63%

Substance Abuse - 2%

Disordered Eating - 19%

The Chicago study's 28% reported incidence of depression among Jewish young adults is comparable to government statistics reporting a 30% incidence of young adult depression in the US population. However, the Chicago study's 63% incidence of "Anxiety/Stress" among the Jewish teens and young adults is significantly higher than the 30% reported in government studies in the overall US population. Perhaps the discrepancy can be explained by noting that government surveys are reporting on a diagnosed condition of "anxiety disorder" in the general young adult population, whereas the Chicago study asked Jewish respondents to self-report their history with anxiety and/or stress.

¹⁴Jewish Community Health and Social Welfare Needs Assessment, 2016.
<http://myjewishdetroit.org/2016/09/the-results-are-in/>

The Detroit area Jewish community conducted their own assessment of their community's needs. Fifty-two percent of teens self-reported that they or someone they know experiences anxiety, and 42% stated that they or someone they know suffers from sadness or depression.

Despite differing methodology between government and community surveys, we understand from them that there is a presumption that Jewish young adults are experiencing stress, anxiety, depression and other mental health challenges comparable to their non-Jewish peers.

A mental health condition isn't the result of one event. Research suggests multiple, linking causes including genetics, environment and lifestyle. Biochemical processes and circuits, as well as basic brain structure, may play a role too. "The teen years are when many of these factors intersect with the bumpy road of 'normal adolescent development,'" ¹⁵ writes Dr. Richard A. Friedman, a professor of clinical psychiatry and the director of the psychopharmacology clinic at Weill Cornell Medical College in New York. Friedman cites recent research on neuroplasticity - the brain's ability to form new neural connections and be influenced by environment - which is looking at whether people with mental health disorders might be walking around in a constant state of enhanced neuroplasticity. Adolescents, Friedman notes, are already there; they are

¹⁵ Friedman, Richard A. "Return to the Teenage Brain." *The New York Times*, October 9, 2016, Sunday Review sec.

“simultaneously at the peak of their brain plasticity and their vulnerability to mental illness.”¹⁶ While this research is on-going, Friedman reports that it is clear that for the young adult, neurobiology makes “early life stress a strong risk factor for many psychiatric illnesses, like mood and anxiety disorders.”¹⁷

Janis Whitlock, director of the Cornell Research Program on Self-Injury and Recovery addresses teen anxiety. She writes, “If you wanted to create an environment to churn out really angsty people, we’ve done it”¹⁸ And Whitlock doesn’t see parental micromanaging or school stress as the main drivers of this epidemic of teen anxiety. She reports that her conversations with teens, parents, clinicians and school counselors across the country give her “the pervasive sense that being a teenager today is a draining full-time job that includes doing schoolwork, managing a social-media identity and fretting about career, climate change, sexism, racism - you name it.”¹⁹ Whitlock’s research leads her to conclude what many teens themselves know all too well - being a teen today is exhausting.

As a professional working in the Jewish community with youth of all ages, I, too, hear from teens about their `angst-filled life. High Schoolers are up before dawn to catch a 6 am school bus; after school hours are filled with sports, after-school activities, part-time

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸Schrobsdorff, Susanna, 47.

¹⁹ Ibid.

jobs, review courses for pre-college exams, homework, and a budding, self-directed social life.

On top of a robust life that might sound no different than teen years just a generation ago, the social media overlay is crucial. We are seeing the first generation that cannot escape an instant replay of their own lives. In interactions with teens in my congregation, I see how every conversation and every interaction is ripe for online documentation, comment or ridicule on a multitude of social media platforms. While statistics show that the incidence of cyberbullying of teens and pre-teens is low (much lower than the statistic of 1 in 3 US students reporting in-person bullying at some time in their school lives),²⁰ experts suggest that the social media and text messages that have become so integral to teenage life are promoting anxiety and lowering self-esteem.²¹ Communicating indirectly through social media has made it easier to be cruel. "Kids text all sorts of things that you would never in a million years contemplate saying to anyone's face,"²² writes Dr. Donna Wick, a psychologist working with the Child Mind Institute in New York City, a nonprofit dedicated to child and adolescent mental health. That social media is pervasive makes attention to our teens emotional health an on-going challenge.

²⁰Gladden, R. M., Vivolo-Kantor, A. M., Hamburger, M. E., & Lumpkin, C. D. (2014). "Bullying surveillance among youths: Uniform definitions for public health and recommended data elements," Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention and US Department of Education.

²¹ Ehmke, Rachel. "How Using Social Media Affects Teenagers." Media and Tech. Accessed June 20, 2016. childmind.org.

²²Ibid.

Survey of Congregational Mental Health Programming

Reform Movement Congregational Programming

In Spring 2016, Rabbi Rick Jacobs, president of the Union for Reform Judaism, a North American Jewish movement with almost 900 congregations reaching nearly 1.5 million people, identified several synagogues which the Movement was lauding for 'Exemplary Programming' in the area of Mental Health initiatives. From that list, I interviewed three rabbis who were serving those congregations.

Rabbi Ronald Segal of Temple Sinai in Sandy Springs, GA is the senior rabbi of a thirteen hundred family Reform congregation. He described four mental health programs that had run over the past seven years, all of which were aimed at adults heading from the working world into retirement.

Rabbi Segal said that the synagogue had not done any teen mental health programming. I suggested that perhaps they had done teen programming advertised in a different way, either through their youth program or in Religious School, and Rabbi Segal reiterated that the synagogue had not done "anything out of the ordinary." Additionally, the rabbi could not recall a family coming to him to discuss their teen's issues with depression or other mental health issues. When I asked if they had had any teen or young adult suicides among the membership, Rabbi Segal said that in his 20 years of serving the congregation, they had not had a single suicide.

I was taken aback by Rabbi Segal's assertions on all these matters, and challenged him a bit. "In a congregation of this size," I asked, "you have not seen nor heard of one congregant teen in treatment for depression, anxiety, or substance use; not one teen or college-age student arrested for drug use, and not one who has killed him or herself?" The rabbi held to his statement that teen mental health issues are not an area where his congregants "are asking for help."

Perhaps, in a congregation of this size, programming supportive of teen mental health exists in religious school or in youth programming, and the rabbi is just not aware. The most troubling part of this interview is the rabbi's presumption that his young congregants are immune to mental health issues that are found across every demographic in America. In contrast to the rabbi's stated position, which implies that his teen congregants do not need any special help, I know of a congregation one third the size, where in 2016 alone, 2 funerals were conducted for 26 year olds (one congregant, and the other, a former congregant of a nearby synagogue) who killed themselves despite extensive and on-going mental health treatment. Considering the URJ's longstanding interest in developing resilience in its teen congregants, it is curious why this congregation deserves recognition for mental health programming.

Another URJ-lauded congregation is Congregation Shir Hadash of Los Gatos, California. There, Rabbi Lisa Levenberg oversees all aspects of youth and family education. She has developed a program of self-care and mindfulness for 9th graders which is presented during three day-long Shabbat retreats over the course of the school year.

These day long retreats are complemented with monthly 'check-ins' during Hebrew High School hours. Thus far, the focus for 9th grade has been on supportive skills such as good decision making, dealing with change, and communication skills. Recently, 9th graders and their parents viewed the 2010 film *Race to Nowhere* by Reel Link films which "features the heartbreaking stories of students across the country who have been pushed to the brink by over-scheduling, over-testing and the relentless pressure to achieve."²³

Rabbi Levenberg says that she is still in the process of developing school programming, and as this year's ninth graders move on to be next year's tenth grade Confirmation Class, she expects to address substance use. Outside of the classroom, Rabbi Levenberg brings the topic of mental health to her congregation in several ways. She has put families with life experiences in mental health issues in touch with each other, so they can "talk things out, ask questions, and be supportive of each other." Rabbi Levenberg attends seminars on mental health and has also been a presenter at several of them, and she said that she does not limit her participation to programs run by Jewish organizations. The rabbi said that she uses the synagogue bulletin and pulpit to report on trends and programming. Additionally, Rabbi Levenberg noted that her congregants and staff are supportive and "very much interested" in mental health programming, and she "knows" they would welcome continued programming.

²³ racetonowhere.com

The strength of Congregation Or Hadash's commitment to mental health is that it is open to new programming and that they have a rabbi who wants to find the latest and best practices in the field. While Rabbi Levenberg calls her efforts thus far "developing," this should be taken in the best possible light. For one, she promises to build upon this year's ninth grade multi-pronged approach. Most importantly, Rabbi Levenberg seeks the "buy-in" of the congregation's adult members. She keeps the entire congregation apprised of her initiatives, and when congregants have an immediate need for support, Rabbi Levenberg guides them to be in contact with each other. In all regards, Rabbi Levenberg's efforts seem to be addressing a recognized need.

Rabbi Paul Kipnes of Congregation Or Ami in Calabasas, California, has a 22-year history of outreach in mental health issues. In our discussion, he described a broad array of congregational initiatives. First, he recommended that anyone interested in conducting mental health programming in a Jewish setting read the book he and his wife Michelle November, MSSW, wrote: *Jewish Spiritual Parenting: Wisdom, Activities, Rituals and Prayers for Raising Children with Spiritual Balance and Emotional Wellness* (Jewish Lights Publishing, 2015).

Rabbi Kipnes said that he has a diverse "personal practice of self-care that includes yoga, meditation, journaling, silence and of course, prayer," and that he shares his enthusiasm of these practices with everyone in the congregation, including youth. After years of counseling adult Jews in a Twelve-Step program, Rabbi Kipnes decided to "tackle" the emotional needs of the youth of his congregation in a programmatic way.

For the past five or six years, Congregation Or Ami has run separate mental health programs for children and families in three age cohorts - 4th-6th grades, 7th-8th grades, and 9th-12th grades. Rabbi Kipnes said that he likes to approach things creatively. He has students watch clips from movies and TV that portray good and bad ways to deal with stress. They do yoga and meditation. At the B'nai Mitzvah Orientation program, Rabbi Kipnes uses his time to discuss the stress involved in the upcoming B'nai Mitzvah year. "I let someone else go over logistics of room rentals and flowers. My job is to ask parents to make this a 'family project' so this twelve year old doesn't feel everything is on his shoulders."

The congregation presents an annual mental health day of programming. Topics from previous years have included: Sexuality and Healthy, Holy Decisions; The Internet and your Kids; One Family's Struggles with Addiction; and When Kids Step Over the Line. According to Rabbi Kipnes, the key to running such extensive programming is partnering with outside agencies. He said, "We know we don't have the resources or expertise, so we bring it in, and if there's a cost involved, we seek out underwriters from the congregation." On a more modest scale, the congregation's monthly adult education program often focuses on a mental health issue.

We ended our conversation with Rabbi Kipnes saying, "I want kids to know that there's always going to be pressure in life, and indeed, pressure is needed." He offered this

analogy: "Pressure is what gets the water going through a garden hose, stress is the kink in the hose, and when there's a kink, the water stops flowing."

What's refreshing about Rabbi Kipnes' approach to mental health awareness is that he allows his students to see that awareness of stress and efforts to reduce or ameliorate it can be an integral part of one's every-day life.

Youth Movement Programming

To assess what our youth movements are doing about mental health, I interviewed Rabbi Shmuelly Greene, Director of the Southern New Jersey region for NCSY, the Orthodox Movement's youth organization. "Kids aren't saying that they want programs on mental health issues or on drugs or alcohol," Rabbi Greene admits. He suggested several reasons - Teens are embarrassed to speak about sensitive issues; teens are embarrassed and even fearful to speak in front of friends or classmates; teens are too immature to comfortably speak; and teens often lack the words to speak about emotions in any meaningful way.

Regarding drug use, which often co-exists with mental health issues, Rabbi Greene said "Kids already know the rules. Kids know the list of dangers of drug use, they know the consequences of what will happen if they are caught using alcohol or drugs at school, camp, youth group, or at another extra-curricular activity. They don't want to talk about the rules, the statistics, or any subject that they think happens to someone else."

I posed the following question to Rabbi Greene - If teens don't want to talk about sensitive emotional issues and they don't want to talk about drug or alcohol use that other kids are doing, do you ignore these topics altogether? His answer was a resounding no. He continued, "You have to be very indirect in how you present things." "At Kallah (convention/retreat), we have Torah study, and I always go with a teaching about values, which really is about how we can live a healthy life." "We teach Torah all

the time,” Rabbi Greene said, “We just don’t frame it, and we don’t advertise it, as a heavy-duty discussion on a mental health issue.”

To back up his point, Rabbi Greene related one of his failures. When he served as Director of Teen Initiative at the Partnership for Jewish Living, a beneficiary agency of the MetroWest Jewish Federation in New Jersey, he received a grant to bring to New Jersey a costly program called *Freedom Song*. *Freedom Song* is a critically acclaimed play featuring adults and teens acting out their personal stories of substance use. Rabbi Greene had the buy-in of his teen board, he had the go-ahead from many adult organizations in the Jewish community, the program was adequately advertised, and yet, attendance at the performance was below expectation. Rabbi Greene’s assessment is that the program was “too frontal,” that it put in front of people “awfully messy” issues they didn’t want to see.

I asked Rabbi Greene why he thought *Freedom Song* had been well received elsewhere. He suggested an urban/suburban distinction. In an urban area, “teens can get themselves to a community center or synagogue where the play is showing; there’s some anonymity.” Rabbi Greene also notes that *Freedom Song* is well known on the west coast since it is a project of Beit T’shuvah, a Los Angeles area organization that offers the Jewish community a range of substance use outreach programs (a residential substance use treatment center, prevention programs, counseling and support for families and alumni, and a full-service synagogue).²⁴

²⁴ <http://www.beittshuvah.org/ourmission>

Unlike teens who seek out Beit T'Shuvah programs on their own accord, Rabbi Greene's teens come to NCSY programs for reasons other than a particular interest in substance use and/or mental health issues. Since Rabbi Greene doesn't see an interest in specific mental health programming from his teens, he has decided to address the topic within existing programs. This seems like the right decision for the NCSY region at this time; these teens are actually in an advantageous position because Rabbi Greene, with his experience and interest in this topic, can move quickly to address it should the need arise.

Professionals in BBYO and in Jewish camping rely on parents to give them a "heads up" on their children through registration forms, yet these professionals report that they sometimes find youth in their care for whom they have received inadequate mental health information. Julia Paeglis, Director of Year Round Programs for Camp Young Judaea-Texas reports that her camp has "a long way to go in the realm of mental health issues." Since her counselors and CIT's are mostly high school teens and college students, mental health programming thus far has focused on staff. Sessions during staff training week and throughout the summer concentrate on ways these young staff members can practice self-care. Paeglis reports that her training has covered how to de-stress, how to use time-off wisely, transitioning into college life, balancing social life and school work, and basic skills needed for independent living.

BBYO has committed significant resources to inclusion of teens with various disabilities. Both Arielle Handel, BBYO's Director of Inclusion, and Chelsea Snyder, Regional Director

of the Pacific Western Region, report that BBYO's emphasis on inclusion has mostly regarded LGBTQ issues, and not mental health. Handel and Snyder both point out that BBYO is a peer-led organization, which means that members have in-person contact with a professional staff member only at national or regional events.

On occasion, BBYO's Director of Jewish Engagement, Ira Dounn, has contacted a parent because a mental health issue has come up at a professionally staffed event. Because BBYO and some Jewish camps, such as Young Judea, for example, are not synagogue-based youth movements, the congregation does not have the benefit of having a staff member see and monitor its teens in these settings. If youth programming was the only means through which congregations stay invested in the lives of their teens, then it would be obvious to advise all congregations to provide it in-house. Fortunately, many synagogues serve their teens through religious school, and in one case I observed, teens were taking a lead role in coordinating the congregations' community service program. Any of these ways that keep teens in the building and in touch with clergy and professional staff can be a vehicle for monitoring teens and/or providing teens and families with crucial mental health programming.

Preaching from the Pulpit

At a September 2016 mental health conference entitled “What Do I Do When...? What Congregational Leaders Need to Know About Mental Illness,” co-sponsored by six New York-based Jewish organizations, several rabbis spoke about preaching on mental illness from the pulpit.

Rabbi Ari Hart of the Hebrew Institute of Riverdale, New York said that he preached [that] “Mental illness is not something to be ashamed about. It’s something we should talk about and discuss and recognize as part of our community fabric.” Rabbi David Schuck of Beth El Synagogue Center in New Rochelle, New York said, “Once I began talking about the issue from the *bimah*, (the podium or platform in a synagogue from which the Torah and Prophets are read), I found that more individual people in the community felt like they could talk to me.” Rabbi Schuck saw another benefit to his *Divrei Torah* (words of Torah) on mental health topics - they made congregants more receptive to his efforts to “connect families dealing with similar issues, so they could help each other.”

Several rabbis at the conference spoke about their personal experiences with mental health issues. Rabbi Jeffrey Mittleman and his sister Joanne Harpel, founder of Rethink The Conversation, a nonprofit that raises public awareness about mental illness and suicide, spoke about their brother, Stephen, who took his own life at the age of 26. Harpel said, “To the outside world, my brother was the last one you’d expect. He

graduated with honors from Yale, went on to Harvard Law School, married his college sweetheart, and was so popular that he had eleven groomsmen at his wedding. On the plane home from his honeymoon, he had “an episode, a break,” and shortly after, was diagnosed with bipolar disorder. Despite the best efforts of family, friends, and doctors, Stephen took his own life less than a year after being diagnosed.” Rabbi Mittleman and Joanne Harpel conveyed several points: psychological suffering isn’t always obvious from the outside; what clergy say in times of someone’s greatest vulnerability resonates and; it is crucial that the rabbi speak from the pulpit or write about mental health issues in as many formats as possible.

Indeed, after each of the sermons which I have preached about mental health issues, I have been approached by congregants. One woman told me about her brother who had killed himself many years ago, how the family never spoke about how he died, and how greatly she has been impacted by her family’s silence. She commended our efforts on teen mental health programming and offered to speak at a program if it were appropriate. Another congregant, who is the parent of a young adult who had experienced significant mental health issues, offered to speak to other parents about her family’s experiences. After my first sermon on this topic, I received quite a few referrals to congregants and also non-congregants who might have something to offer to our efforts.

Several rabbis have used a High Holy Day sermon to speak about their personal connection to mental health issues. Though his congregants knew some of his story,

Rabbi Yaron Kapitulnik of Temple Judea in Palm Beach Gardens, Florida, used a High Holy Day sermon to describe the magnitude of his unexpected and debilitating physical injury which had him confined to bed for weeks, and which he said brought on depression. He announced from the *bimah*, "It is not easy to ask for help, it requires courage, and I thank you for giving me a shame-free environment in which to seek treatment."²⁵

Other rabbis tell someone else's story. Rabbi Kenneth Emert of Temple Beth Rishon in Wyckoff, New Jersey, had a family's permission to share their personal story in one of his sermons: "A young man in the congregation had been arrested and suspended from college for selling and possession of Oxycodone. He faced a future as a convicted felon. After arraignment, he returned home and went into rehab and began attending NA meetings. Through rehab and therapy he struggled with depression and despondency." Rabbi Emert recounted that as the young man was mending, he invited him and his mother to speak to the congregation's teens about his addiction and about how prevalent drug use was in the very towns the teens lived in. The young man also addressed students at several area middle and high schools. When he next appeared before the judge, he was not sentenced to serve any jail time due to his efforts in turning his life around. When this young man gave Rabbi Emert permission for his story to be told, he insisted, "Make sure you tell people that I started taking Oxycodone after a sports injury."²⁶

²⁵ Kapitulnik, Rabbi Yaron. "Walking in the Dark - Rosh Hashanah 5775." Temple Judea of Palm Beach Gardens, FL. Accessed October 15, 2016.

²⁶ Sermon received directly from Rabbi Kenneth Emert, 2016.

Rabbi Emert suggested that it would have been a good idea to make a video recording of this young man's presentation so that it could be used again. Most of the rabbis and professionals I interviewed also had not thought to video record their programming. And yet, recording is a simple and, indeed, cost-effective way for congregations to establish a program bank. Due diligence should be taken though, to secure necessary permission from anyone seen or heard on the recording.

Programming for Religious School Students

The B'nai Mitzvah Orientation Meeting

As students head into the B'nai Mitzvah (the bar or bat mitzvah) training year, this meeting can be an opportunity to describe the enormity of the year ahead and describe ways for students to manage their work.

Programming for Ages 11-18

Synagogues across the country have had success with a multi-year curriculum developed by Moving Traditions, an organization pioneering new programming in Jewish education. The curriculum introduces mental health well-being in a holistic way. The girls' program is called Rosh Hodesh!: It's a Girl Thing and the boys' program is called Shevet Achim: The Brotherhood. Each module of programming is self-contained and can be adapted to cohorts from ages 11-18. Some synagogues set aside one class period a month, others set aside a smaller, designated time each week.

Moving Traditions describes their programs in this way:²⁷

Rosh Hodesh: It's a Girl Thing! is an experiential education program that uses Jewish teachings and practices — in a five-year cycle of curricular materials — to give girls a place to feel safe, articulate their deepest concerns, consider the impact of gender on their daily lives, have fun, and be 'real' with their peers.

Through discussion, arts & crafts, creative ritual, games, and drama, the girls and their leaders draw on Jewish values and a gender lens to explore the issues the

²⁷ movingtraditions.org/programs

girls care about most, such as body image, friendship, relationships, family, competition, and stress.

Shevet Achim: The Brotherhood, for teen boys, grew out of three years of research. Seeing that boys were disconnecting from Jewish life after bar mitzvah, at a time when the guidance, friendship, and sense of purpose that Judaism could provide were most needed, we set out to re-imagine the transition from being a boy to being a young man. Shevet Achim aims to allow boys to “decompress” from their stressful lives and balance clowning and horseplay with deep discussions of what Judaism has to say about the ethical challenges of their every day lives.

I have used these lessons with sixth and seventh graders and find them to be excellent conversation starters. Students also tell me that they have used the questions in the books to do what is essentially journaling/“dear diary” work on their own. If the intent is to help youth develop resilience and mental health well being, the Rosh Hodesh: It’s a Girl Thing! and Shevet Achim: The Brotherhood curricula are a valuable addition to religious school programming.

Programming for High School Students

The following is a three-part program that I developed and offered to the tenth grade Confirmation Class at Temple Beth Rishon, Wyckoff, New Jersey in 2015:

- Description of mental health issues
- Stress reduction techniques
- Information on 'The Gap Year,' a post-high school option

Part One - Description of Mental Health Issues

A twenty-two year old college senior congregant presented a forty-five minute webcam presentation (Power Point) of his own design. The slides and accompanying narration included definitions, statistics, and personal accounts of mental health issues prevalent in high school and college populations. This college student forthrightly told the group that he had created the presentation as a part of his own recovery from debilitating depression and anxiety. Questions were taken throughout the presentation.

The opening slides depicted attractive college students enjoying everyday college life. For each slide, the college student asked the tenth graders, "What do you see?" The answers were along the lines of, it looks like those college students are busy, they're having fun, they have friends. Our presenter agreed, and said that all the students pictured were engaged in college life, however, in each picture was one person with a serious depressive disorder. The girl in the blue dress, linking arms with friends was off to a college formal; she took her life several weeks later. The boy on his way to class

amid a sea of friends on the sidewalk killed himself that semester. The girl in the bio lab is alive because she called her parents from her dorm room and pleaded, "Come get me, now, I can't make it here." This young lady, the students were told, went home for therapeutic treatment, returned to school, and made another call to her parents, telling them, "It's too soon, I shouldn't have returned."

The tenth graders were very engaged in this presentation; throughout, they responded to the presenter's questions, asked questions of their own, and offered opinions and suggestions.

Parents reported that their teens had found the presentation both interesting and important. Perhaps the program was successful because this young presenter was close in age to the teens, or because he was showing real pictures and speaking about people he knew, or because he offered his own story and the teens could picture themselves in the very same position.

Admittedly, not every congregation has a young member who's created a webcam presentation such as this young man did. But there might be a young person in the community who can speak to students. It is worth the effort to investigate this. A good place to start is with local clergy, school administrators, the local Jewish counseling agency, and the local police chief.

Part Two - Stress Reduction

A congregant who is a physician specializing in mental health issues led a meditation session. At the conclusion of the meditation, the students heard some bullet-point facts:

- Regular meditation curbs activity in the part of the brain that regulates anxiety, stress and anger
- Meditation turns on the body's parasympathetic system which regulates heart rate, blood pressure and muscle tension
- Meditation helps keep food cravings at bay
- Meditation helps poor sleepers sleep better

A single meditation session is merely an introduction, however, it opened a discussion on what the teens currently do to reduce stress. All of the following was suggested: Sleeping, weightlifting, running on a treadmill, running outside, playing on a sports team, doing yoga or pilates to a video, watching TV/movies, playing video games, playing a musical instrument, baking, eating favorite food, acting in community theater, reading, hanging out with friends, going to the mall, going to Starbucks.

Part Three - Gap-Year, A Post High School Option

This was a webcam (SKYPE) presentation given by a nineteen year old congregant who was abroad on a "Gap Year." He began by defining the concept of the Gap Year - a break typically taken between high school and college that might include travel, work, study, volunteering, or research. He described that he had applied to college and received an acceptance at his first choice school. He was planning on going off to college after a year of travel and work abroad (he managed to find a computer job in a foreign country!). His Gap Year was both a time to relax, after a very busy four years of high school, before heading into what he knows will be an intense college experience and, also, an opportune time to live and work abroad. As he explained, "With college and maybe grad school, and then getting a career started, this might be the only time in many, many years that I will be able to spend an entire year that doesn't have a really intense focus."

The presenter also told the class that while abroad he had met other Gap Year students who had different reasons for taking a Gap Year. One had not received an acceptance at her first choice college, and instead of choosing another school which she knew she wasn't excited about, she had decided to take the year off before applying to a different set of schools. Her Gap Year had consisted of spending the fall working on a political campaign, after which she headed off to Asia and then to Africa where she did "Peace Corps" types of work. Another Gap Year student was looking to find an interest or

passion before spending time and money on college; he also decided to do volunteer work abroad.

The purpose of this program was to raise the idea of options, options which might help teens manage an often emotion-laden last two years of high school. In preparing for the program, I discussed my intent with the nineteen year old presenter. "A little bit of travelogue is fine," I told him, "but I am most interested in having you convey how the Gap Year has been a benefit to you socially and emotionally." Fortunately, our presenter was passionate about his own Gap Year, and he articulately described the Gap Year as a socially acceptable way, in our Jewish and the overall community, to manage a range of challenging - and stressful - issues. Among the concerns the students and presenter discussed were: being clueless about what you want out of college, feeling like you have to explain or defend all your college decisions to friends, and worrying about rejections.

I see the value of this presentation in the following way - whether any of the tenth graders consider a Gap Year for themselves is not as important as having an opportunity to talk with someone who had just been in their shoes and who had decided that it was okay to take a non-traditional path. Referring to being upset with the college choices one has on April 1st, one of the tenth graders said, "This seems like a good way to make the best of a situation you're really not happy with." And indeed, this young man and his friends were beginning to see that they can put themselves, as

one said, "in the driver's seat" and make decisions that support their own best interests.

New Initiatives in Teen Programming

Nature as a Healing Practice

Programming for the 2015 Confirmation Class comprised three evening sessions. Since I am looking to expand the program, I sought out current research on stress and teen mental illness to find new topics for programming. A recent study on teens and young adults found that contact with nature is related to fewer symptoms of depression.²⁸

Reconnecting with nature is one of the ten strategies identified as helpful in confronting depression, according to Rabbi Simkha Y. Weintraub, LCSW, Rabbinic Director of the National Center for Jewish Healing and the New York Jewish Healing Center. In his article "Some Jewish Words on Depression, Loss and Restoration," he writes,

"Part of our suffering relates to disconnectedness – not only from other people, but from the whole, truly from the wholeness, of Creation. Our restoration may well require some conscious re-involvement with the world around us – plants and trees, bodies of water, birds and bugs, rocks and seashells. Ultimately, we are part of these and they a part of us, all part of God's interrelated universe, with a mutual interdependency that can be, or become, a source of healing for those who feel broken and fragmented. Consider, as part of your spiritual treatment plan, turning to Nature in a conscious, special way, seeking nothing more or less than relationship."²⁹

²⁸ Snell, Tristan L., Joyce C.S. Lam, Winnie Wing-Lin Lau, Isaac Lee, Eleanor Maloney, Nicole Mulholland, Lee Wilson, and Laura J. Wynne. "Contact with Nature in Childhood and Adult Depression." *Children, Youth and Environments* 26, no. 1 (2016): 111-24. Accessed August 11, 2016. www://jstor.org/stable/10.7721/chilyoutenvi.261.0111.

²⁹ Article by Rabbi Weintraub (copyright 2010) distributed at 2016 conference in NY, "What Do I Do When...? What Congregational Leaders Need to Know About Mental Illness."

Rabbi Weintraub's words struck a chord with me, for I realized, that by the time the teens walk into the synagogue at night for their Confirmation Class, they have spent most of their day indoors, focusing intently on content. So I thought, perhaps we should stand outside for a few minutes and take in a breath of fresh air and gaze at the night sky, and let that intense focus wind down.

Connecting with nature as a depression-busting technique offers many possibilities, if not for Confirmation class, which meets at night, then for youth group programming. A hike in the woods, a worship service in the woods (or both together), participating in an outdoor clean-up day, or just holding a regular youth group program outdoors on a nice day are all ways for the congregation's teens to reconnect with what Rabbi Weintraub calls "the restorative wholeness of creation."

Rabbi Weintraub offers "*The "Nature Prayer"* of Reb Nahman of Bratslav as an example of a spiritual, healing practice:

“The Nature Prayer” by Reb Nahman of Bratslav

HaShem:

Grant me the ability to be alone!

May it be my custom to go outdoors each day among the trees and grass -
among all growing things,

and there may I be alone,

and enter into prayer,

to talk with the One to whom I belong.

May I express there everything in my heart,

and may all the foliage of the field-

all grasses, trees and plants-

awake at my coming,

to send the powers of their life into the words of my prayer

so that my prayer and speech are made whole

through the life and the spirit of all growing things,

which are made as one by their transcendent Source.

May I then pour out the words of my heart

before your Presence like water, HaShem,

and lift up my hands to You in song,

on my behalf, and that of my children!

Adapted from Likutey Moharan, Part I, # 52 ³⁰

³⁰ http://www.breslov.com/international/likutei_mohoron/lm25.html, as quoted by Rabbi Simkha Y. Weintraub

Film Presentation

Say it Out Loud (vimeo.com) is a video on teen mental health conditions produced by NAMI. It comes with a facilitator's teaching guide. The film and video may be obtained from NAMI at no cost. *Say it Out Loud's* content is similar to the webcam presentation developed specifically for my Confirmation class students, and is a viable alternative when a congregation cannot find a presenter with a personal story. More on this program is provided under the Programming for Parents section.

Programming for Parents

Introduction

Parents want to know, "Is what I see at home normal and expected?" reports Susan Solomon, a social worker at Jewish Family Service of MetroWest New Jersey.

Since the "Normal adolescent developmental process typically involves rapid and dramatic changes in behavior,"³¹ it is often not easy to tell if a child is behaving within expected benchmarks. Experts say, "Your once pleasant, mild-mannered child may seem to turn surly and withdrawn overnight. And this is all because of common stressors - the bodily changes of puberty and shifting social pressures of adolescence."³²

Yet, while parents should understand that a certain amount of moodiness and acting out is par for the course with teens, persistent changes in personality, mood, or behavior are red flags of a deeper problem.³³ Psychiatrist Eric Hazen, et al. note in *Mental Health Disorders in Adolescents: A Guide for Parents, Teachers, and Professionals*, "When unsure if your child is depressed or just 'being a teenager,' consider how long the symptoms have been going on, how severe they are, and how

³¹Hazen, Eric P., Mark A. Goldstein, Myrna Chandler Goldstein, and Michael S. Jellinek. "Finding Treatment." *In Mental Health Disorders in Adolescents: A Guide for Parents, Teachers, and Professionals*, 37-46. Rutgers University Press, 2011. <http://www.jstor.org/stable/j.ctt5hhws9.8>.

³² Ibid.

³³ Ibid.

different your child is acting from his or her usual self. Hormones and stress can explain the occasional bout of teenage angst—but not continuous and unrelenting unhappiness, lethargy, or irritability.”³⁴ The authors note that this last point is paramount - it is when behaviors are continuous and unrelenting that they warrant concern.³⁵

A 2016 NAMI publication, “Know The Warning Signs”³⁶ lists the following signs and symptoms of depression in teens:

1. Sadness or hopelessness
2. Irritability, anger, or hostility
3. Tearfulness or frequent crying
4. Withdrawal from friends and family
5. Loss of interest in activities
6. Poor school performance
7. Changes in eating and sleeping habits
8. Restlessness and agitation
9. Feelings of worthlessness and guilt
10. Lack of enthusiasm and motivation
11. Fatigue or lack of energy
12. Difficulty concentrating
13. Unexplained aches and pains
14. Thoughts of death or suicide

Dr. Hazen, et al. make a point that anxiety can be normal and indeed have a positive effect on a teen. “During adolescence, some degree of anxiety is normal and may even serve a useful purpose. The teen who has been extremely stressed from attempting to write a twelve-page term paper in one night, after procrastinating for weeks, may remember that uneasy feeling with the next assignment and begin to think about

³⁴ Ibid.

³⁵ Ibid.

³⁶ "Know the Warning Signs." Accessed June 26, 2016. nami.org.

changing his or her behavior. For many teenagers, however, anxiety is more than just an occasional, uncomfortable episode,³⁷ and as the authors note regarding depression, it is when behaviors are continuous and unrelenting that they warrant attention.

A Comprehensive Tool Kit on Mental Health

Say it Out Loud is a comprehensive program created by NAMI to give adults the tools they need to hold conversations about mental health with teens. The kit is free and includes:³⁸

- A short film featuring three teen's experiences.
- A discussion guide.
- A narrated presentation for the facilitator.
- Fact sheets

Parents will see -

- A visual depiction of ten common warning signs of mental health conditions.
- Three youth talking about living with mental health conditions—what it felt like, how they got help and why it's important to speak up about them

³⁷ Hazen, 112.

³⁸<http://www.nami.org/sayitoutloud#sthash.BLD3Lqsk.dpuf>

There isn't anything in the *Say It Out Loud* materials incompatible with a Jewish audience. Without reservation, I believe this material is a valuable addition to a congregation's mental health program bank.

In-House Resources

A congregation's membership is often a rich source of knowledge and experience. After announcing my young adult mental health initiative, I received offers from a psychiatrist, a retired school guidance counselor, a retired college dean, and several people with personal experiences with mental health issues, all willing to share their expertise. Recently, a congregant who is a realtor informed me that her industry is advising clients to hide all drugs, from aspirin to cough syrup to prescription medications, before their homes go on the market. The realtor said that the industry had recently informed its colleagues that drug theft has become a significant issue at realtor open houses. Getting this tip from a realtor reminded me that congregants truly are our partners.

The Synagogue Social Worker

Congregations should take advantage of existing programs whenever possible. Some congregations have relationships with their local Jewish Family Service agency and bring in social workers to run workshops and/or provide congregants with confidential counseling services in the synagogue building.

Social Worker Jessica Fleischer of Jewish Family Service of Bergen County, New Jersey, was surprised at how quickly her counseling schedule filled up at the beginning of a one year grant-funded partnership with a local synagogue. People often told her that they were more comfortable seeing her in the synagogue building than in the agency. Her interpretation of this is that "The synagogue is a natural gathering place; for members, it is a comfortable, familiar place." When I asked if people were hesitant to be seen entering or leaving the room where the social worker is known to be seeing clients, she answered, "It never came up. Especially during daytime hours, there aren't many adults in the building. And of course, no one knows why you've come for counseling. Perhaps it's to discuss elderly parents."

Fleischer said that in the synagogue she was seeing parents, mostly mothers, who had come to talk about their teens and pre-teens. The conversation often did not stay just between social worker and parent, she noted. Many times, the parent agreed to let the social worker share her perspective with the synagogue's rabbi. When I asked some more about this, she said that "Often people want an intermediary. It is almost easier

to have someone else raise sensitive topics with the rabbi you've known for years. Or, for some people, they just don't know how to speak about their issue, and would rather have a professional frame it for them."

This rabbi of a synagogue that had engaged Fleischer had only praises for it's partnership with Jewish Family Service, and admits that it ended merely for financial reasons.

In the metro-New York area, "Nearly 150 Jewish communal organizations, including day schools, Hillels and synagogues have added social workers from the Jewish Board of Family and Children's Services (JBFCS) to their staffs through funding from UJA-Federation Partners in Caring program."³⁹ Jonathan Katz, JBFCS's director of Jewish Community Services says that "By being onsite, we're not sitting in some distant office waiting for people to come to us. Our services are more accessible and also less stigmatized."⁴⁰ Hebrew Institute of Riverdale Associate Rabbi Ari Hart says his congregation's social worker is "good at teaching the staff and community how to be a support for families struggling with mental illness."⁴¹

³⁹ Clark, Amy Sarah. "Push For Synagogues to Focus on Mental Illness." The New York Jewish Week (New York), September 9, 2016.

⁴⁰ Ibid.

⁴¹ Ibid.

A Webinar Collaboration between Synagogue and Agency

One New Jersey synagogue recently received a grant from a congregant which allowed them to partner with their local Jewish Family Service Agency in the area of mental health. The key players decided that their first group (non-counseling) program would focus on substance use. Susan Solomon, the Jewish Family Service synagogue social worker, listed several reasons for this decision:

- There is overwhelming evidence that substance use and mental health issues are linked
- Substance use is prevalent and occurring in the Jewish community to the same extent as in other communities
- The finality of a lethal drug overdose

The collaboration resulted in a four-part webinar open to synagogue members and to the general public. The webinar is entitled *Kids and Substance Use, It's a Jewish Reality*, and the four parts were offered on consecutive weeks in the fall of 2016. The webinar and accompanying resource guide have since been posted to the synagogue's website, and are available for repeat viewing.

The flyer advertising the webinar was emailed to numerous mailing lists and was also placed in the local paper and in the community's Jewish newspaper which covers a substantial readership. Participation in the live webinar was as simple as online registration to receive a call-in invitation on the day of each program. Despite comprehensive advertising, viewership of the live webinar averaged ten people for each

of the sessions. This, I believe, makes the point that the Jewish community has a long way to go just to recognize that mental health is a topic worthy of congregational attention.

From a logistical standpoint, I was told that the webinar set-up is not different than live-broadcasting worship services which many synagogues have the capability to do.

All information from the webinar was gathered from live-viewing, and several of the speakers are not named since I did not personally communicate with them.

Part One of the Webinar

Law enforcement officials from the County Prosecutor's office presented the facts, trends, and legal ramifications of substance use. This information was geared for a typical suburban audience.

The County Prosecutor explained that the heroin and opioid epidemic is not only an inner city epidemic. More than 61% of all drug arrests in his county in the past year came from suburban communities. Heroin is cheap, plentiful and deadly. When sniffed or smoked, it's effects are felt within ten to fifteen minutes. Opioids, he said, are physician-prescribed. Teens may be prescribed opioids for wisdom teeth extraction and sports-related injuries. Because of the teen brain's immaturity, it does not take a great

quantity of opioid for addiction to occur. The prosecutor had a shocking statistic - the US makes up 4.6% of the world's population and consumes 99% of the world's opioids.

The prosecutor ended his presentation by saying, "Imagine standing in a living room, facing crying parents, and looking up at a wall filled with childhood pictures." This was a most sobering statement; one that if heard, I hope, would motivate synagogues to move forward with mental health programming.

Part Two of the Webinar

Medical professionals present medical facts and consequences of substance use, how to identify if your child has a problem, and ways to approach it.

If the prosecutor's final comment isn't enough for parents to realize that they must be ever vigilant of what their child is doing, where she is going and with whom, then pictures of brain scans of drug addicted vs. non-addicted brains is surely a wake-up call. The medical professionals described the latest science on brain development which indicates that the brain is not fully developed until about age twenty-six. That means that teens and young adults are still developing executive decision making functions such as planning, organization, impulse control, and understanding consequences through the high school years, and even through college and beyond. A brain impaired by substance use loses its full capacity to learn and hold onto information. In effect, it cannot communicate with itself. A teen substance user is using valuable brain

functioning that needs to be put towards normal processing such as developing social skills, dealing with normal anxieties, and learning. The final harrowing piece for parents to take note of is that the still-developing teen brain may not make the teen driver the best driver; add in substance use, and the teen driver is definitely not a safe driver.

The only good news from this presentation is that while marijuana is physiologically addictive, near-full brain function returns within months of stopping drug use.

Part Three of the Webinar

A social worker offers suggestions for parents.

“Trust your gut,” said Susan Solomon, the social worker from Jewish Family Service.

“We have gut feelings and intuition for a reason, use them”. As time goes by, and with our busy lives, it is often difficult to remember what our children were like previously and to recognize changes that might be potential warning signs of trouble. Keep some notes, advises Solomon, so that you can see if your child has changed friends, for example. Changes in relationships with family or friends may be innocent; the result of new after-school activities or new classes, but they are also markers of depression and drug use. “Be aware of how much time your child is spending in bed. Be aware of mood changes.”

With notes jotted down, you will be able to more quickly identify something that deviates from normal behavior, such as:

- Red Eyes or a Change in Pupil Size - Take a good look at your teen every so often and compare to last year's photos. Substance use shows up in the eyes. Do you see a bottle of Visine (sold to alleviate red eyes) in your child's bedroom, backpack, jacket pocket or car?
- Change in Eating or Sleeping Habits
- Increased Headaches - Are you finding containers of headache reliever?
- Vomiting
- Constantly Runny Nose, Itchy Eyes
- Running out of Money too Quickly
- Keeping a product like Febreze in the car

The following advice was offered - Kiss your teens when they come home at 11pm. See them, and smell them. If you smell freshly sprayed perfume or Febreze, be suspicious of substance use. If your teen is chewing gum at 11pm, be suspicious.

It was suggested that parents use time in the car for conversations with their children, and that they start this practice early, well before families need to have conversations about drugs or mental health concerns. "You have a captive audience in the car" is how Solomon put it. "There's no escape, and there's also no eye contact in the car." This last piece of information is crucial, she said. "Children are more likely to talk about

difficult, perhaps, uncomfortable issues, when they don't have to face you, and when they can fidget as they are mulling over how to answer."

Part Four of the Webinar

Parents and their young adult son speak about their personal experiences with substance use. Learn about resources for treatment and support.

Parents and their now twenty-eight year old son described the connection between his ADHD (Attention Deficit Hyperactivity Disorder) and his substance abuse. The young man said, "I was taking medication for anxiety since I was eight. When I was in middle school, I discovered that alcohol slowed down my racing brain, and I started hanging out with a different crowd that was into drinking. By the time I was fourteen, I had added in daily pot smoking. I bought and sold pot at a profit so I had my own to use. By sixteen, I realized that everybody else at a party was drinking to have fun, but I was drinking because it suppressed my anxiety."

One of the young man's parents said that other parents may be horrified to hear her family's experience, connecting ADHD and substance use, but it bears heeding. By the time high school rolled around, these parents were not unaware of their sons' substance abuse, and they held an intervention. The parents said to their son, "If you think for a second we will fund college, forget it. You will get help, starting today." The

teen was sent to a residential treatment program. The son's recollection is that it wasn't until day fourteen of the treatment program that his 'brain chemistry' and his emotions became 'unclouded.' Soon after, he was able to admit to himself, that where once he felt powerless over drugs and alcohol, now he felt like he would be able to gain the upper hand.

And yet, his was not a one-shot recovery. He said, "As time went on, I thought I was good, and I started skipping meetings (group therapy) which my parents never knew about because I was over eighteen. My impulsivity came back and one day, I had a car accident. That's how they found out." Another stint in a residential treatment program and a serious effort to treat everything, "physically and psychosomatically" is how he put it, finally brought him to where he is today, a college graduate with a job he enjoys.

The example of this young man is important because it calls parents to take notice of co-occurring factors in mental health issues such as ADHD. It also calls parents to understand that addiction is all-encompassing, spanning emotional, physical, biological, behavioral, and social areas. The parents added that they came to realize that addiction is a family issue, and their son asserts that if his parents were less attentive or assertive in their demands upon him, that he might not be alive today.

This webinar has the look of a homemade production. Nevertheless, the message is strong, and depicts a real family speaking their truth. This family could be any one of the families in our suburban congregations. Their perspective, dealing with their child's

issues which presented at a very young age as behavioral and learning issues that at a later point became co-mingled with substance use, is instructive.

Conclusion

This project begins with an anecdotal needs assessment on the topic of teen and young adult mental health issues. Four of the six synagogues surveyed are members of the Union for Reform Judaism (URJ). They were identified because they had self-reported to the Reform Movement their congregational programming on the general topic of mental health, and as a result, had been selected by the Reform Movement for commendation. A Conservative synagogue was identified when it advertised that it was seeking community participation in their upcoming webinar series on substance use in the suburban Jewish community. The last synagogue, which is not affiliated with a movement, is where I have run mental health programming about, and for, teens and young adults.

In addition to surveying congregations, interviews were conducted with professionals of three Jewish youth movements: BBYO, a youth movement not affiliated with a religious denomination; Young Judea, a camping movement not affiliated with a religious denomination; and NCSY, a youth movement under the Orthodox Union umbrella. It should be noted that both BBYO and Young Judea enroll many youth who are members of synagogues.

As such, this survey is a sampling, and does not purport to represent a complete picture of mental health programming in America's congregations. Regarding mental health,

the Reform Movement is unique among the three major denominational movements for two reasons:

First, the URJ website provides a significant amount of information on mental health. Though it is probably not obvious to most website users that mental health information is located under the category "Inclusion and Disability," once on that part of the URJ's website, a parent, teen, or congregational professional can begin a basic search. Videos and links to articles written by a selection of URJ-connected professionals can be accessed. For example, after clicking on quite a few links (this process was not as straightforward as it could be), I found articles written by members of the Reform Jewish Educators Association reporting on mental health programs and research they had discussed at a recent professional seminar. The name and contact information of the URJ's Director of the Department of Inclusion and Disability is prominently listed on the website, and the director was easily reached by both email and phone.

Second, in 2007, the URJ published a 200 page resource, program and study guide to help congregations address teen mental health, entitled *Resilience of the Soul: Developing Emotional and Spiritual Resilience in Adolescents and Their Families*. The guide is quite comprehensive and includes a variety of checklists and sample letters which can be sent to parents, as well as program ideas, and a selection of prayers, readings and meditations. Also included is a section of text studies which speak to a variety of issues that youth face. For example, the chapter "Striving for Perfection in an

Imperfect World,” includes text selections from both Torah and Talmud, accompanying readings, and discussion questions.

Interestingly, none of the congregational rabbis I interviewed were using this guide book in any way, and only one rabbi had heard of it. This is unfortunate, because it has much to offer, even if it serves, as its title says, merely to “guide congregations.” At this time, due to the recent closing of the URJ Press, the guide book is awaiting availability from Behrman House, Inc. Publishing in Springfield, NJ.

The website of the United Synagogue of Conservative Judaism does not seem to offer mental health information for any age group. Searching for the phrase “mental health” on the website of the Orthodox Union produces a short list of articles written anywhere from two to six years ago by congregational rabbis and also by a lifestyle and fitness trainer.

In the 2014 article “Let’s Talk About Depression and Mental Health,”⁴² congregational rabbi Eliyahu Fink shares his frustration in trying to locate information on mental health from Orthodox-affiliated sources. He writes, “I did a Google search for Jewish articles on depression. One, at Ohr.edu spent two paragraphs on clinical depression and twelve paragraphs on normal people who are sad. Aish.com features an article extolling the virtues of self healing one’s depression by choosing to be happy. I am grateful that it worked for the author, but this is hardly a sane option.”

⁴² ou.org. *Let’s Talk About Depression and Mental Health*, August 12, 2014.

It is clear that the major Jewish movements can do more to provide easily accessible and up-to-date online resources on mental health. On a smaller scale, it is not difficult for a congregation to build its own online resource section. Attached to this project are a selection of articles, brochures, video links, sermons, and other information suitable for posting on a congregation's website.

This anecdotal survey shows that the extent of congregational and youth movement programming runs the gamut from:

- No programming and no recognition that mental health issues exist amongst teen and young adult members
- Awareness of teen and young adult mental health issues and an interest in addressing them in the future
- Programming offered through religious school
- Awareness raised from the pulpit and in congregation-wide publications
- Annual Mental Health Day programming aimed at adult members
- Mental Health issues raised in an indirect manner in teen programming
- Use of a part-time synagogue-based social worker

While it is important for a congregation's conversation on mental health to have a place on the pulpit, a young student's personal voice takes the impact to an earnest and significant level. Surely, it cannot be said that a congregation is lucky if it has a young person who can speak from personal experience, however, with the pervasiveness of

drugs and mental health issues, there is, perhaps, hardly a congregation that doesn't have a young member with a personal story. If not, a moving story can be conveyed with a video such as *Say It Out Loud*. Whether in person or on screen, the personal story can be a "hook" that captures attention. Programming can begin from there.

Text study does not seem to have a place in programming for adolescents in the way that it is a straightforward, and often, prominent component of adult programming. As Rabbi Shmuel Greene, a regional director for the youth organization NCSY put it, text study with adolescents is best addressed subtly, and within existing programming. The authors of the URJ's workbook, *Resilience of the Soul*, agree with Rabbi Greene's premise. They acknowledge that they are presenting a nineteen page section of text study as an example of material that can stimulate conversation. In all cases, they recommend that a congregation adapt the texts to suit particular needs, so that all participants feels comfortable with the information and with the process.

Approaching text with a creative bent may yield an unlikely, but meaningful, conversation about mental health that may just speak to adolescent ears. In *Parashat Tazria*, which describes a person afflicted with a skin condition who is sent to live outside the community, I found just such an unlikely connection. The *parashah* describes the priest making repeated, weekly visits to the afflicted, isolated person, and indeed, the Torah tells us that the community does not pick up encampment and move on until all isolated individuals have healed and returned to the community. The message that a young person may hear is that if I ever see myself afflicted in any way -

physically, mentally, or emotionally - and I feel separate and isolated from others - even if my isolation is self-imposed or self-imagined - there will be someone in my world who, like the priest, will continually check on me until I am able to return to the community; and the community will not move on without me.

The point to be made here is that clergy and educators do not necessarily need examples of text that address mental health issues; with some creative interpretation, connections from Torah to the lives teens are living can be found. And when connections are brought to teens and/or parents in this integrated and less frontal way, the possibility exists to make an impact on people who might not otherwise attend or pay attention to text study.

Along with programming directed at youth and parents, synagogues are well advised to consider arranging for a synagogue social worker. The therapeutic component of congregational mental health programming has won rave reviews where it has been implemented. Yes, there are costs involved because a synagogue will need to cover consultation time not directly billed to clients. A solution to this may be found in the current trend toward directed charitable giving, thus, it may be possible to find one or more financial backers for the synagogue social worker program.

Still, it may be asked, when schools and agencies in all of our communities already provide a plethora of mental health services, why is mental health the business of the synagogue?

I return to my comments from the beginning of this project - If we hold true to the words of Torah - in *Parashat Nitzavim* - 'Choose Life,' then we will raise awareness about teen and young adult mental health issues and we will provide programming that addresses it. It is up to us to choose life for our children. If we do not, we may find that some of our children will become statistics, among the young people whose lives are marked by depression, anxiety, self-medication, self-harm, substance use, and sometimes, by arrests and jail.

It was disheartening to discover synagogues that do not see mental health programming as a congregational need, yet it is never too late to disabuse this attitude that "we don't have teen mental health issues here." Congregations that only see themselves as places for worship and learning fail to see the bigger picture. Our youth are our future. They and their families are ours to guide and support. It is our responsibility to help all our members Choose Life.

Resources

“Nine Principles to Help You Engage Jewish Youth”

Posted on October 18, 2016 by EJewish Philanthropy
By Michelle Shapiro Abraham and Miriam Chilton

In 1924, educator Joseph L. Baron shared with the Chicago Rabbinical Association his plans for creating “clubs” to engage youth in Reform Jewish life and supplement the existing education-focused programs:

“Jewish Youth ... want adventure, want romance, want the heroic ... To enthuse the young with the idea of helping in the creation of a new people, to invest them with immediate duties toward that end, to show them where Judaism is not academic but vital and urgent and immediate, that is a means of arousing souls and installing new fervor in dry bones ... And perhaps because of this, [these clubs] will strive with force into the sensitive heart and thirsty souls of our youth.”

Our journey to engage young people in compelling Jewish life is not new. As Dr. Gary Zola notes in “The Founding of NFTY and the Perennial Campaign for Youth Engagement,” since the establishment of liberal Judaism there has been “a persistent concern that the American synagogue might become irrelevant to the rising generation of Jewish youth.” And yet, it is this very concern that keeps Judaism relevant, urging us to continue reimagining it.

Five years ago, the Union for Reform Judaism launched the Campaign for Youth Engagement, designed to inspire more young Jews to embrace Jewish life as a path to meaning, purpose, and joy.

● **Talk to kids before they become teenagers**

It is much easier to engage teens who already have had positive Jewish learning experiences. Building relationships prior to b’nai mitzvah can be the key to continuing them. Reinvent religious school curriculum, create social opportunities, or engage families together. Consider having an “aspirational arc,” where younger teens can see what older teens are doing, as is the case with campers who look forward to being camp counselors someday.

● **Cultivate a safe environment**

Programs are not enough. Successful organizations focus on relationships and creating a space for teens to explore identity, make friends, and feel valued as individuals.

- **Make it age-appropriate**

We often lump 9th to 12th graders together, but they are in very different places both psychologically and emotionally. Keep these differences in mind when building programming strategies.

- **It takes a team**

Yes, it's vital to have a committed, charismatic rabbi who can relate to our youth, but a successful strategy depends on more than one person. More adults in youth engagement, including professionals, lay leaders, camp staff, college students, and parents, means more youth participants.

- **Listen to your teens**

Too often we discount what teens themselves ask for, but many organizations are exploring new avenues for inviting them to be co-creators. Bringing audacious hospitality to their level not only mean welcoming them, but also allowing them to mold the experience to fit their needs.

- **Offer varied options**

We need to recognize that one size does not fit all and broaden programmatic menus to include deep engagement opportunities such as confirmation classes and years at camp and lighter opportunities such as social outings and afternoon activities. Some offerings will attract a wide audience; others will appeal to smaller groups.

- **Consider partnerships**

Offering many engagement options can be daunting. Collaboration (and reimagining "competitors" as allies) can allow us to do more, in smart and financially sustainable ways. Alternately, simply recognizing the myriad offerings available can help expand your options. Congregations are experimenting by being "connectors," helping teens find the right program and then helping them reflect on what they learned.

- **Engage parents**

Even as teens try to differentiate themselves from their parents, they also continue to be influenced by them. In a recent study, "Generation Now: Understanding and Engaging Jewish Teens Today," the majority of teens spoke about their families' positive influence in enabling them to make life choices, including those related to being Jewish. Such studies highlight the importance of engaging and supporting teens – early and frequently.

- **Keep content relevant and "real"**

We must ensure our offerings meet young people where they are and fulfill their need to help make the world a better place – one of our core values as Reform Jews. Our teens are seeking leadership opportunities that will be relevant in other aspects of their lives. Some congregations connect teens to roles as madrichim, b'nai mitzvah and

confirmation tutoring opportunities, youth group mentorships, and leadership positions in summer programs.

Michelle Shapiro Abraham, MAJE, RJE, is the Union for Reform Judaism's director of learning and innovation for youth and a consultant for the Foundation for Jewish Camp. Miriam Chilton is the Union for Reform Judaism's vice president of youth.

Resources

“Starting College: Stress Less! Pointers for Parents and Their Kids Starting College”

Reform Judaism Magazine, Fall 2014

By: Rabbi Edythe Held Mencher

What is the greatest challenge facing a student going off to college?

Coping successfully with the transition of leaving the familiar world of one’s youth for a world that requires acting more as an adult. Moving to college is a challenging lifestyle adjustment for everyone, even though some people are naturally better able to deal with the stresses of change.

What would you say accounts for the difference in people’s coping skills?

Some people are constitutionally more resilient, more hopeful and optimistic. Believing the world can be trusted and that they have a secure place and purpose in it, they tend to adapt well to change, are not easily wounded by setbacks, and quickly get back into the game after being knocked down. Other people struggle more. They are very reluctant to give up old habits and routines, even with the promise that what follows may well be more fun and satisfying than what came before; and can be thrown considerably off course when something goes wrong. Sometimes such differences in temperament can be seen in babies. Some are just sunnier naturally, less irritable, and more easygoing than others, and these qualities can persist throughout life. Happily, though, research also suggests that resiliency can be taught. All people—and of course that includes college students—can learn strategies to better respond to change and adversity.

What are the essentials one needs to know to become more resilient?

First and foremost, a person needs to feel that he or she is acknowledged and valued by others. We know from people who have experienced emotional trauma that the ones who feel heard and understood recover more easily. Resilient people view themselves as valued by others, which adds to their sense of competence and helps them manage well in a changing world.

How can we apply these lessons to the stresses of college?

Students who create a network of relationships with people who care about them tend to adapt better and bounce back more easily after setbacks. So, during this time of transition, if you’re far from home, make sure to stay connected to family and friends from camp, temple youth group, and other places where you’ve experienced the feeling of belonging. Also, look into joining Jewish, socially conscious, or political organizations on campus where you’re likely to connect with people who will involve you in the cause and give you a sense of being needed and appreciated. Giving back through tikkun olam is a great reminder that each of us is unique and has a role to play in making the

world better. And when you make new friends at school, a good way to feel a sense of home away from home is participating with them in familiar traditions and customs, such as celebrating Shabbat and other Jewish holidays. All of these choices will likely bring you into contact with supportive people who will listen, advise, and fortify your resilience.

Many students are stressed out because they feel they have to be perfect in how they look, what grades they get, how well they fit in, how athletic or talented they are, etc. Can Judaism offer them some guidance?

In Judaism, perfection isn't even a possibility for human beings. Our biblical heroes are not flawless saints; they are individuals who encountered God and led our people forward even as they struggled with envy, feelings of incompetence, doubt, anger, and confusion. Moses, for example, felt insufficient to the task of leading the Israelites because of his speech impediment and lack of confidence in his ability to lead. Moses was imperfect, yet remains a heroic figure.

For college students, the quest for perfection can add to the risks associated with being away from home. Some students turn to addictive strategies to cope with stress and feelings of inadequacy: alcohol, drugs, binge-eating or drinking, self-mutilation, self-starvation, unhealthy sexual choices, extreme exercise, Internet 24/7, and the like.

How can Judaism help us avoid such self-destructive behavior?

Judaism teaches that each of us is made b'tzelem Elohim, in the image of God. Each of us is of infinite value, placed on this Earth to serve a mission only we can fulfill. Sometimes, when we have no idea how else we might help ourselves, we attempt to ease emotional suffering by doing things that may ultimately harm our bodies. The key is to recognize that we and our bodies are deserving of infinite care and kindness, and to remember that there are positive and calming ways of coping with emotional turmoil. Of course, there are times you may not even know what it is you're feeling and why you're feeling it.

So what do you do if you don't know what's bothering you?

The first thing to do is talk about it with someone you trust, because as you speak you are likely to discover the real sources of distress and therefore be able to figure out real remedies. For example, you might be feeling lost because of a romantic relationship or deep friendship that went sour and is now over. But after you speak for a while about this, you might realize your feelings are not just about the breakup, but also a reaction to a combination of factors, such as the homesickness and loneliness that people typically feel after they've invested their energies on one relationship at the exclusion of other possibilities in an unfamiliar place. Yes, this intense relationship is a loss, but once you make new friends and get involved in new activities, the loss will feel far less acute.

Or, for example, you might be thinking, "I'm an academic failure; I don't have what it takes to make it at this school." But after you speak for a while about how you're doing in your various classes, you might realize that you're upset about not being able to master just two courses, calculus and chemistry. Once you've identified the problem—that you're struggling in courses requiring math skills—you can acknowledge that you

are succeeding in other classes, and think about times in the past when you overcame a specific academic problem. You might talk to a parent, who could remind you that in elementary school you didn't think you could learn your multiplication tables, but you did, with some additional help. From there, the logical next step would be to engage a math tutor on campus: a professor, a teaching assistant, someone at a learning center, or a fellow student. You might also choose not to take two courses requiring math skills in one semester.

There are three messages here: 1) discussing and thinking over a situation often clarifies what our real worry is and then how we might find relief; 2) the difficulty we're dealing with now is not a predictor of how things will always be; and 3) almost always, we do have the ability to find the resources to assist us. None of us have to manage everything on our own, which is precisely what Judaism teaches.

How so?

Think back to that scene of Moses telling God he can't speak for the Israelites because of his speech impediment. What's God's answer? God reminds Moses that he will not be alone, that God will accompany him to Pharaoh. God also tells Moses to request and seek help: "There is your brother Aaron the Levite.... You shall speak to him and put the words in his mouth.... Thus he shall serve as your spokesman." God doesn't try to convince Moses that he can do everything on his own or that Moses is a good speaker, but points to an alternative—Aaron can serve as Moses' mouthpiece.

Moses does as God says and becomes an exemplar of resilience. Resilient people face their demons by connecting to sources of love and support and by seeking out trusted and knowledgeable others who can help them. For college students facing a tough situation, this may mean remembering and reconnecting to God, family, and friends; and consulting with RAs, rabbis and staff at Hillel or KESHER, and/or the counseling staff at the college's health-service center.

Any other thoughts you'd like to offer to help manage stress at school?

I'll leave you with these:

- **Get enough rest, eat nutritiously, and exercise at a healthy level**

Eating a balanced diet (energy in) and exercising regularly (energy out) will make you feel healthier, and feeling good physically and emotionally go hand in hand. The rabbis think of food as tightly connected to the soul. Next time you're grocery shopping, think of it as going on a spiritual mission!

- **Be open to trying out new, safe, and healthy ways of managing stress**

Great choices are praying, practicing yoga or meditation, keeping a journal or writing poetry, drawing or painting, and playing a musical instrument. And do seek out another person who shares your enthusiasm for the activity to keep you both on track.

- **Reduce your fear and anxiety by openly talking about your fears with caring people**

That's one of the best ways of coping and coming up with solutions—and helps us remember that we're not alone; our individual struggles are part of the human experience.

- **Get help when you need it**

Call or meet with a relative, a peer counselor, a teacher, a rabbi, a professional from the student health service, a resident advisor, or someone else you trust; or visit www.JEDFoundation.com. This is especially important for students who are struggling with depression, anxiety, eating disorders, substance abuse, and other serious concerns. You can find the support, relief, and guidance that will diminish your suffering and help you get back on track.

- **Focus on keeping perspective and finding hope in the midst of a hard situation**

When we have hope, we're more resilient. And try to follow the strategies of resilient people—they tend to view difficult situations as temporary and limited in scope rather than as permanent and pervasive.

- **Seek out sources of inspiration**

Whether they're personal stories, songs, poems, or prayers, such as Naomi Levy's from *Talking to God: Personal Prayers for Times of Joy, Sadness, Struggle, and Celebration* (Knopf: New York, 2002):

When I panic, God, teach me patience.
When I fear, teach me faith.
When I doubt myself, teach me confidence.
When I despair, teach me hope.
When I lose perspective, show me the way—
Back to love, back to life, back to You. Amen

Rabbi Edythe Held Mencher, L.C.S.W., serves as the Union for Reform Judaism's Faculty for Sacred Community.

- See more at: <http://www.reformjudaism.org/starting-college-stress-less#sthash.DhLYyHRU.dpuf>

Resources

“Saving Amanda: One Family’s Struggle To Deal With A Daughter’s Mental Illness”

Woman’s Day Magazine, March 14, 2016

By Jenny Gold

It took eight years for Amanda Lipp to get adequate care for her bipolar disorder. Now, she and her mom, Pam Lipp, are sharing their story to fight stigma around mental illness so others don't have to go it alone.

In March 2010, Pam Lipp received the call she’d been dreading for months. She figured it would come from one of three places: the police, the hospital or the morgue. Instead, it was her husband, Doug, saying that he’d just received word that their 18-year-old daughter, Amanda, a freshman at Chico State University in California, was being held at a psychiatric crisis center after trying to throw herself in front of a moving car. Amanda had lost her grip on reality and fallen into a state of psychosis. She’d started selling off her belongings and believed that cameras were following her everywhere.

Doug was away at a speaking engagement, so Pam jumped in the car with a friend and raced to the crisis center two hours away. When they arrived, they found Amanda, curled up in a ball on the floor in a fetal position, sobbing. “I was hallucinating. I thought I was a doctor. When my mom got there, I realized I was the one in trouble,” says Amanda. “Nothing prepares you for seeing your child in such turmoil. I felt helpless,” says Pam.

Amanda was soon diagnosed with bipolar disorder, a mental illness characterized by manic highs, depressive lows and possible periods of psychosis. Although the diagnosis provided a new direction to what had been an all-consuming journey for the Lipp family, it was just one stop on the bumpy road to navigating the mental health system. The Lipp family is not alone: Nearly one in five Americans experiences a mental illness in any given year, but fewer than half of them receive treatment.

Early Signs

Amanda first started acting out when she was in middle school in Fair Oaks, California. She had extreme mood swings and explosive arguments with her parents. Pam and Doug, who run a small business together, hoped it was typical adolescent drama that would soon fade. “We never knew which Amanda we were going to get,” Pam recalls — the edgy Amanda looking for a heated debate, or the down, depressed Amanda who would retreat to her room. Eventually, the intensity and unpredictability of her moods made them realize she needed professional help.

They took her to the family doctor, who agreed that Amanda required more help but said that she didn't have anyone to refer her to. Instead, the doctor recommended that Pam request a copy of all the therapists in her zip code who worked with her insurance company and call down the list. Pam called dozens of practitioners, leaving message after message. Not only was the list outdated, but most were too busy to even see her daughter and the ones who were highly recommended didn't accept her insurance anymore.

For her part, Amanda was reluctant about seeing a therapist. She worried about what other people might think, and that it would change the image she had of herself. "I was the popular kid who people looked up to," says Amanda. "I thought that if my friends saw me as someone to be pitied, they wouldn't lean on me anymore. Part of me wanted to get help, yet the other part of me didn't want to admit I needed it."

She agreed to give therapy a try and Pam found someone Amanda was comfortable with. Yet, at an out-of-pocket rate of \$120 per hour, the Lipps just couldn't afford the amount of care she needed, which was about three sessions per week. She visited a psychiatrist and was diagnosed with depression and put on an antidepressant. Despite the treatment, Amanda continued to spiral downward — staying out late, self-medicating with drugs and arguing with her family.

During those years, Pam says, she and Doug were living one exhausting day to the next. They had three children to raise, but taking care of Amanda consumed their lives. "We felt like we were in prison in our own home with all the hostility and upheaval." By the time Amanda headed to college, she was barely speaking to her parents



Amanda at her high school graduation with her brother and sister. (Courtesy of the Lipp Family)



Amanda Lipp holds up one her art pieces. Art helped her with cope with her depression.

So Pam spent the next day in the crisis center waiting room, desperately calling one psychiatric hospital after another to find a place to send Amanda. They were all full. She begged them to call her back when they had an opening, but they told her they couldn't reserve a spot. Instead, they told her to call every half hour in the hope that she'd be able to grab the next available bed. Pam plugged her cellphone into the waiting room wall and repeatedly called each one on speed dial. "You go into mother-bear mode, where you dig in and do what you have to do to protect your cub. I knew I couldn't stop until Amanda had the help she needed," says Pam.

After eight hours of continuous dialing, Pam finally found Amanda an open bed at a hospital near their home. For Pam, it was a huge relief that her daughter was safe. "We felt like we were finally entering a new phase of tackling her condition. In the hospital, at least we knew where she was and that she was under a watchful eye. We felt safest knowing she didn't have a choice to leave."

But Amanda had a different perspective. She didn't see her psychosis as a disease — she saw it as a transformation where she was finally able to face her vulnerability and deal with her issues.

"In the hospital, I felt like a prisoner," she says. "I felt trapped in a space where people were always watching me and monitoring my behavior." Amanda is an artist who finds solace in creativity, but she says the staff in the hospital was more focused on trying to treat her medically and didn't seem to value what she was doing with her art. "Trying to express myself and heal felt impossible," she says.

Figuring Out Finances

While Amanda was in the hospital, Pam was gripped with fear over the coverage of the treatment. "I was terrified that insurance would run out and we'd lose our savings and everything we'd worked for."

Fortunately, a federal law passed in 2008 guarantees that mental illnesses be covered "at parity" with any other disease, without special limitations. Her insurer informed Pam that any care Amanda needed would be covered. "I was so relieved," says Pam. After a month in the hospital, two months of a full-time outpatient program, the temporary help of an antipsychotic medication and years of therapy with a new psychologist, Amanda made an impressive recovery, learning to manage her condition. A key point for her was a change in perspective. She went from seeing her symptoms as evidence of illness to seeing them as strengths that she could use to her benefit. For example, she could turn a period of introspection that she might have previously seen as "depression" into a piece of art.

Living Out Loud

Many families end up running into similar obstacles — they don't know where to go for proper care or they're worried about the cost. But there's also the stigma of mental illness that prevents people from reaching out because they fear judgment or worry that it might affect their jobs.

"When you break a leg, you get a cast and people sign it and put smiley faces on it. When you're given a mental illness diagnosis, you're cast out," says Amanda, who is now a 24-year-old college graduate and member of the board of California's National Alliance on Mental Illness, an advocacy group.

Fortunately, Pam wasn't afraid of the stigma, having learned from her own family's mistakes. "I grew up in an environment where everything was pushed under the rug," she says. "People were suffering from mental illness, but they blamed it on other things like migraines. In reality, they needed therapy. I wasn't going to let that happen with Amanda."

Pam faced the stigma head-on and was completely open with her friends about what was happening. While this didn't help the Lipps crack the code on their daughter's illness earlier, it gave them strength when they needed it.

"Mental illness is not usually a casserole disease — when you tell your friends that a family member is suffering from a mental illness, they don't deliver a lasagna. But in our case, our friends did because we were open about it," says Pam.

People rallied around her. In particular, Pam was already part of a monthly mothers' group that got together to make care packages for their children in college. The other women urged her to keep coming to the group and making care packages for Amanda throughout her illness. "They were my rock of friendship. It truly took a village and a community of friends to help Amanda heal," says Pam.



Pam's Book of Appreciation, which she used when Amanda was in high school to list positives about the day. She would then leave it on Amanda's pillow for her to respond. Even though Amanda often didn't write back, she now says it meant a lot to her.

Finding Hope

Hard-won strides in the area of mental illness like the parity law helped Pam and her family get through the crisis intact, but it was a difficult road.

“We’re so proud of Amanda and everything she’s overcome,” says Pam. That doesn’t mean she’s stopped worrying. “We experienced a mental health emergency, an illness and a recovery, and now we’re stable. But every day I wake up and worry, could she relapse?” For anyone with a history of psychosis, another breakdown is always a possibility.

Use The Law

The mental health parity law helps guarantee consumers fair access to mental health care. If you believe you’ve been unfairly denied or charged for treatment, you can start by reaching out to a consumer advocacy organization.

Two resources to try: ParityTrack and The Parity Implementation Coalition. Now armed with knowledge and experience, Pam feels more confident. And in the meantime, both mother and daughter are dedicated to raising awareness and helping other families find the hope and the care they need in a system that often seems to be working against them.

For women facing similar situations, Pam has this advice: “Treat mental health concerns like you would any condition. Don’t let the stigma be a roadblock to getting yourself and your family the care that’s needed. If your gut tells you there’s something going on with your child, look the issue in the face and get the help you need.”

<http://khn.org/news/saving-amanda-one-familys-struggle-to-deal-with-a-daughters-mental-illness/>

This article is part of an editorial partnership between Woman’s Day and Kaiser Health News.

Resources

***Say It Out Loud* Discussion Guide**

Show the *Say it Out Loud* film with the ten common warning signs of mental health conditions and why speaking up is important.

The film consists of two parts:

First is a short visual depiction of the ten common warning signs of a mental health condition. This part of the film shows youth what the warning signs might actually look like in someone experiencing them.

The second part features three youth talking about their personal experiences living with mental health conditions—what it felt like, how they got help and why it’s important to speak up about them.

Introduce the film by telling the youth what they are going to see and reminding them that there will be a discussion afterwards. You could say something like:
Thanks for being here today. I’m really excited to talk to you about mental health and why it’s important. Before we start our conversation, I’m going to show you this short film about the ten common warning signs of a mental health condition and why speaking up about experiencing these signs is important. The warning signs may seem a little heavy, but what you are going to see is the reality for many people living with mental health conditions. You’ll also see three youth who have experienced these signs and now lead happy, successful lives.

Discussion Questions

After you have shown the film, you can open a discussion with the group. Below is a list of discussion questions that will help get the conversation going. Feel free to use all or some of these or to come up with your own questions.

1. What are your general reactions to what you just saw?
2. What did you think about the warning signs? Were there any that surprised you?
3. What would be your response to seeing these signs in a friend or family member?
4. Do you think that helping someone experiencing these signs can help both of you? How?
5. How can we make it easier to talk about mental health?
6. What information do you think is important for adults to know about youth who may be experiencing a mental health condition?
7. How can we get more youth involved in talking about mental health?
8. Can you name anyone famous—like celebrities, athletes, historical figures—who live with mental health conditions?

After they answer, hold up attached picture of celebrities to show them that the number is higher than they might think.

Thank the youth for participating in this discussion and ask if there are any final thoughts. Pass out the fact sheets along with the resource sheet if you made one.

Assure them that you and other trusted adults in your organization are there if they need to talk and that help is available if they or someone they know is experiencing the signs of a mental health condition.

It may take a while for the youth to warm up to the idea of talking about mental health. Do not be discouraged if you do not have full participation during your discussion. The youth are listening and are gaining valuable knowledge whether they participate or not.

Resources

Jewish Lights Publishing in Woodstock, Vermont, publishes a variety of materials on Mental Health Issues.

LifeLights Booklets

“Inspirational, informational booklets about challenges to our emotional and spiritual lives and how to deal with them.”

LifeLIghts Booklets are available for bulk purchase and are intended to be displayed for taking and sharing. The following LifeLights booklets are suggested:

- Easing The Burden of Stress by Rabbi Sheila Peltz Weinberg
- When Madness Comes Home, Living in the Shadow of a Loved One’s Serious Mental Illness, by Rabbi Margaret Moers Wenig and Miriam Frank, PhD
- Surviving a Crisis or a Tragedy by Rabbi Nancy Wechsler-Azen
- Recognizing a Loved One’s Addiction, and Providing Help by Dr. Abraham J. Twersky, M.D.

Books for Clergy and Congregational Professionals:

- *A Daily Spiritual Path to Wholeness*
By Rabbi Mark Borovitz, Foreword by Rabbi Kerry M. Olitzky

- *A Daily Spiritual Path to Wholeness*
By Rabbi Mark Borovitz, Foreword by Rabbi Kerry M. Olitzky

“For each Torah portion, Rabbi Borovitz provides teachings and reflection questions to help you reconnect with your sacred self, discover solutions to life’s challenges and to help you heal.”

- *100 Blessings Every Day; Daily Twelve Step Recovery Affirmations, Exercises for Personal Growth & Renewal Reflecting Seasons of the Jewish Year*
By Rabbi Kerry M. Olitzky, Foreword by Rabbi Neil Gillman

Daily readings to “Gain strength to heal with insight from the Jewish tradition.”

- *Healing from Despair; Choosing Wholeness in a Broken World*
By Rabbi Elie Kaplan Spitz with Erica Shapiro Taylor, Foreword by Abraham J. Twersky, MD

“This guide explores the nature of personal suffering and brokenness and the potential for hope, purpose and blessing. Examine the personal journeys of biblical and historical figures such as Moses, Maimonides, Abraham Lincoln and Martin Buber—as well as the author’s own personal experience.”

- *Healing and the Jewish Imagination; Spiritual and Practical Perspectives on Judaism and Health*
Edited by Rabbi William Cutter, PhD

“Explores the Jewish tradition for comfort in times of illness and Judaism’s perspectives on the inevitable suffering with which we live.”

- *Midrash & Medicine; Healing Body and Soul in the Jewish Interpretive Tradition*
Edited by Rabbi William Cutter, PhD

“Explores how midrash can help you see beyond the physical aspects of healing to tune in to your spiritual source.”

Curriculum Guides for Classroom Use:

- *The JGirl's Guide; The Young Jewish Woman's Handbook for Coming of Age*
By Penina Adelman, Ali Feldman and Shulamit Reinharz

"The JGirl's Guide is a book of practical, real-world advice using Judaism as a compass for the journey through adolescence."

- *The JGuy's Guide; The GPS for Jewish Teen Guys*
By Rabbi Joseph B. Meszler, Dr. Shulamit Reinharz, Liz Suneby and Diane Heiman

"How Judaism can make your teen years a little less stressful, a little more satisfying, and a lot more courageous."

For Parents:

Jewish Spiritual Parenting: Wisdom, Activities, Rituals and Prayers For Raising Children With Spiritual Balance and Emotional Wellness.
By Rabbi Paul Kipnes and Michelle November, MSSW.

Resources



**NEED HELP NOW? CALL 1-800-273-TALK(8255)
or TEXT 741741**

NATIONAL ALLIANCE ON MENTAL ILLNESS

**CALL THE NAMI HELPLINE
M-F, 10 AM - 6 PM ET**

800-950-NAMI OR TEXT "NAMI" TO 741741

See more at: <http://www.nami.org/Learn-More/Mental-Health-Conditions/Depression#sthash.ZGMamttl.dpuf>

Resources - A Suburban Town Advertises Initiatives on Substance Abuse

“Substance abuse has reached epidemic proportions throughout the country and we in Franklin Lakes are neither blind nor immune to this horrific problem....”
- Mayor Frank Bivona and Municipal Alliance Chairman Henry Wasserstein

2016 SUBSTANCE ABUSE INITIATIVES

LEGISLATIVE

- Lobby legislators at State and County levels to enact legislation that requires mandatory hospitalization and counseling by a professional counselor after drug overdoses and Narcan administration.
- Write and meet with legislators to promote better laws which help police and healthcare providers compel overdose patients to obtain the necessary assistance they require.
- Work with a grant writer to seek funding to give us financial resources to combat the problem and further our efforts.

POLICING

- Establish specific police policies with regard to substance abuse including an amnesty policy, education, and enforcement.
- Define a formal “Amnesty Policy” with regard to drug abuse amnesty that allows for the police force, in certain circumstances, to be an advocate to the user and their family with a goal towards recovery.
- Define and communicate various enforcement programs focused on drug abuse to raise awareness.
- Implement a prescription drug drop-off program in town to allow residents to safely and securely dispose of their unused medications anytime throughout the year.

DRUG AMNESTY POLICY

ISSUED BY POLICE CHIEF DEAN PEZZUTI

MARCH 2016

Individuals who advise the Franklin Lakes Police Department that they are addicted to opioids and need help will not be charged with a crime or prosecuted, but will, instead, be referred to appropriate drug counseling and addiction recovery services. If such opioid-dependent individuals are referred to us by parents, children, spouses, guardians or siblings, they will be treated in the same manner as if those individuals had themselves provided the advice to us.

REPORTING

- Track and report statistical drug abuse data for Borough, County and State to better understand the problem.
- Create a simple reporting format for the last five years that shows police activity inside the Borough with regard to drug abuse – overdoses, deaths, Narcan administration, arrests, etc.
- Work with County and State to better define data trends so that we can improve our understanding of our own statistics as well as monitor progress.
- Actively communicate this information to residents in order to raise overall awareness.

PROGRAMMING AND EDUCATION

- Provide specific programs, training and resources designed to educate and raise awareness about substance abuse, mental health and overall wellness. Actions will include:
 - Events for FLOW community high school students, FAMS students and their parents
 - Library events for Franklin Lakes community members
 - A health provider forum to discuss pain medications and the role of health professionals in the fight against substance abuse
 - E-blasts and social media communications about substance abuse issues
- Continue to educate the Franklin Lakes community about Stigma-Free by promoting awareness of mental health issues and working to overcome the stigma, stereotyping and discrimination associated with such issues
- Continue the Mayor’s Wellness Campaign to improve the overall health of the Franklin Lakes community

SUBSTANCE ABUSE AWARENESS

Municipal Alliance of Franklin Lakes
Franklin Lakes Board of Health
Borough of Franklin Lakes

2016 EVENTS

- **Hidden in Plain Sight**
March 22 - Indian Hill High School
Ramsey Police Sergeant Tim Shoemaker discussed current teen drug and alcohol trends against a backdrop of a teenager's bedroom that had been trashed on the stage of the High School auditorium.
- **Body Image & the Media**
When Did We Learn to Hate our Bodies
May 18, 7:00 PM - Franklin Lakes Public Library
Nancy B. Graham, LCSW, will address body image issues, eating disorders, recovery resources and how to choose a treatment center.
- **Over-Prescribing of Opiates**
Health Care Providers' Forum
September 15, 7:00 PM - Borough Hall Council Chambers
A panel of health care providers will provide their insights on the over-prescribing of opiates and its effect on the drug epidemic.
- **Chris Herren**
October 4 - Indian Hill High School
Chris Herren, a former NBA basketball player who struggled with substance abuse for much of his basketball career, is a reemerging speaker on a drug-free lifestyle. Chris, who has been alcohol and drug free since August 1, 2008, provides educational and mentoring programs on the dangers of substance abuse. Chris will also be doing two separate programs for the students.
- **The Reality of Addiction & Recovery**
October 18, 7:00 PM - Franklin Lakes Public Library
Joel Portales, CRC, will provide attendees with an overview of current drug trends as they relate to youth and young adults. Information about when and how to seek treatment, as well as recovery support services in New Jersey will be provided.

RESOURCES

Franklin Lakes Police Department
Detective Robert Gross
(201) 891-3131
E-mail: RGross@franklakes.org

In an emergency, call 9-1-1.

Bergen County Office of Addiction Services
(201) 634-2740

(201) 262-HELP

Bergen County's Designated Psychiatric Emergency Screening Program provides emergency mental health services to residents of Bergen County.

NJ Connect for Recovery
(855) 452-3737

New Jersey call line dedicated specifically to individuals and families coping with addiction to heroin and prescription painkillers. This service provides a safe, confidential, nonjudgmental place that residents may call to connect, grow and transform through a unique combination of supportive counseling services.

**PROUD TO BE
STIGMA-FREE**

FRANKLIN LAKES
STIGMA-FREE CAMPAIGN

Although mental illness is a disease of the mind, society fosters an environment that labels individuals with mental disorders as inferior and subordinate. Franklin Lakes is one of the many towns that have signed up to join the STIGMA-FREE Campaign, a country-wide program which aims at reducing the stigma associated with mental illness.

For more information or to join, go to
www.franklakes.org/stigmafree

Resources - Music

Teens can be encouraged to find songs to express their feelings. Here are three songs that use positive messages to address mental health issues.

“Fix You” by ColdPlay

The ColdPlay band's lead, Chris Martin, wrote this song for his then wife Gwyneth Paltrow when her father died. In it, he expresses his wish to be her support.

When you try your best but you don't succeed
When you get what you want but not what you need
When you feel so tired but you can't sleep
Stuck in reverse
When the tears come streaming down your face
When you lose something you can't replace
When you love someone but it goes to waste
Could it be worse?
Lights will guide you home
And ignite your bones
And I will try to fix you
High up above or down below
When you're too in love to let it go
If you never try you'll never know
Just what you're worth
Lights will guide you home
And ignite your bones
And I will try to fix you
Tears come streaming down your face
When you lose something you cannot replace
Tears come streaming down your face
And I will try to fix you
Tears come streaming down your face
I promise you I will learn from all my mistakes
Tears come streaming down your face
And I will try to fix you
Lights will guide you home
And ignite your bones
And I will try to fix you

"Beautiful" by Christina Aguilera

Everyday is so wonderful
Then suddenly, it's hard to breathe
Now and then I get insecure
From all the pain, I'm so ashamed

I am beautiful
No matter what they say
Words can't bring me down

I am beautiful
In every single way
Yes words can't bring me down
So don't you bring me down today

To all your friends you're delirious
So consumed
In all your doom
Trying hard to fill the emptiness
The pieces gone
Left the puzzle undone
Ain't that the way it is

You're beautiful
No matter what they say
Words can't bring you down

No matter what we do
No matter what we say
We're the song inside the tune
Full of beautiful mistakes

And everywhere we go
The sun will always shine
We're beautiful
No matter what they say
Yes words won't bring us down
We are beautiful
In every single way
Yes words can't bring us down
So don't you bring me down today

"Reach Out" by The Four Tops

Now, if you feel that you can't go on
All your hope is gone
Life is filled with much confusion
Happiness is just an illusion
And your world is tumblin' down
Darling, reach out
Reach out
I'll be there to love and shelter you
I'll be there, I'll always see you through
Wait a minute girl
When you feel lost and about to give up
And your best just ain't good enough
And your world is growin' cold
And you keep driftin' up on your own
Take my hand baby
Darling, reach out
Reach out
I'll be there to love and shelter you
I'll be there, I'll always see you through
I'll be there to give you all the love you need
I'll be there, you can always depend on me
I can tell the way you hang your head
You're alone and afraid
Through your tears you look around
There is no peace of mind to be found
Take my hand baby
Darlin' reach out
Reach out
I'll be there to love and shelter you

I'll be there, I'll always see you through
I'll be there to give you all the love you need
I'll be there, you can always depend on me
I'll be there, whenever you want me

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<http://myjewishdetroit.org/2016/09/the-results-are-in/>

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Social Action Tikkun Olam Magazine, September 2015 issue

In honor of Suicide Prevention Week, this month's issue is focused on mental health.

Link: The SATO Scoop: September Edition | United Synagogue Youth

Power Point Presentation

By Daniel Robinson, campus coordinator of WEBeMED, presented to 10th Grade Confirmation class, January 2015.

https://docs.google.com/presentation/d/1VrsgV9cTiKzy1zZGwVQ3XknNk382RMps0KDZMcso_M/edit?usp=sharing

From the Jed Foundation

As the nation's leading organization working to promote emotional health and prevent suicide among college students, The Jed Foundation is protecting the mental health of students across the country.

1. <https://soundcloud.com/the-jed-foundation/february-cbsradio-debgordon-john-mcphee-the-jed-foundationmp3>

2. http://careforyourmind.org/youve-settled-in-at-college-now-how-do-you-balance-your-emotional-health/?utm_campaign=shareaholic&utm_medium=email_this&utm_source=email

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US Department of Health and Human Services Behavioral Health Treatment Services Locator

A confidential and anonymous source of information for persons seeking treatment facilities in the United States for substance abuse/addiction and/or mental health problems.

<https://findtreatment.samhsa.gov>

