

Moods. Thoughts. Behavior. Ability to Function. **MENTAL HEALTH.**

Ruby Lasker Designs

# One Crucial Night to Raise Mental Health Awareness

## When

**Monday,  
December 17th  
8:00 - 9:30 p.m.**

## Where

**Bnai Jacob Shaarei  
Zion Synagogue**

6602 Park Heights Ave, Baltimore, MD 21215

## No Charge

Arrive early for seating and educational resources

Sign language interpreter available upon advanced request, JADE

For more information, contact:

Suzann Lasson, MOTR/L  
otlasson@gmail.com (410) 598-4765

**Learn about available tools & resources.  
Help yourself. Be a lifeline to others.**

## Featuring:

**RABBI EPHRAIM SHAPIRO**

**THE IMPORTANCE OF GETTING HELP: THE TORAH PERSPECTIVE**  
*Famed international speaker*

**OHEL DR. NORMAN BLUMENTHAL**

**DEFINING MENTAL-EMOTIONAL HEALTH; UNDERSTANDING WHAT IT MEANS. WHEN TO SEEK PROFESSIONAL ASSISTANCE. HOW THERAPY HELPS.**  
*Director, OHEL Miriam Center for Trauma, Bereavement and Crisis Response; Licensed clinical psychologist*

How do you support a friend or family member who is suffering?

How do you recognize emotional distress?

You're not a professional - what can you do?



*I. Introduction:*

*Rabbi Yisrael Glansky*

Director of **Relief Resources** of Baltimore.

*II. First Speaker: Rabbi Ephraim Shapiro*

*Renowned Speaker*

*III. Second Speaker: Dr. Norman Blumenthal*

*Director OHEL Center*

# Dispelling Myths on Mental Illness

Myth: Mental health conditions are uncommon.

Fact: Mental illness is [more prevalent](#) than many people think: One in four Americans experiences it in their lifetime. One in twenty-five Americans experience a serious mental illness in a given year that substantially interferes with or limits one or more major life activities. It can affect anyone, including all ages, races, income levels and religions. These common conditions are medical, and can cause changes in how people think and feel.

Myth: Mental illness is the result of bad parenting.

Fact: Children can, and do, have mental health conditions. Research shows that one in five children between the ages of 13 and 18 have or will have a mental illness. In fact, [50% of all lifetime cases begin by age 14](#). While environmental factors can affect a person's mental health, biological factors can affect individuals just as actively. Mental health conditions are not simply a side effect of parenting, but a combination of influences.

Myth: Mental illness is caused by personal weakness.

Fact: Just like any major illness, mental illness is not the fault of the person who has a mental health condition. It is caused by [environmental and biological factors](#), not a result of personal weakness. A stressful job or home life makes some people more susceptible, as do traumatic life events like being the victim of a crime. Biochemical processes and circuits as well as basic brain structure may play a role too.

Myth: You're just sad, not depressed.

Fact: [Depression](#) is not something a person can will away. People often have the misconception that a person can just "cheer up" or "shake it off." It is not just "the blues," but a serious medical condition that affects the biological functioning of our bodies. However, there are treatments like cognitive therapy or medication that can help address the symptoms of depression.

Myth: You don't need therapy. Just take a pill.

Fact: Everyone has different treatment needs. There is no one, right way to recovery. While medication can help, it may not be the only thing a person needs to feel their absolute best. Often a combination of therapy and medication provides the best outcomes. You should speak with a mental health professional to help determine [what's the best treatment plan](#).

Myth: People with mental health conditions are violent and dangerous.

Fact: Having a mental health condition does not make a person more likely to be violent or dangerous. The truth is, living with a mental health condition makes you more likely to be a victim of violence, four times the rate of the general public. [Studies have shown](#) that 1 in 4 individuals living with a mental health condition will experience some form of violence in any given year.

Myth: Psychiatric disorders are not real medical issues.

Fact: Just as with heart disease and diabetes, mental illnesses are a legitimate medical illness. [Research shows](#) there are genetic and environmental causes and similar to other medical conditions, they can be treated effectively.

Myth: You can never get better from a mental illness.

Fact: Mental health issues are not always lifelong disorders. For example, some depression and anxiety disorders only require a person to take medication for a short period of time. Innovations in medicine and therapy have made recovery a reality for people living with a mental health issue, even chronic conditions. While all symptoms may not be alleviated easily or at all, with the right recovery plan, people can live the productive and healthy lives they've always imagined.

Myth: A person can treat themselves with positive thought and prayer.

Fact: Positive thought, religion, and spirituality can be a powerful tool in recovery, but it shouldn't be the only form of treatment. The most effective treatment someone can receive is one that is planned by their licensed health provider and themselves.

[If you are directly in care of someone living with a mental illness you can:](#)

- Show interest in your family member's treatment plan.
- Encourage your family member to follow the treatment plan.
- Strive for an atmosphere of cooperation within the family.
- Listen carefully.
- Resume "normal" activities and routines.
- Don't push too hard.
- Find support.
- Express your support out loud.
- Keep yourself and your family member safe.
- Prepare a crisis plan
- Don't give up.

Everyone experiences anxiety. However, when feelings of intense fear and distress are overwhelming and prevent us from doing everyday things, an anxiety disorder may be the cause. Anxiety disorders are the most common mental health concern in the United States. An estimated 40 million adults in the U.S., or 18%, have an anxiety disorder. Approximately 8% of children and teenagers experience the negative impact of an anxiety disorder at school and at home.

## Symptoms

Just like with any mental illness, people with anxiety disorders experience symptoms differently. But for most people, anxiety changes how they function day-to-day. People can experience one or more of the following symptoms:

Emotional symptoms:

- Feelings of apprehension or dread
- Feeling tense and jumpy
- Restlessness or irritability
- Anticipating the worst and being watchful for signs of danger

Physical symptoms:

- Pounding or racing heart and shortness of breath
- Upset stomach
- Sweating, tremors and twitches
- Headaches, fatigue and insomnia
- Upset stomach, frequent urination or diarrhea

## Types of Anxiety Disorders

Different anxiety disorders have various symptoms. This also means that each type of anxiety disorder has its own treatment plan. The most common anxiety disorders include:

- **Panic Disorder.** Characterized by panic attacks—sudden feelings of terror—sometimes striking repeatedly and without warning. Often mistaken for a heart attack, a panic attack causes powerful, physical symptoms including chest pain, heart palpitations, dizziness, shortness of breath and stomach upset.
- **Phobias.** Most people with specific phobias have several triggers. To avoid panicking, someone with specific phobias will work hard to avoid their triggers. Depending on the type and number of triggers, this fear and the attempt to control it can seem to take over a person's life.
- **Generalized Anxiety Disorder (GAD).** GAD produces chronic, exaggerated worrying about everyday life. This can consume hours each day, making it hard to concentrate or finish routine daily tasks. A person with GAD may become exhausted by worry and experience headaches, tension or nausea.
- **Social Anxiety Disorder.** Unlike shyness, this disorder causes intense fear, often driven by irrational worries about social humiliation—"saying something stupid," or "not knowing what to say." Someone with social anxiety disorder may not

participate in conversations, contribute to class discussions, or offer their ideas, and may become isolated. Panic attack symptoms are a common reaction.

## Causes

Scientists believe that many factors combine to cause anxiety disorders:

- **Genetics.** Some families will have a higher than average numbers of members experiencing anxiety issues, and studies support the evidence that anxiety disorders run in families. This can be a factor in someone developing an anxiety disorder.
- **Stress.** A stressful or traumatic situation such as abuse, death of a loved one, violence or prolonged illness is often linked to the development of an anxiety disorder.

## Diagnosis

The physical symptoms of an anxiety disorder can be easily confused with other medical conditions like heart disease or hyperthyroidism. Therefore, a doctor will likely perform a carefully evaluate involving a physical examination, an interview and ordering lab tests. After ruling out a medical illness, the doctor may recommend a person see a mental health professional to make a diagnosis.

## Treatment

As each anxiety disorder has a different set of symptoms, the types of treatment that a mental health professional may suggest also can vary. But there are common types of treatment that are used:

- Psychotherapy, including cognitive behavioral therapy (CBT)
- Medications, including anti-anxiety medications and antidepressants
- Complementary health approaches, including stress and relaxation techniques.

See more at: <http://www.nami.org/Learn-More/Mental-Health-Conditions/Anxiety-Disorders>

*Updated March 2015*

Depression is more than just feeling sad or going through a rough patch. It's a serious mental health condition that requires understanding and medical care. Left untreated, depression can be devastating for the people who have it and for their families. Fortunately, with early detection, diagnosis and a treatment plan consisting of medication, psychotherapy and lifestyle choices, many people do get better.

Some people have only one episode in a lifetime, but for most people depression recurs. Without treatment, episodes may last a few months to several years.

An estimated 16 million American adults—almost 7% of the population—had at least one major depressive episode in the past year. People of all ages and all racial, ethnic and socioeconomic backgrounds experience depression, but it does affect some groups of people more than others. Women are 70% more likely than men to experience depression, and young adults aged 18–25 are 60% more likely to have depression than people aged 50 or older.

## Symptoms

Just like with any mental illness, people with depression experience symptoms differently. But for most people, depression changes how they function day-to-day. Common symptoms of depression include:

- Changes in sleep
- Changes in appetite
- Lack of concentration
- Loss of energy
- Lack of interest
- Low self esteem
- Hopelessness
- Changes in movement
- Physical aches and pains

## Causes

Depression does not have a single cause. It can be triggered, or it may occur spontaneously without being associated with a life crisis, physical illness or other risk. Scientists believe several factors contribute to cause depression:

- **Trauma.** When people experience trauma at an early age, it can cause long-term changes in how their brains respond to fear and stress. These brain changes may explain why people who have a history of childhood trauma are more likely to experience depression.
- **Genetics.** Mood disorders and risk of suicide tend to run in families, but genetic inheritance is only one factor.
- **Life circumstances.** Marital status, financial standing and where a person lives have an effect on whether a person develops depression, but it can be a case of “the chicken or the egg.”

- **Brain structure.** Imaging studies have shown that the frontal lobe of the brain becomes less active when a person is depressed. Depression is also associated with changes in how the pituitary gland and hypothalamus respond to hormone stimulation.
- **Other medical conditions.** People who have a history of sleep disturbances, medical illness, chronic pain, anxiety, and attention-deficit hyperactivity disorder (ADHD) are more likely to develop depression.
- **Drug and alcohol abuse.** Approximately 30% of people with substance abuse problems also have depression.

## Diagnosis

To be diagnosed with depression, a person must have experienced a major depressive episode that has lasted longer than two weeks. The symptoms of a major depressive episode include:

- Loss of interest or loss of pleasure in all activities
- Change in appetite or weight
- Sleep disturbances
- Feeling agitated or feeling slowed down
- Fatigue
- Feelings of low self-worth, guilt or shortcomings
- Difficulty concentrating or making decisions
- Suicidal thoughts or intentions

## Treatments

Although depression can be a devastating illness, it often responds to treatment. The key is to get a specific evaluation and a treatment plan. Treatment can include any one or combination of:

- **Medications** including antidepressants, mood stabilizers and antipsychotic medications
- **Psychotherapy** including cognitive behavioral therapy, family-focused therapy and interpersonal therapy
- **Brain stimulation therapies** including electroconvulsive therapy (ECT) or repetitive transcranial magnetic stimulation (rTMS)
- **Light therapy**, which uses a light box to expose a person to full spectrum light and regulate the hormone melatonin
- **Exercise**
- **Alternative therapies** including acupuncture, meditation, and nutrition
- **Self-management strategies and education**
- **Mind/body/spirit approaches** such as meditation, faith, and prayer

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

*Updated March 2015*

NAMI  
 3803 N. Fairfax Drive, Suite 100  
 Arlington, VA 22203  
[www.nami.org](http://www.nami.org)  
 NAMI HelpLine: 800-950-NAMI (6264)  
 NAMI |  namicomunicate

# NAVIGATING

a mental health

# CRISIS



## WARNING SIGNS of a Mental Health Crisis

It's important to know that warning signs are not always present when a mental health crisis is developing. Common actions that may be a clue that a mental health crisis is developing:

- ✓ **Inability to perform daily tasks** like bathing, brushing teeth, brushing hair, changing clothes
- ✓ **Rapid mood swings**, increased energy level, inability to stay still, pacing; suddenly depressed, withdrawn; suddenly happy or calm after period of depression
- ✓ **Increased agitation** verbal threats, violent, out-of-control behavior, destroys property
- ✓ **Abusive behavior** to self and others, including substance use or self-harm (cutting)
- ✓ **Isolation** from school, work, family, friends
- ✓ **Loses touch with reality (psychosis)**, unable to recognize family or friends, confused, strange ideas, thinks they're someone they're not, doesn't understand what people are saying, hears voices, sees things that aren't there
- ✓ **Paranoia**, suspicion and mistrust of people or their actions without evidence or justification



## WARNING SIGNS of Suicide

- ◆ **Giving away personal possessions**
- ◆ **Talking as if they're saying goodbye** or going away forever
- ◆ **Taking steps** to tie up loose ends, like organizing personal papers or paying off debts
- ◆ **Making or changing a will**
- ◆ **Stockpiling pills or obtaining a weapon**
- ◆ **Preoccupation with death**
- ◆ **Sudden cheerfulness or calm** after a period of despondency
- ◆ **Dramatic changes** in personality, mood and/or behavior
- ◆ **Increased drug or alcohol use**
- ◆ **Saying things** like "Nothing matters anymore," "You'll be better off without me," or "Life isn't worth living"
- ◆ **Withdrawal** from friends, family and normal activities
- ◆ **Failed romantic relationship**
- ◆ **Sense of utter hopelessness** and helplessness
- ◆ **History** of suicide attempts or other self-harming behaviors
- ◆ **History** of family/friend suicide or attempts



## *Coping Skills from A-Z*

<b>A</b>	Anger Management Acceptance Asking for time when needed.	<b>N</b>	Nurturing myself Nature appreciation and involvement Networking (e.g. support groups)
<b>B</b>	Belong to an healthy group Boundary recognition and adherence Begin reaching out to others	<b>O</b>	Open mindedness (e.g. to new ideas) One step at a time Overcoming (e.g. fears)
<b>C</b>	Creatively expressing myself Communicate effectively Choose to be proactive	<b>P</b>	Patience Problem-solving Practicing
<b>D</b>	Deep breathing Drawing Deciding to end a relationship	<b>Q</b>	Quiet time Quality relationships Questioning my stress management
<b>E</b>	Emotional awareness Eating healthy foods Examining my values	<b>R</b>	Recreation Relaxation Remembering that I am not perfect
<b>F</b>	Forgiving self and others Fighting fairly Focusing on my needs	<b>S</b>	Sleep well Supporting myself Sticking to my values and beliefs
<b>G</b>	Goal setting Giving and receiving Gathering knowledge about my problem/illness	<b>T</b>	Time management Trusting my instincts Taking responsibility for my behavior
<b>H</b>	Humor Hanging around healthy people Honesty with self and others	<b>U</b>	Understanding myself Upbeat attitude Using my talents and strengths
<b>I</b>	Imagery Identify emotions Inner-strength to make tough decisions	<b>V</b>	Visualization Valuing my age and experience Volunteering
<b>J</b>	Journaling Jogging Joining social activities	<b>W</b>	Walking Writing letters Working on my assertiveness skills
<b>K</b>	Kindness Knowledge of my capabilities Keeping in touch with friends	<b>X</b>	Exercise Expressing myself Expanding my friendships
<b>L</b>	Limit setting Leisure time Looking for alternatives	<b>Y</b>	Yoging at heart attitude Yearly physical check-ups Year around self-control
<b>M</b>	Meditation Money management Motivating self to do things	<b>Z</b>	Zealous living Zealous self-care Zeroing in on my coping skills

# Jewish Mental Health Resources

## RELIEF

**Relief Resources** is a non-profit organization that provides multiple services to individuals suffering from mental health disorders. Relief is geared specifically toward members of the Jewish community who are dealing with these overwhelming issues. We provide **access to the resources available** and to partner individuals with the best mental health professional appropriate to their specific need. This is accomplished through Relief's **referral service**. We maintain an extensive **database** of qualified **mental health providers** with comprehensive information regarding range of **specialty, location, therapeutic technique, and insurance participation**. Relief maintains contact with the callers and **follows-up** to see if they are comfortable with the caregiver and the course of treatment administered. We field any question or misgivings which patients or family members may be reluctant to pose to their doctor. As such, Relief often assumes the additional role of **liaison** between the mental health provider, patient, family members and clergy.



**OHTEL** provides comprehensive mental health services to those facing acute mental illness and everyday individuals and families confronted by everyday emotional challenges. Individual and family wellness services are coordinated through OHTEL's Regional Family Centers in Brooklyn, Far Rockaway, and Northern New Jersey.



The **Specialty Hospital at Levindale** has an 80 bed inpatient behavioral health unit specifically designed to provide treatment for patients at least 55 years old that and express a change in mental status, agitation, cognitive or functional decline, depression, anxiety, dementia and psychosis, as well as complex, difficult-to-treat mood disorders. These treatment teams include: Board-certified geriatric psychiatrists, clinical nurse specialists and nurses, licensed social workers, Physical therapists, Occupational therapists, and Speech-language pathologists. The **Partial Hospitalization Program** is designed to help participants avoid psychiatric hospitalization and assist their transition from an inpatient setting. The program is open to adults, usually 60 and older, who require intensive therapy five days a week from an accomplished, compassionate staff of skilled professionals. Therapeutic treatment emphasizes ways to cope with daily life.



*A LifeBridge Health Center*

**At Sinai Hospital**, The ER-7 Emergency Department is staffed by a crisis intervention specialist (masters prepared social worker or nurse) with psychiatrist back-up. Patients identified as needing emergency psychiatric evaluation are assessed and referred to the appropriate level of care, which includes inpatient placement and outpatient service referral. The Inpatient Psychiatry Unit, located on Mt. Pleasant 1, is a 24-bed general adult short-term psychiatric unit that provides care for patients 18 years of age and older. The unit operates on a crisis stabilization model and has an average six day length of stay. The unit has the capacity to handle geriatric patients and others with concurrent medical conditions, and accepts both voluntary and involuntary patients. Adult Outpatient Services provides initial psychiatric evaluation, individual and group psychotherapy, and medication management for adults age 18 and older. These services are provided by psychiatrists, a masters level nurse and social work therapists.



*A Mission of Kindness*

**Bikur Cholim of Baltimore**, a volunteer based organization, is dedicated to identifying, anticipating and addressing the needs of Jewish patients and their families confronting a myriad of medical and psychological challenges both in the hospital and at home.



**CBMI, Chananya Backer Memorial Institute**, assists and guides Baltimore Orthodox Males to enable them to lead physically and emotionally healthy lives, while, at the same time, strengthening their connection to Judaism and the Jewish community. CBMI assists teenagers and young adults in leading a more stable, healthy and fulfilling lifestyle. Our goal is to ensure that these young men are equipped to function in a productive manner and to become contributing members of the Jewish community. CBMI places emphasis on the following values: 1) Self Growth and Self Improvement; 2) Healthy Living Habits; 3) The Value of Jewish Learning and Jewish Identity; 4) Healthy Interpersonal Relationships.



**The Alvin S. Mintzes Hatzalah of Baltimore** is an independent, non-profit volunteer organization that has been providing emergency medical services to the citizens of Northwest Baltimore, 24 hours a day, 7 days a week, 365 days a year, since 2007. Our goal is to maximize patient survival and reduce morbidity and mortality, by providing immediate emergency medical care during those few precious minutes where immediate and proper care can mean the difference between life and death. We respond to calls for both medical and psychological needs.



*"Touching Lives... Making a Difference"*

**The Jewish Caring Network** is a non-profit, 501(c)(3) organization dedicated to providing a full range of support services to families facing life-threatening, lifelong, and serious illnesses while preserving their privacy and their dignity. The Jewish Caring Network provides financial, social, emotional and recreational services to Jewish people of all ages regardless of their level of observations.



**Ahavas Yisrael Charity Fund** has fed, clothed, paid the rent, utility bills and medical bills for needy families in an attempt to help them keep their dignity. Some of these families have fallen on hard times due to unemployment, personal and financial struggles, or illness. The goal of Ahavas Yisrael is to help these families get back on their feet by giving them a helping hand during their difficult period.



**Chazkeinu** is a network of women who share their stories, hope, and faith while struggling with mental illness. Each of our founders contributed her own talents and passions as together they created resources to decrease the stigma surrounding mental illness in the Jewish world and help those affected to end their isolation. Today Chazkeinu has hundreds of members from around the globe and continues to grow at a rapid pace.

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## [Mental Health Resources](#)



## **Thank you to our...:**

### **Sponsors:**

**Bikur Cholim- Eric Reitberger for his vision and getting other organizations on board**

**Ohel New York- Dr. Norman Blumenthal for his professionalism and generosity**

**Levindale Hospital- Deborah Graves, COO, for sponsoring tonight's event and packets**

**Sinai Hospital- Dr. Jonathan Ringo for his enthusiasm and approval; Rabbi Mitchell Ackerson for his instructions in how to get started**

**Relief Referral Services- Rabbi Yisrael Slansky for believing in this event from the beginning and hours of planning**

### **Volunteers:**

**Suzann Lasson- for persevering in spreading mental health awareness in order to save lives**

**To all the Occupational and Physical Therapists on Levindale's Behavioral Health units for volunteering at tonight's event and their daily input**

**Special thanks to Rabbi Moshe Hauer for supporting tonight's event and emphasizing the need for resources in order to help the community**