

Support Mental Health
Temple B'nai Shalom
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May 14, 2016

The month of May is Mental Health Awareness Month.

The organizations that sponsor Mental Health Awareness Month want everyone to care about mental health and to participate in efforts to support it.

Why care? Why support mental health?

I answer three ways:

Why I care about mental health.

Why we as Jews ought to care about mental health.

Why everyone needs to care about mental health.

I begin with my personal reasons.

Our dear son Sam died last year while he was an inpatient at McLean Hospital. He died because of McLean's neglect.

McLean is a Harvard-affiliated mental hospital. It should provide excellent care, but it did not do that for Sam. Instead, its workers failed to monitor Sam adequately while he slept.

Sam died in the early hours of Sunday morning, April 26, 2015, because the staff did not check frequently enough to be sure he was OK.

Sam suffered from bipolar disorder for the last two decades of his life, ages 20 to 40. Episodes of mania alternated with longer episodes of depression.

Sam did find occasional relief when he had proper medication and a good therapist. He had periods of joy in his too-short life. Before his last, long, fatal episode he had been engaged to be married and was happily helping his fiancée to raise her adorable daughter, who loved Sam.

But the mania returned in the fall of 2011. Sam again had to be hospitalized. This frightened Sam's fiancée. She broke the engagement.

Over the next eight months Sam was in two mental hospitals and two halfway houses. The hospitals helped a little. The halfway houses did not.

Sam then came to live with us at home for the last three years of his life. His depression prevented him from enjoying life, from holding a job, from caring for his

physical health. He was overweight by about 100 pounds. His obstructive sleep apnea prevented restful sleep. We learned after his death that he had coronary disease.

In the last weeks of Sam's life, he found some cruelly brief relief in electroconvulsive therapy, or ECT.

This therapy is widely misunderstood. It's popularly called shock treatments. In the popular culture it's depicted as frightening and invasive and painful. But ECT is none of these.

ECT is a procedure carried out in a hospital under general anesthesia. Small electric currents are passed through the brain. These bursts of electricity, lasting fractions of a second, intentionally trigger brief seizures. The patient experiences no pain. After the treatment the patient spends an hour or so in a recovery area and then the rest of the day under the supervision of a relative or friend.

ECT seems to cause changes in brain chemistry that can reverse the symptoms of certain mental illnesses. ECT is usually used, as it was in Sam's case, only when depression has lasted for a long time and has been resistant to other treatments such as medications and talk therapy.

In March last year, Sam agreed to try ECT. The treatment had helped him once before, twelve years earlier. Maybe it would help again.

This time, however, ECT did more than it should have. It may have contributed to his death. This time, ECT brought him out of depression, but then lifted him all the way into a repeat of his mania.

His treaters decided to keep applying ECT even after Sam had recovered. This drove him further into mania. Finally, he was getting no sleep and acting and speaking irrationally.

Sam agreed to follow the advice of all of his and all of our doctors to be treated for his mania at McLean Hospital as an inpatient. He was admitted there on April 22.

We visited him every day. We last saw Sam there on April 25.

Early the next morning, the hospital called. The caller said Sam had been found in his room "unresponsive." They took him by ambulance to Mt. Auburn Hospital in Cambridge. We went there right away. There was nothing we could do. Sam was already dead.

Some people who learn that Sam had bipolar disorder assume that Sam committed suicide. Many people who suffer clinical depression do commit suicide. I understand that. But Sam did not.

Sam's dreadful experience and the horrific tragedy of his needless death are my primary reasons for caring about mental health and wanting to support mental health. But they are not my only reasons.

For more than 50 years I have known intimately far too many people who have struggled with mental illness. Some of them are family members and dear friends or children of dear friends. As a lawyer, I helped clients who had been committed to state mental hospitals. Partners in a law firm where I worked consulted me about their adolescent children suffering from a mental illness.

I knew these people well. I experienced at one remove the behaviors and moods resulting from their mental illness. I visited them in mental hospitals, general hospital psychiatric units and half-way houses in California, in Connecticut, and in Massachusetts.

With all that I have seen and done and felt, it is no surprise that I care about mental health. I want to do all I can to support mental health, and inspire you to do the same.

So now my second question: why should all of us, as Jews, care about mental health and want to support it?

The first answer is in our prayers for healing. In the *mischeberach* and in the weekday Amidah, we pray for “*refuah sh'leimah, refuat hanefesh v'refuat haguf*” - “complete healing, a healing of spirit and a healing of body.” We pray, that is, for healing of mental illness and healing of physical illness.

Judaism recognizes the duality of body and mind, or body and soul. In the creation story in Genesis, God breathed a “*nesbama*” into Adam, the first person. *Neshama* means breath, spirit, consciousness. Our morning prayers include *Elohai Neshama*, thanking God for the pure spirit and breath imbued into each of us. It says, “My God, the soul which you have implanted in me is pure. You created it, you formed it, you breathed it into me, you guard it within me.”

When the mind, or the soul, is not well, the person is not well, just as much as when the body is not well. And so we pray for a healing of both body and soul, both body and mind.

The second Jewish answer is found in one of our most important ethical teachings, perhaps the most important. That teaching is in today's Torah portion, in *Parashat K'doshim, Vayikra* Chapter 19, Verse 18: “*V'afrah l'rei'eichah kamoach*” “You shall love others as you love yourself.” We are commanded to help others in need just as we want to be helped when we are in need.

As Jews, we must be moved by the needs of everyone, especially those most in need of our help, the ones unable to care for themselves.

Millions of sufferers of mental illness have no support from families or friends. As Jews, we are subject to a moral imperative to care about their mental health and to work to support mental health.

We are also all human beings. Everyone, not just Jews, should care about mental health and work to support mental health. It is in the interest of all of us to do that.

Without proper treatment the mentally ill can be a danger to the community and threaten us all. Most sufferers of mental illness pose no danger. But some do. Some cannot perceive the consequences of their actions or cannot control their behaviors. Providing proper care to them is necessary to protect the rest of us from violent outbursts.

We saw a tragic example near here just a few days ago.

On Tuesday evening, May 10, in Taunton, a 28-year-old man, Arthur DaRosa stabbed four people, killing two of them.

An off-duty sheriff's deputy then shot DaRosa, killing him.

DaRosa had long wrestled with serious mental health issues. He struggled with depression for years and recently talked about killing himself.

He had a sister, Kerri DeVries. She told the press, "All my brother kept saying was the devil was playing tricks on him and was going to poison the minds of his children."

Kerri urged her brother to seek help. He went by ambulance to Morton Hospital in Taunton on Monday evening. The hospital placed him in the psychiatric ward.

A few hours later, in the early hours of Tuesday morning, Morton Hospital released DaRosa. His aunt, Liz DaRosa, reported that her nephew "wasn't treated for his mental sickness."

Later that day, DaRosa stabbed four people, killing two of them.

This case of moving from a poorly treated mental illness to deadly violence is just the latest example I found, but it is not unique.

The Harvard School of Public Health published a paper in 2011 about factors that contribute to violent behavior. It concluded that most individuals with psychiatric disorders are not violent, but some people with psychiatric disorders do commit assaults and other violent crimes as a result of their mental illness. The problem worsens when they lack proper treatment.

The paper summarizes findings from the MacArthur Violence Risk Assessment Study. That study found that nearly 20 percent of people with a psychiatric disorder committed at least one act of violence in a year. That was true of even more people, nearly one-third, who had both a psychiatric and a substance abuse disorder.

The research suggests that adequate treatment of mental illness and substance abuse could help reduce rates of violence. Medication treatment alone, however, is unlikely to reduce risk of violence in people with mental illness. Interventions ideally should be long-term and include a range of psychosocial approaches, including cognitive behavioral therapy, conflict management, and substance abuse treatment.

The paper concludes on a pessimistic note. The kinds of treatment that could reduce such violence may be increasingly difficult to find, given reductions in reimbursements for mental health services, ever-shorter hospital stays, poor discharge planning, fragmented care in the community, and lack of options for patients with a dual diagnosis.

In addition to the potential for public danger from some mentally ill people, mental illness is also an alarming public health crisis in America. Hundreds of thousands of mentally ill people are homeless and even more hundreds of thousands are in jails and prisons. On the streets and in our jails, they are getting no effective treatment.

About one in five adults, nearly 45 million people, will experience mental illness in a given year. Slightly more than half of the twenty million adults who experienced a substance use disorder in a recent year also had a co-occurring mental illness. Yet only 40% of adults with a mental health condition received mental health services in 2013, the most recent year for which data are available.

We should care and we should act to support mental health. We can act through the agencies whose names and websites I will include in the email version of this sermon.

Mental illness affects us all. Please care. Please help support mental health.

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Please help support mental health by contributing to one of the following – click on the title in blue for more information:

[Prechter Fund](#)

The Heinz C. Prechter Bipolar Research Fund at the University of Michigan Medical School aims to personalize treatment of bipolar disorder and prevent recurrences to enable those with bipolar disorder to lead healthy and productive lives. The Fund provides a repository of longitudinal clinical, genetic, and biological data to

investigators worldwide for collaborative research on the causes, prevention, and treatment of bipolar disorder. This is the fund Alice and I personally support.

[Mental Health America](#)

Mental Health America is the nation's leading community-based nonprofit dedicated to helping Americans achieve wellness by living mentally healthier lives. Its work is driven by its commitment to promote mental health as a critical part of overall wellness, including prevention for all, early identification and intervention for those at risk, integrated health, behavioral health and other services for those who need them, and recovery as a goal.

[Treatment Advocacy Center](#)

This charity works to improve the treatment of severe mental illness by promoting policies and practices for the delivery of psychiatric care and supporting the development of treatments for and research into the causes of psychiatric illnesses, such as schizophrenia and bipolar disorder.