

Who among us hasn't dreamed of being a star? I know I have.

And why not? What could be better? Imagine being a show business icon; overflowing with talent and charisma, adored by legions of fans, admired by your peers. Imagine having a trophy case full of awards, and enough money to buy just about anything you want. Imagine working only when you want to, doing what you want, and taking plenty of time off in between. And what if, on top of all that, you had finally found happiness with a loving partner, sharing a life together in a big house overlooking the ocean, and watching with pride as your children are growing up and going out on their own.

Who among us wouldn't want such a life? Who among us would not clutch tightly to this dream come true and never, never let go.

Robin Williams lived this dream come true. He was a star among stars. He had it all: fame, wealth, critical acclaim, and a loving family on top of it. But this summer, after a lifelong struggle with depression, he had finally reached the point where he could no longer find a reason to hold on. Robin Williams, as we all know, took his own life on August 11th.

Robin Williams death touched me deeply. He spent part of his childhood in the town I grew up in. When he first achieved fame with *Mork and Mindy*, we considered him to be a local hero. More significantly for me, Robin Williams descent into despair was painfully familiar. As a rabbi, but also as a family member, I have sat anxiously several times at the bedside of someone I cared about who had reached rock bottom. I have listened for hours to anguished expressions of pain and hopelessness; confronted the reality that the person across from me no longer saw any reason to live. I have tried with all my might to prevent that person from harming themselves until a bed in the psych ward came open or until the despair began to give way.

Trying to help someone struggling with suicidal thoughts is one of the most difficult and scary things I have ever done. No amount of training can prepare you

for the raw emotion of someone who no longer feels any hope. The pain is a crushing weight that leaves no room for life-affirming thoughts. All the things I know that the person across from me has valued and cared about suddenly mean nothing. Reminding someone of what they have to live for, one of the key strategies we are taught to use, can feel like shouting into the face of hurricane-force winds. The person across from me is hanging on by the thinnest of threads. I can't save them, no matter what I say or do. I just have to buy more time and hope that the meds start working or a bed opens up. What happened to Robin Williams could easily have happened to someone I know and care about I feel very lucky, that it hasn't happened yet—so far.

For a brief moment, Robin William's death brought mental illness into our national spotlight. But too, often, mental illness is still something we don't talk about. How reluctant are we to discuss mental health issues? Let me ask you this, “if you were suffering from diabetes, would you tell your family members? Your friends? Your co-workers?” I imagine most of you answered “yes” to all three. But what if you suffered from bi-polar disorder? Would you tell your family? Your friends? Your co-workers? Probably not. If you told anyone, it would only be the people closest to you, people you really loved and trusted.

There is still a stigma attached to having any form of mental illness. That stigma persists despite the fact that nearly twenty percent of us suffer from some form of mental illness each year; ranging from mild depression to psychosis. Four percent of us suffer from serious forms of mental illness that can prevent us from performing basic day to day activities, such as going to work. Mental illness is one of most common health issues we face in this country. But we don't talk about our mental health issues. If we are sufferers we don't talk because we are ashamed, because we don't want people to think we are crazy, because we don't want people to be afraid of us or make us feel like we don't fit in. If we are not sufferers, we don't talk about mental illness because we lack a basic knowledge of what mental

illness is , because it scares us, because we don't know how to put it in perspective.

The result is that, even though there is a greater awareness of mental health issues than ever before, people who struggle with mental illness are still shamed, shunned and subject to discrimination. Nobody would ever blame someone who suffers from breast cancer for her disease. But people routinely attribute mental illness to weakness and lack of self-control. Someone suffering from heart-disease can easily find a doctor or hospital to treat them. And treatment is usually fully covered by insurance. Mental health practitioners are harder to find, and often not covered by insurance. And the number of dedicated facilities treating mental illness has declined to the point where some patients can wait years for care. Nobody would protest a plan to put a hospice in their neighborhood. But how many times do residents turn out in droves to try to block the opening of a group home for the mentally ill? Employers will often make allowances for employees with physical disabilities. But try going to your boss and asking for time off to get treated for a bad bout of depression.

Jewish tradition has, until recently, also attached a stigma to mental illness. You may know, for example, that Judaism has, historically, condemned on those who commit suicide. In spite of the examples of King Saul and the martyrs at Masada, suicide was long considered a grave sin, almost on par with murder. People who took their own lives were traditionally denied full burial rites. Instead, they were buried outside the cemetery, in a special section away from the other graves. There was no tearing of the clothes, no eulogy, often no sitting shiva. While these prohibitions are rarely enforced today, many people still know them and remember a time when those who committed suicide were treated differently. Traditionally, Jewish law also did not extend full legal rights to those who suffered from significant mental illness. Someone who displayed signs of instability could not be counted in the minyan, serve as a witness or enter into a contract. While these provisions may have been intended to protect people suffering from mental

illness, they also carried with them the implied message that the mentally ill are somehow “lesser” than other people.

Because both our society and our religion have stigmatized mental illness, we have managed to make a difficult situation even worse. People who suffer from mental illness may not even be willing to recognize that they have a problem. The shame is sometimes just too great. And even if they do recognize there is a problem, many choose to suffer quietly rather than seek treatment. They don't want to identify themselves. They don't want to be labeled as “crazy” or “unstable” by their loved ones, friends and neighbors. They don't want to feel defective or like they need “outside help.” As a result, only about half the people who could benefit from treatment actually seek help each year. The rest suffer in silence rather than identifying themselves as mentally ill. I have seen this happen many times. In counseling situations, someone will share with me a problem related to mental health. I will suggest counseling, or therapy only to be told “I could never do that,” or “therapy is for crazy people.”

Untreated mental illness can be very painful for the sufferer. Even with treatment, some mental health conditions can be very challenging to live with. Many conditions can be managed with medication and therapy, but few can be “cured.” Some of the people I admire the most are those who struggle with mental health issues, yet are able to hold down jobs, and even excel at their work. I am equally in awe of those who struggle with mental health conditions but are able to be devoted, hands-on parents, loving spouses, loyal friends, or active volunteers. Sometimes, we think of people with mental health issues as potentially dangerous or violent. But that description applies only to the tiniest minority who make the headlines. Most people who are dealing with mental health issues are people like us, our friends, our co-workers, our neighbors. They, too, work hard every day to live good, productive lives. They just have to work a little harder—sometimes a lot harder.

Of course, mental health issues affect not only individuals, but also the individual's family as well. Personally, I have a tremendous amount of experience in this area. For most of my adult life, there has been someone in my family struggling with mental health issues. My wife, illyse, has been very open about her struggles with anxiety and depression. I commend her blog to anyone who would like some more insight on what it is like to struggle with these conditions. I know I am not the only one here today with experience in this area. There are a lot of us out there. As a rabbi in this community, some of the most difficult conversations I have had are with family members struggling to come to terms with the mental illness of a child, a spouse, a sibling or even a parent. Sometimes, the struggle is simply to recognize that a family member needs help, and to deal with the pain, disappointment and fear that can accompany the recognition that someone you love has mental health issues. Often enough, that struggle can lead to a “new normal” family life, that incorporates supporting the family member with mental illness with a happy, healthy family dynamic for everyone.

At other times, when the mental health issues are severe, the struggle becomes how to best love and support a family member whose needs and behavior make it difficult to maintain a healthy family life. My daughter, who some of you met when we first moved to Plainview, suffers from severe mental illness. To this day, we are still not sure we have an accurate diagnosis. She has had serious social and emotional problems dating all the way back to preschool. For years, we took my daughter from doctor to doctor, tried all kinds of therapies, medications, social skills groups and schools. Nothing really worked. It was hard for us to maintain a healthy family life. When my daughter became an adult, both Illyse and I and her mother learned that we had to set strict boundaries for her in order to maintain our own well-being. So far, my daughter has responded to these strict boundaries by having very little to do with us. It has been indescribably painful to watch my daughter flounder and make a poor life choices and realize that I can do nothing to

help her.

I share my story because I know that there are other families out there who are dealing with similar situations. I want you to know that you are not alone. And there is nothing to be ashamed of. Supporting a family member with severe mental illness is hard work. It often involves difficult choices. And it can last a a lifetime. Sometimes, we can work miracles. And sometimes, we just have to back off in order to save ourselves. We can expect of ourselves only that we do the best we can. So much is out of our control. But, whatever happens, the journey will be easier if we feel less alone.

We usually translate the word “*chait*” in Hebrew as “transgression” or “sin.” But scholars tell us the Hebrew word actually means “missing the mark.” As Robin Willam's death reminds us, we have clearly missed the mark on mental illness, in spite of our good intentions. As individuals and as a society, we need to undertake a process of *teshuva*, of change. First of all, we need to change the way we think about mental illness. Mental illness is not some alien condition that descends upon unfortunate people. Mental illness is often an exaggeration of mental states we all experience from time to time. For example, we have all felt deeply sad. Depression is just a much deeper and much more debilitating form of sadness. We have all felt agitated by worry. Anxiety disorder is just a much deeper and much more debilitating form of that agitation and worry. The line between milder forms of mental illness and normal variations in mood is not always so clear. We are all somewhere on the emotional spectrum. And all of us are susceptible to crossing the line into mental illness under the right circumstances. When it comes to mental health issues, we are all in the same boat. The artificial distinction between the mentally ill and the rest of us is neither accurate nor helpful.

In addition, the causes of mental illness are not all that different than hypertension, diabetes or heart disease. Conditions like depression, anxiety disorder, bi-polar disorder and schizophrenia are mainly passed down through

genetics, just like the other diseases I just mentioned. Most involve disruptions to the brain chemistry. Mental health conditions are usually physiologically based; though they can sometimes be brought on or exacerbated by traumatic experiences as well. Increasingly, treatment involves trying to address chemical imbalances in the brain, in addition to any kind of talk or behavioral therapy. At the same time, treatment of so-called “physical” conditions like heart disease or hypertension now often involves other “non-medical” approaches as well: diet, exercise, meditation. We now understand that the distinction between so-called “mental” illnesses and physical illnesses is an artificial one. Both are a result of genetics and environment. Both can be treated with medications and behavioral changes. And both happen to a large number of people. Like physical illnesses, mental illnesses are simply a part of life. One is really no different than the other. Ideally, we should probably stop using the term “mental illness” altogether, because the distinction hurts more than it helps. Instead, we should learn to see and to treat people with depression, schizophrenia, or OCD the same way we see, and treat, those with diabetes, MS and arthritis.

Thinking differently about mental illness, of course, is only the beginning. We need to make treating mental illness as much of a priority as treating cancer, or Parkinson's disease or Alzheimer's. There is still much we don't know about mental illness. We don't really understand what causes many conditions, or why some treatments work and others don't. There is a lot more research to be done. And that research should be a national health priority. In addition, we need to not only remove the stigma from seeking treatment for mental illness, but also to make treatment more readily available. We need to provide better early intervention services for children with mental health issues. We need to expand the number of beds in behavioral health units, the number of community based mental health clinics and the number of halfway houses and group homes. We also need to make sure that people in need have better access to existing services, and that these

services are better coordinated. We also need to provide better mental health support for drug rehabilitation centers and prisons, settings where the proportion of people suffering from mental illness is disproportionately high.

These are lofty goals to set for ourselves. As much as these kinds of changes are long overdue, we know we cannot achieve them in a day, a month or even a year. We will have to push for a long time before support and services for the mentally ill truly match the level of need in our society. But, in this case, I believe the first step is the most important. And the first step, the one that we ourselves have the most power to take, is to remove the stigma from mental illness. It is only when we begin to see mental illness as just another health problem, and the mentally ill as people like ourselves, that we can begin to change the equation.

And this is where, in spite of Judaism's sometimes negative attitude toward the mentally ill, we can turn to our tradition for inspiration. There is a *midrash* that teaches that Rosh HaShannah was not the first day of creation, but rather the sixth. In this view, Rosh HaShannah celebrates the creation of human beings in God's image, the culmination of God's plan. The idea that we are all created in God's image is a fundamental Jewish insight. Our tradition asks us to look at each person we encounter as a reflection of the image of God. There are no exceptions; not for race, ethnicity religion—or psychological profile. Rosh HaShannah reminds us that we are all creatures of God. We all deserve to be treated with dignity, compassion and respect. And when it comes to human relationships, the work of *teshuva* is about recognizing when we have not treated our fellow humans as befits creatures made in the image of God. This year, our *teshuva* needs to include creating an atmosphere in our homes, our schools, our synagogues and our communities where those who struggle with mental illness know that they will be treated with dignity, compassion and respect; where we embrace them for their humanity, instead of shunning them for their struggles. We need to create an atmosphere where those who need help and support feel safe; where seeking help will be applauded and not

looked down upon as a sign of weakness. Only when we can make these changes will we truly be able to make progress in the battle against the corrosive effects of mental illness. Only when we recognize that the sufferers are us and make their cause ours will we be able to join together to create the kind of support for mental health that we all need. May God help us to open our minds and open our hearts to each other, so that we may work together to bring healing to the suffering, support to the struggling and understanding to all those who, with our help, will no longer need to go it alone.