

Welcome to the WEXFactor Room

DECEMBER 2024

Welcome to the WEXFactor Room where we invite Wexner alumni from across our network of programs to come together for a Leading Conversation about a pressing topic relevant to the exercising of creative, effective, and joyful leadership. On November 12, 2024, we gathered **Dr. Tal Bergman Levy** (*WSL 2015*), **Jory Hanselman Mayschak** (*WFF 3*), **Ann Luban** (*WGF/DS 4 and WHP Chicago Pro-99*), and **Justin Milrad** (*WHP Atlanta 18*) to discuss:



Framing the Topic

In December of 2023, the **PEW study reported** that the United States is facing a new public health threat. According to the World Health Organization, around 450 million people currently struggle with mental illness, making it the leading cause of disability worldwide. A report of the Journal of the American Medical Association Health Forum noted that 38% more people received mental health care since the onset of the pandemic. Accelerated but not solely caused by the COVID-19 pandemic, feelings of anxiety and depression have grown to levels where virtually no one can ignore what is happening. And the sense that we are in a crisis is also pervasive: a CNN/Kaiser Family Foundation poll reported that 90% of Americans feel they are in a mental health crisis.

The crisis exists north of the border as well. In Canada, it affects more than 6.7 million people. In fact, one in two Canadians have—or have had—a mental illness by the time they reach 40 years of age. **CAMH**, Canada's largest mental health teaching hospital reports that "Canada and the world are in the grips of a mental health crisis that ruins health, threatens lives and hurts economies..."

In the context of Israel, tremendous need and strain persist around mental health, as professionals strive to innovate, teach, and treat under devastating circumstances. Researchers from the Hebrew University of Jerusalem, Columbia University, Shalvata Mental Health Center in Hod Hasharon and the Effective Altruism organization **estimate** that as many as half a million Israelis may develop PTSD. On July 16, 2024, **eJP reported**: "...spurred by the traumatic events of Oct. 7, which exacerbated the preexisting mental health crisis in Israel, the Jewish Federations of North America is partnering with the Israeli Health Ministry to establish 16 community-based mental health centers across the country," aiming to serve 200,000 Israelis annually.

Even as mental illness, including addictions, has become more top of mind in the media over the past few years, the CAMH observes that "most people still don't have a true understanding of just how big, onerous, and potentially damaging the crisis really is—on both a societal and personal level." How are we experiencing this crisis and what does it mean for the landscape of NA Jewish communal and Israeli leadership, and how are -and aren't we- responding?



WE ASKED THIS GROUP OF WEXNER ALUMNI:

How are you experiencing this mental health crisis in your leadership work, community, and beyond?



"...the power of community really makes a difference: it's building a bridge between being unwell and well, and helping people find community and purpose and meaning, and also be proud of their Judaism."

Meet Justin Milrad | justinmilrad@gmail.com Wexner Heritage Program, Atlanta 18

In the US, we're struggling with general mental health. Add on October 7. Add on the future and security of Israel. Add on politics, antisemitism, what's happening on college campuses, and people are having a very hard time overall reconciling what's going on in the world. I don't think it's strictly Jewish people, but I think we have a close connection. What we see in the work that we do with **Blue Dove** is that when we do workshops, get togethers, or programming or trying to empower other individuals, that **the power of community really makes a difference: it's building a bridge between being unwell and well, and helping people find community and purpose and meaning, and also be proud of their Judaism.**

I think we've made some solid progress in terms of eradicating shame and stigma. We can somewhat thank COVID for that because for many people, though not everybody, COVID produced a safe space to be okay not being okay. And the mental health crisis that a teen is dealing with is very different in some ways, than the mental health crisis of an adult. Something interesting that just came out is the **BeWell** teen and young adult **study** in partnership with Stanford University on mental health, part of a JFNA initiative. One of the areas we found real solutions and benefit was connection to faith and community - whether it's religious community or ritual - helps people with greater outcomes when it comes to mental health. Post October 7, I bore witness at Kibbutz Kfar Aza and other parts of Israel that were directly impacted. And we learned was the power of community really helped people in their healing. But also that also they didn't feel like they had enough support from the government to help with this uncharted territory.

And we have seen how antisemitism is experienced differently in Israel and other parts of the world. It's creating incredible anxiety, not just since October 7th, in terms of what's going to happen next. Is Israel going to be safe and secure? And there is cognitive dissonance that there could be more than one truth. Some people felt like Hamas had to be eliminated, but their hearts really went out to the innocent bystanders who were injured and killed. This is something people were really struggling with. And then there's the deafness among the US community who aren't speaking up for the Jewish people; specifically the deafness around rape was very, very troubling for a lot of people.

Justin Milrad is a Dad | Divorce Coach | Growth Leader | Innovator | Customer-Centric | Mental Health Advocate | Guy Who Gets Things Done!

Meet **Ann Luban** | luban@sbcglobal.net Wexner Graduate Fellowship/Davidson Scholar, 4 Wexner Heritage Program Chicago Pro-99 CLICK TO LEARN MORE ABOUT ANN

Justin, I'd like to just jump off from a couple things that you said that struck me. While I agree that we've made great strides as a world community around the shame and stigma of mental health, I think it's more accurate to say that **we're reducing but have not yet eradicated that shame and stigma.** It's still there in ways that makes it difficult for some people to access the help and support that they need. There are other barriers, too. Finding the appropriate care that people need in the moment is still a really big challenge. I can't speak to how that plays out in Israel, but certainly in the United States, there are challenges in finding appropriate, affordable services or services that are covered by your insurance. Social service agencies still struggle with longer wait lists than we should have. In part, this is due to the need for more funding, and in part it is due to hiring challenges. I also agree with what you said about how mental health challenges are different for people of different ages and stages. At **JCFS Chicago** we see that the pressures on young people, kids, teens, and young adults, are very different than the pressures on adults at other stages in their lives. Depression and anxiety are affecting people at younger ages.



CLICK TO LEARN MORE ABOUT JUSTIN

"...we're reducing but have

Ann Luban is the Senior Director of Community Services at JCFS Chicago and loves spending time with her husband and three not-so-young-anymore children.

not yet eradicated that shame and stigma."

CLICK TO LEARN MORE ABOUT JORY



"There's been immense turnover in organizational leadership in the Jewish community, and I think we'd be remiss to ignore or not think about how mental health plays a role in this."

Meet Jory Hanselman Mayschak Wexner Field Fellowship 3 | jory.hanselman@gmail.com

Justin, I really appreciated your reflection that in many ways, Covid made it okay to not be okay. Over the last 12 plus years, I feel like the conversation around mental health has transformed incredibly. Both the stigma and the shame that existed when I started this work look very, very different today, where it's so much more acceptable. And Ann, I think you're exactly right that they still serve as a barrier for access for a lot of people.

During my time working in this space, I spent eight years as the CEO and founder of **BaMidbar**, an organization focused on youth and young adult mental health in the Jewish community. Pre-Covid, we saw incredible shifts in trends in youth mental health and youth mental health crisis. COVID both exposed and exacerbated those trends. Since then, the political unrest, instability, war in the Middle East, rising antisemitism have made this an incredibly hard time for young people. Since October 7, we've seen an increase in people feeling alone, isolated, misunderstood, and showing a desire to engage in Jewish community spaces, particularly around mental health, where they're looking for connection, safety and understanding of the complexity, of all of their different emotions and feelings, where they are today in this world. In my work now at **<u>Sacred Spaces</u>**, which is an organization focused on reducing abuse and sexual violence within the Jewish community, the impact of trauma on individuals is really central to our work, and that has been exacerbated by sexual violence perpetrated by Hamas on October 7, with the silencing and denial of individuals experiences around that. It has ripple effects upon others who have experienced sexual violence and see that denial. It's a complex layering on top of existing traumas in their own experience today, as they look at how the world is responding in thinking.

This mental health crisis in our leadership work and community is something I've been reflecting on a lot in my own personal leadership journey. I know that mental health has been central to my own decision recently to step down from the organization that I founded and nurtured. Leading organizations through all of these collective traumas and pressures we faced over the last number of years has been incredibly hard on leaders. There's been immense turnover in organizational leadership in the Jewish community, and I think we'd be remiss to ignore or not think about how mental health plays a role in this. Holding individual experiences separate from challenges of leading organizations, be it the loss of loved ones in the pandemic, personal impacts of the war in Israel, or other completely unrelated things, takes a huge personal toll. I'll say personally that I experienced four really challenging pregnancy losses over the last couple of years. And I realized I couldn't be in the leadership position that I was in and give my all. That was important to my decision to make a career change, but also important in my practice of leadership to speak about it, to recognize that people are struggling, creating space for people to feel seen, acknowledged, recognized and supported.

For me, I think it comes down to recognizing how the collective experiences we've had over the past few years are related to trauma at large. We've faced immense collective trauma as a community. I think there is a space for a lot of hope, actually, because there's a huge amount we can do within our communities to integrate trauma-informed frameworks to support individuals with all of the diverse experiences they bring to how they engage with our community organizations.

Jory Hanselman Mayschak is the Vice President of Operations for Sacred Spaces and former CEO & Founder of BaMidbar.

Meet **Dr. Tal Bergman Levy** | bergmantal@gmail.com

It's very interesting for me, because you all live in the States, and I live in Israel. This is such a different point of view. You've been talking about the stigma, the problems, the triggers, the stress and trauma build up, one upon the other, maybe too fast for us to handle, maybe too fast for us to respond, as societies, as communities, as countries. I think the question is even larger than whether we have enough therapists, or what power therapists can have. I think a major issue here is how do we plan, provide for, and lead mental health services?

There is a really big gap between the mental health services capacity that countries, states, and communities plan for, and the services that we need to provide based on public needs. And this gap, from my point of view, is getting larger and larger and larger.

Have we not defined the capacity accurately? Should we redefine and rethink this capacity? Regardless of whether we are diagnosing at greater rates or there's a real elevation in the rate of mental disorders, the fact is that we have to provide something for these people. They need our help and expertise.

So, my question is if we can be responsible enough to think about the second stage and third stages, to think about the next generations, because something is really happening here. There's so much innovation these days, digitally, with tele-health and more, I wonder how we can think innovatively about the therapist or the psychiatrist. For example, can we think about the paramedical, the mental health supporters. I think we don't have a choice. I mean, the gap is too wide between the need and what we can provide. We don't have enough psychiatrists in Israel. People don't want to become psychiatrists. I'm in love with what I do. I love being a psychiatrist. For me, it's my aim in life. But people also get burned out. I mean, we take care of so many trauma patients, PTSD patients, and Jory, you mentioned the sexual abuse. It's so hard. It's so hard to contain those patients. We have to acknowledge the burnout of professionals. So, thinking of how to use our paramedical supporters, to be responsible, we must provide adequate supervision. Supporters need to know their limitations. But we have to triage the patients in the best way possible and also think about how we can supervise those regulations. Perhaps that's how we can provide for more capacity for what we actually see in front of us.

TAL WANTS YOU TO HEAR THIS IDEA | LISTEN HERE DI

Tal Bergman Levy is the Deputy Director at the Barzilay University Medical Center, former Head of the Mental Health Division, Ministry of Health Israel

"There is a really big gap between the mental health services capacity that countries, states, and communities plan for, and the services that we need to provide based on public needs. And this gap, from my point of view, is getting larger and larger and larger... Should we redefine and rethink this capacity?... we have to provide something for these people. They need our help and expertise."



What do you believe can -and cannot- be done within the context of work and leadership settings to address and improve mental health?

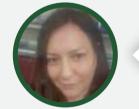


Ann

We can take advantage of the opportunities we have through remote work to support staff who need flexible schedules or to be with a loved one who is struggling at home or even out of state. But sometimes the boundaries become too loose, and we're working hours when we shouldn't be, just because we can, or we feel pressured to respond to an email or text right away. I think it's incumbent upon leaders to pay attention and help their staff set appropriate boundaries and to model appropriate boundaries, including not working 24/7 and really taking vacations. This gives permission to people who report to them to also take time away because they see those boundaries being honored.

Leaders also need to pay attention and offer support when staff are struggling. People may not choose to walk through the doors we open, but we need to at least open them, saying, "it seems that something is going on, is there any way I can help support you?" We really have no idea what people are navigating, personally and in their family's lives. When we can open up conversations in a safe, supportive and compassionate way, it can make a huge difference.

Jory, I also want to circle back to what you said about the impact on leadership. Not that work in other fields isn't difficult, but this is hard in a different way. Being able to hold space and hold other people is really hard, so I think the more we can acknowledge that and create spaces for people to come together and talk about that, the better. This includes clinicians and organizational leadership and also clergy. I feel particularly honored to facilitate two clergy groups in our community. These groups provide opportunities for clergy who hold so much in our communities, to find support from each other. I know that it's valuable to them because they continue to come. They have so much on their plates that it would be easy for them to cancel or drop out of the group, but they don't. **These clergy continue to prioritize this time because they need that safe space to share, to process, sometimes to vent, and sometimes to problem solve with others with similar roles and responsibilities. I think we need to create more opportunities, more safe spaces like this.**



Tal

It's kind of tricky, because it really depends on your workplace. Some workplaces are very highly competitive, and others are very much based on hierarchy. I really agree about creating those safe places Ann just spoke about. Modeling is one of the best ways to get there. I'll give you an example, if you have a boss that talks about how important it is to manage your mental health, and how important it is to speak to a psychologist, or do group work, while he, himself, doesn't do that, no one will go. Actions mean more than words. People observe behavior. So, at a high-tech company, for example, I know that the people in that organization would never seek help, even if you provided them with private, high quality psychological care, fully paid by the company, if the owners and management do not offer a personal example. It will not happen. For me, it's very easy. When I'm asked, I say, "Yes, I have my therapist. I go." Some people comment, "Wow, you need mental care? I mean, I know you're a therapist and you're doing this and you're doing that, and you're a manager..." It can become quite embarrassing. And I say, "Yes, but I'm also a human being, and you, I'm sure that you don't want me to be in a terrible mental state while I am treating you. So, I must be responsible. I have to do this for myself and to provide for you." I can say that in my workplace, and I'm not embarrassed to say that. Some people are still embarrassed to say that. I think leadership is doing the hardest stuff, not what's easy; to expose yourself to give an example, not in the things that it's easy to be an example in, but in the hardest things. I always appreciate people who have been successful and say, "Look, I had a crisis, and I went and I received mental health care, and this is why I provide it to you in this company. I want you to take the time so you will be happier, and you will also work better if you feel better." Personal modeling is very, very important in creating all those changes.



Justin

I think the level of stress and what is tolerated and accepted at work is changing. During COVID, there was a lot of grace. People were working 30% of their typical weeks in some cases. And I think now that COVID is essentially over, and businesses are back into really focusing on profits, remote work is becoming less and less. Companies are calling people back to the office. I also feel DEI, which was a very big topic over the last three or so years, is kind of evolving and recalibrating itself. And I think that really influences the workplace and the leadership. A not-for-profit is focused on return on investment for a social good, whereas a for-profit is looking to make money. I think it's important to create a system that allows people to address mental health needs and challenges without it being **punitive.** Like, you may not want to go to your HR person, because that person may also be the person who is involved in a promotion, for example. So, I think offering opportunities with different channels that are somewhat anonymous are really important. I'm a big believer in coaching, because I don't think therapy is always the best solution, sometimes people don't know anyone else to go to. Sometimes all they really need is a coach, someone to help organize them and think through their future and their current situation. What that does is open up the capacity, which is lagging right now, for therapists. And there's a huge barrier to cost. Very few therapists today in the US take insurance because they can make a lot more money out of pocket, and therefore it's just really hard. So, it would be good, from a business perspective, to align yourself with an organization that can provide access to mental health support. And to bring in teletherapy, because going to a therapist's office can take three hours: 45 minutes to an hour to drive there, an hour appointment, and then an hour to get back to work. I think if you provided easier access and utilized technology, you get more people talking to the therapist or coach or whoever helps guide them. But work and leadership is absolutely critical to helping people move forward. And the last thing I'm going to say is just reinforce purpose. And I'm sure everyone on this call has read Viktor Frankl's book, Man's Search for Meaning. When companies can help people realize what they do, how they contribute to the success of other people in life – I think of my friend **Bernie Marcus** who just died, and how he created a work culture where everyone that contributed to the Home Depot at every level - if you ask them what they do, they say I help our customers bring their projects to life. So, I think the way that companies can position the role of their employees and the contribution they make and give them purpose is a positive way to make them feel good about themselves and avoid mental health challenges.



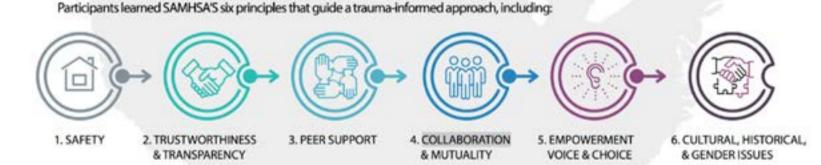
Jory

I'm thinking about what can be done within a work context and within Jewish community spaces, and in particular, what cannot be done. I think real clarity around what is and isn't appropriate within that work setting is so important. For instance, it is not the role of a camp counselor to treat depression. We need to make sure that our Jewish communal professionals who are in direct service roles working with community know the limits of the supports they can and should provide, because I think that there's a ton of struggle folks are facing, and people turn to spaces they trust to share their struggles. And we do want that to happen. We want to create communities and environments where young people can turn to a trusted adult and speak about the challenges they're facing. But it's important for the professionals to understand the boundaries around where they can support and when and where they can turn to get this person additional help because it's beyond the scope of their training and expertise. I think this is super important to speak about in direct service organizations, because we are trying to create these trusted safe spaces and doing so means acknowledging that there are limits to what that can look like.

I want to offer this **SAMHSA framework** that I think is important for organizations to lean on to think about, "what can I do to create noticeable change?" SAMHSA is the substance abuse, mental health service administration in the US, and they have what they call the six principles of trauma informed work and within that, they talk about:

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Center for Preparedness and Response (CPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for CPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work.



Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by CPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

- 1. Safety. How do we create physically and psychologically safe spaces within our
- organizations? 2. Trustworthiness and transparency. How do we build that within the spaces we create? 3. Peer support. Where do we recognize that peer support is an integral vehicle for
- 4. Collaboration. Recognizing healing happens in relationship and meaningful, sharing of
- power and decision making. 5. Empowerment. Voice and choice, which is recognizing everyone's experience is unique,
- everyone's voice is important.6. Cultural, historical, gender issues. Recognizing these and creating space that's culturally responsive and recognizes the healing value of cultural traditions.

I introduce this framework because I think it's concrete and something that organizations can use to look holistically at what they do and what they provide, and say, "how do I integrate this into all of the different services and offerings I have, both in how I support my staff and how I support my community?"

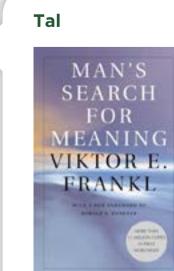
I think there's so much we can do in Jewish community spaces to strengthen the holistic supports that can help people thrive and be resilient and work through challenges and all of those things. And even though there are things that we shouldn't and can't do because many Jewish professionals aren't clinical or working in clinical settings, there's a lot that we can do to meaningfully and systematically create change and have more capacity to build mental health.

Ann

That's really helpful, Jory. I also believe that framework can be useful in all kinds of communal settings. I want to circle back to what you said about camp counselors. You're absolutely right that we want to make sure that folks like camp counselors, for example, understand what their roles aren't, but also what their roles are. They aren't their camper's therapist, but they can offer support and help connect them to the professional resources they need. A camp counselor who feels comfortable can say to their camper – and this is exactly the kind of modeling you were talking about Tal - "I have also struggled, and I can help connect you to somebody that might help you." It's also not only about making that one phone call or giving them that one resource. It's continuing to check back in and showing care and concern over time. Mental health and wellness are part of our entire life journey. It's not something we just check the box, "done, fixed." We all have moments in our lives when we may be struggling more and need help, and other times that we build our resiliency so that when the next challenge comes, we can look back and say, "What helped me before? Who are the other people in my life that can help?" We can build resiliency in our organizations and in our community so we're better able to cope with the challenges that lie ahead.



If you could communicate one message about the mental health crisis to others, what might it be?



Ann

Read Viktor Frankl. Yes, I think it's my favorite book. It's nice that it was mentioned here already. For me, it's a sort of guide. Every time I face something very challenging and very difficult, I always think of how he describes how you don't choose what's happening in life. We didn't choose the worst things that happen to us. We can't change a lot of things. What we can change is remembering that we always have a choice. There're always several choices, and we can take a certain path. It's a book I wish everyone could read and understand. Because I think it's a very powerful notion that we always have a choice about how we respond. I **think the most important thing for mental health is meaning.**



ANN WANTS YOU TO HEAR THIS IDEA | LISTEN HERE DI

It feels a little daunting to think of one message! I'm going to piggyback on what Tal just said about choice and add that we can make a choice not to travel down the road alone. There are people in our lives who are able to help us when those things that we didn't choose happen to us.

We still have a sense in our culture, both in the Jewish community and Jory, as you were saying earlier, particularly for those in roles of leadership, that we need to be strong, and we need to just navigate all of this on our own. And it's just not true. There are people that we can turn to journey along with us, to help us, and to support us.

None of us should struggle alone. As a community we need to keep building those connections, to help everyone navigate the challenges they face.



Jory I would say

Justin

there's so much power within our organizations and our Jewish communal spaces to bolster mental health and wellness and to help people thrive. We do not need to see mental health as something that we need to add on as a focus, but rather that we already have the building blocks in place that bolster mental health: connection, community, meaning connections to cultural traditions and faith and hope and stories of resilience.

We can think about how to intentionally lean into that and make that a goal. One of the most powerful ways to support people engaging with Jewish community and Judaism is to help them see how it furthers their own meaning and well-being. There's so much within that, and so we can lean into our traditions and our community spaces to make that happen through what we're already doing.



JUSTIN WANTS YOU TO HEAR THIS IDEA | LISTEN HERE OIIII

JORY WANTS YOU TO HEAR THIS IDEA | LISTEN HERE DI

mental health matters just as much as physical health, and we should treat it that way. Struggles are often invisible, but their impacts are real and profound.

Awesome. These are really good. Mine would be that

You know, I feel everyone on this call would agree with me, but what I noticed in the community, especially the Jewish community, is when someone is vulnerable and shares what's going on, expects to be treated with shame. But really the opposite happens. They are welcomed, they are supported, and the community helps them through their struggles. Now this isn't in every case. But you know the fear of being so alone and being called out for something that a lot of people struggle with privately. Once they overcome that fear and people normalize it by saying, "Hey, I get it and understand. I, myself, struggle with it or something related," the community is a lot more welcoming and supportive than people often give them credit for before they have this experience and interaction. Just because we can't see the wounds doesn't mean they aren't there.

LEADING CONVERSATIONS

Thank you for joining us in the WEXFactor Room! The participants would be happy to continue the conversation. Please feel free to reach out to them at their emails above.

Expand the room! We encourage you to use this text to continue the conversation about **Mental Health** with your staff, your boards, your Shabbat tables...