

Notes from 9-19-19 HHC Meeting on Mental Health

Small group notes:

Eating Disorders

- Haredi society pushes food in the younger years and then all of a sudden young girls face pressure to be thin.
- Girls often avoid dinner/say not feeling well
- These are learned behaviors
- In Haredi society, this may be only thing a girl feels she can control
- There are limited resources across the board
- Huge stigma and not enough awareness
- **Recommendations:** need for awareness, screening and linkage to care

Harm Reduction

- Community is often only activated to address substance use issues after a loss
- Stigma may interrupt follow-up treatment
- Privacy is valued, contributing to a culture of silence
- Substance use disorder is known, but not talked about
- Admitting to need help may negatively impact family/children because of stigma
- **Recommendations:** Harm reduction messages must be customized to the OJ community, parents must be empowered to seek help, and organizations need to work together.

Flu Shot

- Reasons for not getting: I don't need; doesn't work; makes me sick; had past bad reaction
- What have you seen: pandemic flu, in the news: cases outside of NY very serious
- Can there be ads without NYC logo?
- Mayo Clinic/ Cleveland clinic, New Brunswick has good educational material
- Group influence: we need peers to be encouraging vaccination
- **Recommendations:** DOHMH needs to give better guidance on communication for providers, such as clarity on preventative for hospitalization/serious illness, egg-free vaccine
- There should be an ad campaign with posters without NYC logo
- Maybe have a flu shot fair

Physical Abuse

- Different kinds: domestic, emotional, sexual, neglect, child
- Need to better define abuse and types of abuse in cultural context and define what is unacceptable, what are long-term consequences, and trauma
- In Haredi society there is a conflict between reporting and "taking care" from within due to shame, antisemitism, and distrust of authorities.
- How to counter? Education on what reporting means, countering shame
- Need to acknowledge many variations in ultra-Orthodox community
- People feel more comfortable with professionals who know how to talk about sensitive topics.

- **Recommendations:** Need professional, culturally competent and companionate people, as well as materials.

Post-Partum Depression

- **Women's access to care and services**
 - Most women do not know where to turn for help
 - Most women do not know what symptoms to look for or strategies to assess self-mental health status
 - that would indicate need for mental health screening
 - Women are not allowed to use birth control without hormones
- **Under- and undiagnosed mental health**
 - **Recommendations:**
 - Increase mental health locations, centers, resources
 - Raise awareness in the community so as to normalize speaking about the mental health of women and the overall community
 - Increase access to behavioral health providers
- **Overall women's health, needs seen in the community**
 - Most women feel that they do not have a voice/choice in gravidity/parity
 - Most women feel that they do not have a space to verbalize discontent or question what they are expected to fulfill in their role of wife/mother
 - Many women are neglecting their self-care, sleep and nutritional uptake, important to communicate to women that all of these significantly impact overall wellbeing and ability to cope
 - Social expectations in the U.S. do not allow women to properly heal post pregnancy. This is especially prevalent among women that have to return to work soon after giving birth.
- **Provider training**
 - OB-GYN providers should be versed on other (non-hormone) birth control methods, such as the copper IUD
 - Providers (including pediatricians) should be on the alert and preemptively and/or during the well-child visits, validate the hormonal changes that may be directly impacting the emotional wellbeing of the mother
 - Providers should consider screening the mother at the well-child visits, especially the first well-child visit
 - **Recommendations:**
 - Develop a referral process from medical provider to (vetted) mental health centers/organizations, e.g. ODA and SPARKS collaboration
 - Develop a 'linkage to care' best practices or standards of care
 - General recommendation to all providers but especially pediatricians and OB-GYN providers to screen for mental health pre-pregnancy / during- / post-delivery. After delivery, screen again at 2 weeks follow-up, at 2 months and 4 months, post-delivery

General Discussion and Recommendations

- Add postpartum depression component to classes before marriage
- Men need classes beyond ritual law
- Pediatricians need to be reimbursed for screening at 2 weeks
- Magen Avraham (718-222-4321) is a resource for eating disorders