

Youth Mental Health In The Detroit Jewish Community



Jewish Federation of Metropolitan Detroit, May 2021

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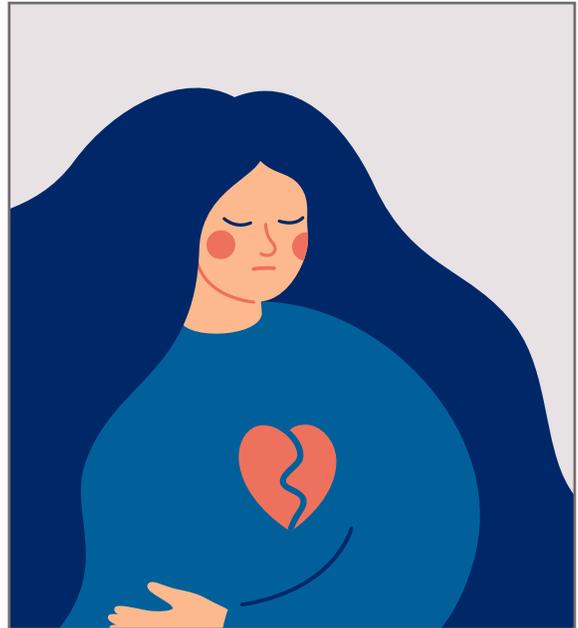


INTRODUCTION

History of “We Need to Talk” and Project Impetus

Over the past several years, and particularly during the COVID-19 pandemic, the mental health needs of youth and young adults have gained increasing national attention. One in five American children either presently, or at some point in their life, will be diagnosed with a mental health condition.¹ In Metropolitan Detroit, youth, parents and professionals have expressed a need for greater awareness of mental health conditions, more tools to manage their mental health and support others, and increased access to professional mental health services and supports.

In 2016, a Detroit Jewish Community Needs Assessment revealed that almost half of young people surveyed struggled (or knew someone who struggled) with anxiety, depression, or low self-esteem. In addition, 22% of the teen respondents experienced (or knew someone who experienced) suicidal thoughts.² For community leaders, these numbers were extraordinarily alarming. In response, the Jewish Federation of Metropolitan Detroit established *We Need to Talk* to address a burgeoning youth mental health crisis. *We Need to Talk* is ambitiously targeted at reducing the stigma surrounding mental illness through education and story sharing, providing mental health and suicide alertness training for teachers, youth group professionals, and camp staff, and improving access to formal supports by providing salary support for additional school social workers and a child psychiatrist at Jewish Family Service of Metropolitan Detroit. As of April 2021, more than 5,000 community members have attended a *We Need to Talk* event, and nearly 1,000 community professionals have been trained to better support young people’s mental health needs.³



Today, five years after the Needs Assessment and three years after the inception of *We Need to Talk*, the Jewish Federation of Metropolitan Detroit undertook a community-wide survey to answer four key questions: (1) What are the mental health needs of Jewish youth in Metropolitan Detroit today? (2) Has *We Need to Talk* achieved its goals? (3) Where do Jewish youth, parents, and professionals turn for mental health support? (4) How might we best develop programming and strategies to meet the needs of our youth moving forward?

¹ Centers for Disease Control and Prevention (2018). Learn About Mental Health. <https://www.cdc.gov/mentalhealth/learn/>

² Morpace (2016). Jewish Community Needs Assessment. <https://jewishdetroit.org/wp-content/uploads/2016/06/Community-Study-Survey-Full-Quantitative-Report.pdf>

³ *We Need to Talk* offers Youth Mental Health First Aid, Living Works’ safeTALK, ASIST, and Start trainings.

Brief Literature Review Reveals Gap

There is a significant gap in the scientific literature on the mental health of young Jews. Just a handful of studies exist that detail specific mental illness interventions among segments of Jewish populations. One recent study surveyed yeshivot in the New York tri-state area to assess risks and protective factors for adolescent problem behaviors.⁴ In addition, the Blue Dove Foundation released an informal survey about the mental health experiences of Jewish Teens in Atlanta and BBYO recently asked a couple of mental health questions on a post-conference survey.⁵ There are also few studies nationally that investigate mental illness stigma among youth and their parents and none survey the Jewish community specifically. At the time of this writing, there are no published studies describing American Jewish youth's attitudes and experiences with mental illness.

METHODOLOGY

This survey was developed by the Jewish Federation of Metropolitan Detroit. Consultants Sam Langstein (NAMI NYC) and Sue Ann Savas (evaluation consultant and professor at the University of Michigan School of Social Work) developed the questionnaire along with Ashley Schnaar, from the Federation's planning team. Local Detroit professionals working in the mental health field reviewed the survey questions. While this survey is not standardized (tested for reliability and validity), the evaluators hope the results will improve understanding of the state of Jewish teen mental health and serve as a useful guide for the Detroit Jewish community and other Jewish communities nationwide. In addition to providing descriptive information, the survey questions were designed to assess the goals of *We Need to Talk* which has three programmatic pillars.

- 1. Awareness:** Building community-wide recognition that mental health is a serious issue in the local Jewish community. Individuals and families who experience mental health conditions should be embraced and not stigmatized or left feeling alone.
- 2. Knowledge and Skills:** Ensuring that youth, families, and professionals have the skills and knowledge to promote mental wellness and respond to mental health needs as they arise.
- 3. Access:** Ensuring that young people and their families can access professional mental health support when they need it.

In alignment with the focus of the initiative, the survey was designed to capture the perspectives of youth, parents, and professionals. Using skip logic, the survey consisted of separate question sets depending on the respondents' status as a youth or young adult (defined as 12 to 24 years of age), parent of a youth or young adult, professional who works with youth, or a general community member.

Survey respondents were recruited through email promotion by the Jewish Federation and partner agencies, an article in the Detroit Jewish News, as well as targeted social media advertisements. Survey completion was encouraged through a gift card incentive awarded to five respondents using a random draw.

⁴ Harcsztark, T. & Schwartz, R.P. (2021). Jewish Telegraphic Agency.

<https://www.jta.org/2021/02/23/opinion/our-yeshiva-day-schools-have-a-binge-drinking-problem-heres-what-we-can-do-about-it>

⁵ The Blue Dove Foundation (2020). Jewish Atlanta Teen Mental Health Survey Results.

<https://thebluedovefoundation.org/wp-content/uploads/2020/10/jewish-atlanta-teen-mental-health-survey-results.pdf>

Respondents

There were 742 respondents in total who completed the survey⁶, including 85 Jewish youth, 202 Jewish parents, 127 professionals who work with Jewish youth, and 328 general Jewish community members. The respondents who are professionals working with Jewish youth represent an array of occupations, 35% were mental health professionals, another 35% were teachers, and the remaining include school administrators, health care workers, and youth group and college Hillel professionals. The majority of respondents live in the suburbs of Detroit, where most of the Michigan Jewish community is concentrated. See Figure 1.

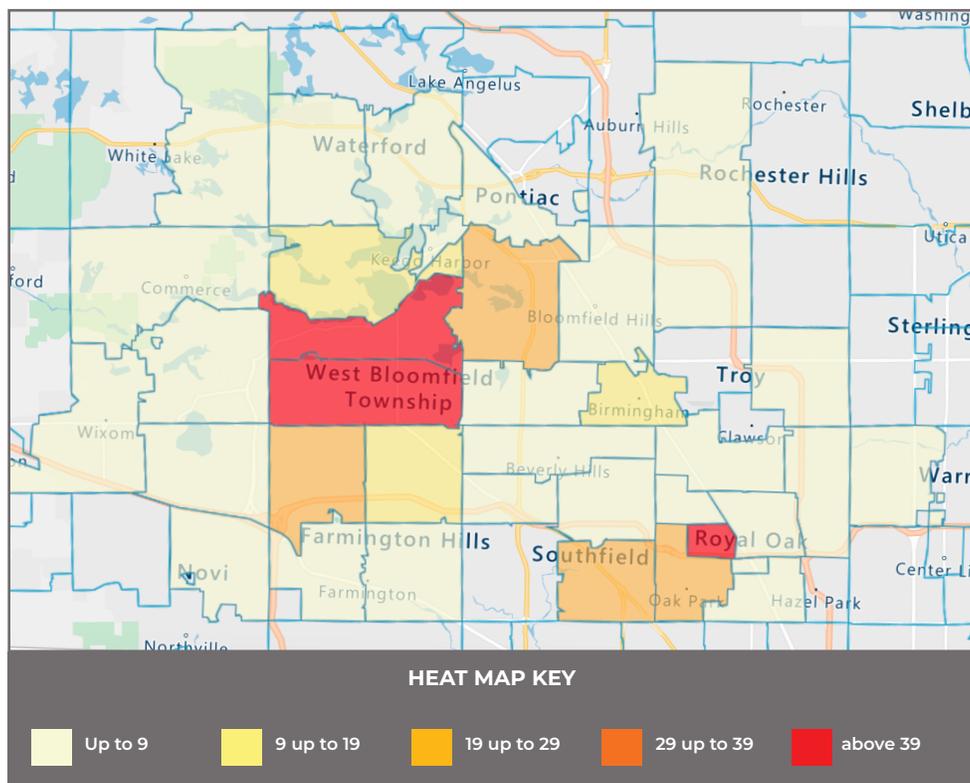
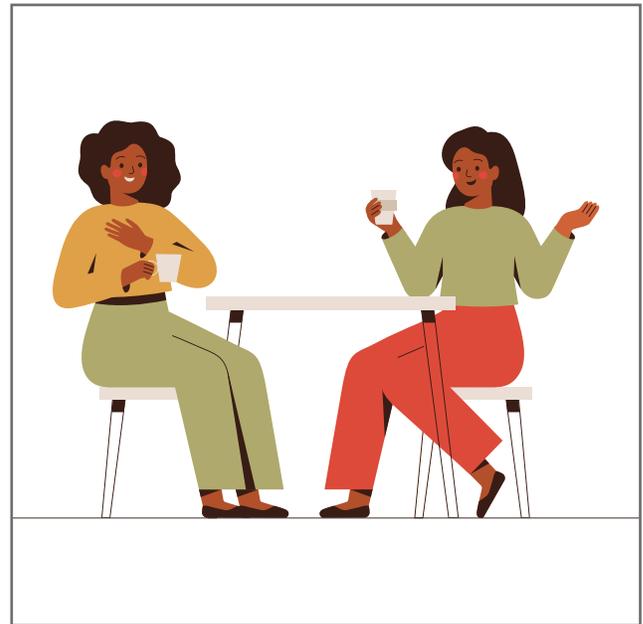
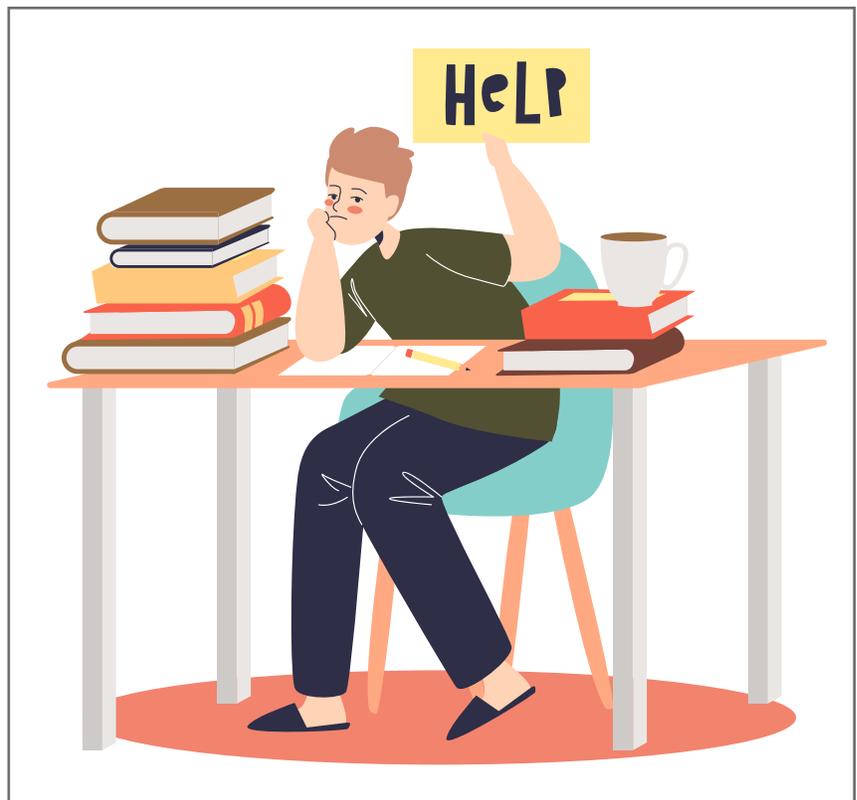


FIGURE 1. This map represents the zip codes where Jewish youth, parents, and professionals surveyed reside.

⁶ 1,081 respondents began the survey, however, 339 dropped off before completion.

YOUTH FINDINGS

- **The youth respondents were more engaged in Jewish life than the Jewish community as a whole.** 84% of respondents connected with a synagogue in the past year, about half attended Jewish day school, 45% were active in a youth group, and 44% attended a Jewish summer camp.
- **Young people surveyed were diagnosed with mental health conditions at a higher-than-average rate.** 32% of young people surveyed shared that they have been diagnosed with a mental health condition. This compares to about 20% of 9-17-year-olds nationally⁷. It is likely that young people with mental health conditions were more interested in taking the survey than those with no mental health conditions, and that those who took this survey have high rates of access to a psychiatrist where they can be diagnosed.
- **Most youth do not feel stigmatized for their mental health.** When asked, 64% of youth respondents reported feeling comfortable talking openly about their mental health and 53% of youth reported they do not feel stigmatized for their mental health.
- **In addition to being open about their mental health, youth survey respondents are resilient and skilled in overcoming their mental health challenges.** 64% of respondents recognized their resilience in taking care of their mental health, 67% feel they can adequately recognize the symptoms of mental illness and signs of crisis in themselves and others, and 74% of youth report they know tips and strategies to take care of their own mental health.
- **Young people know where to turn for support and are getting the help they need.** 69% of respondents reported they know where to go for mental health support and 54% reported they do not feel alone in managing their mental health. 70% of young people who have needed mental health support report they were able to access a social worker, therapist, or another mental health practitioner⁸.



⁷ American College of Obstetricians and Gynecologists (2017). ACOG Committee Opinion.

<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2017/07/mental-health-disorders-in-adolescents>

⁸ It is also important to note that this survey was conducted during the COVID-19 pandemic when most mental health professionals were at capacity, and this may have served as a barrier to service access for our surveyed community members.

- **Young people are turning to their friends and family first for mental health support.** Of those teens who have needed to access mental health support, 76% have turned to a friend, 67% to a family member, 55% to a private therapist, and 43% utilized their school social worker. A smaller portion of young people worked with a Jewish or non-Jewish human service agency professional or called a crisis hotline. See Figure 2.

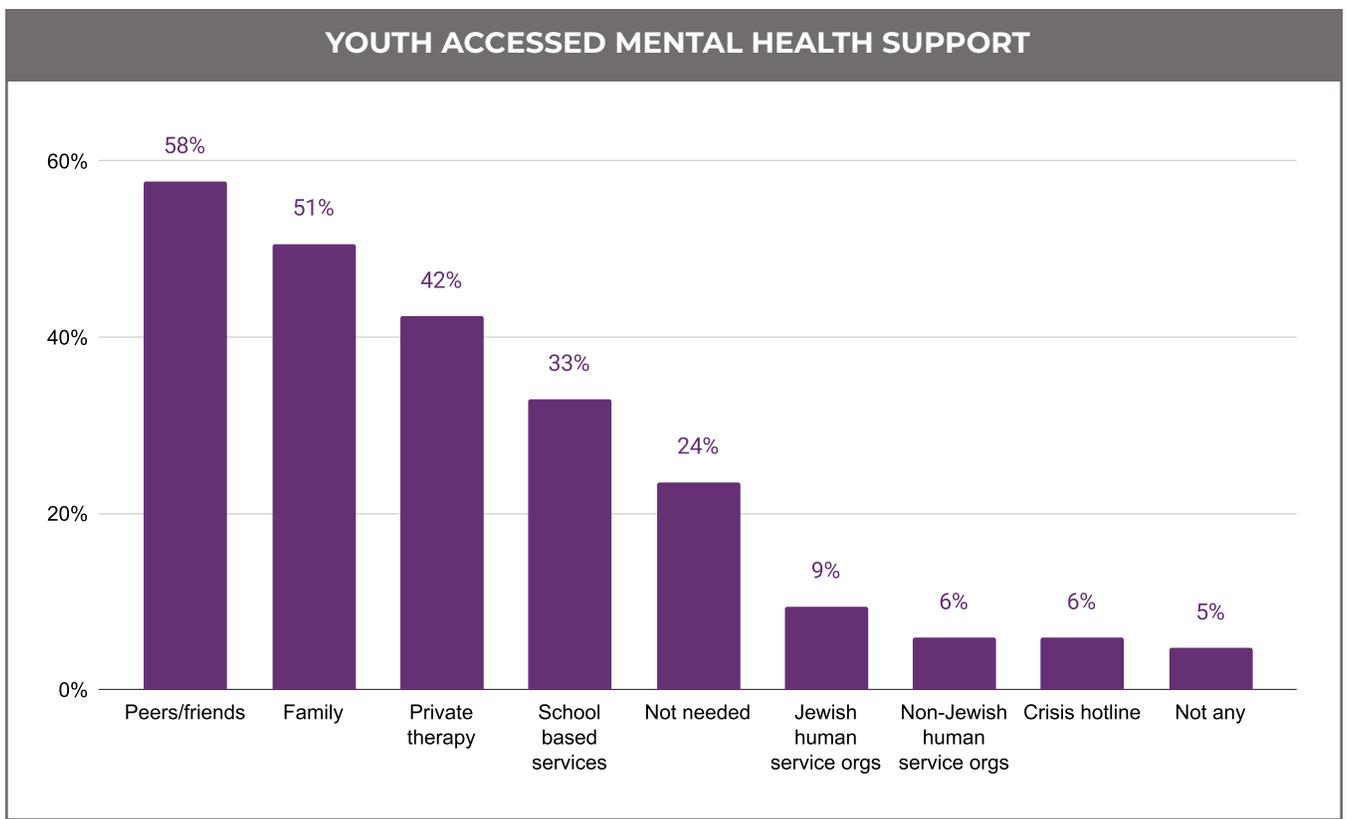


FIGURE 2. Places and people young people turn to for mental health support.

- **3 out of 4 young people report symptoms of a mental health condition or a risk factor for one.** According to the survey, 58% of youth report feeling anxious, 47% reported low self-esteem, and 44% experienced excessive sadness. See Figure 3.

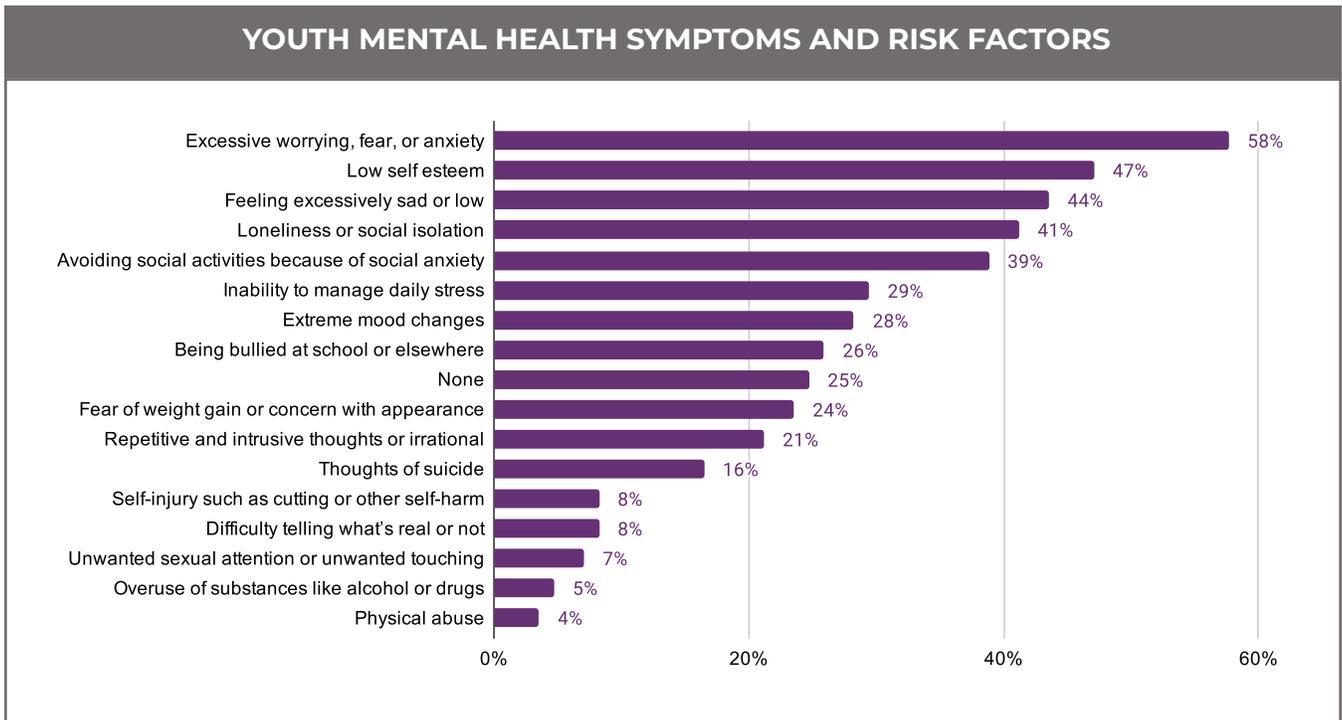


FIGURE 3. Responses to the question. “Do you or have you in the past experienced any of the following?”

PARENT FINDINGS

- **Similar to our youth population, parents who answered our survey are highly engaged in Jewish communal life.** 77% reported that their children have been a part of a synagogue in the past year, 44% reported that their children have been a part of a Jewish summer camp, 34% reported that their children have been a part of a youth group, and 30% reported that their children go to Jewish day school or yeshiva.



- 42% of parents report that at least one of their children has been diagnosed with a mental health condition. Similar to the youth responses, the most prevalent mental health symptoms parents observe are anxiety, self-image concerns, and depression. The most commonly reported risk factor by a high margin was bullying at 26%, while other risk factors such as unwanted sexual attention or touching (4%) and physical abuse (1%) were conspicuously low and possibly underreported. See Figure 4.

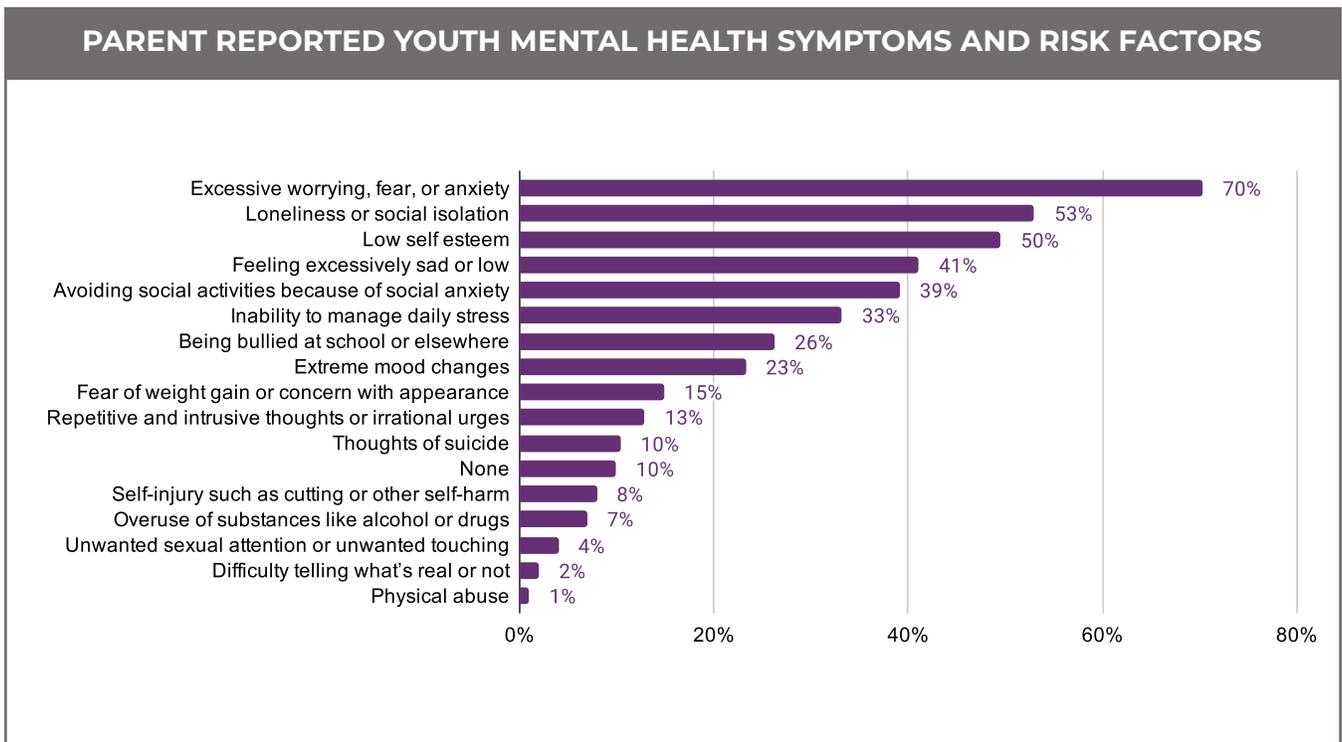


FIGURE 4. Parents reported mental health symptoms and risk factors of at least one of their children. Considering most parents have at least one child, these numbers are not consistent with the youth reported symptoms.

- Parents reported that their children most frequently received mental health support from private therapists and psychiatrists.** 73% of parents are accessing private therapy for at least one of their children, 39% have a child accessing school-based mental health services, and 12% utilize the services of a Jewish human service organization. Many parents explained that they chose their child’s mental health provider based on confidentiality and comfort, expertise, ease of access, and affordability. While the majority of parents first turn to a professional for support with their mental health, 33% of youth first turn to family and/or friends. See Figure 5.

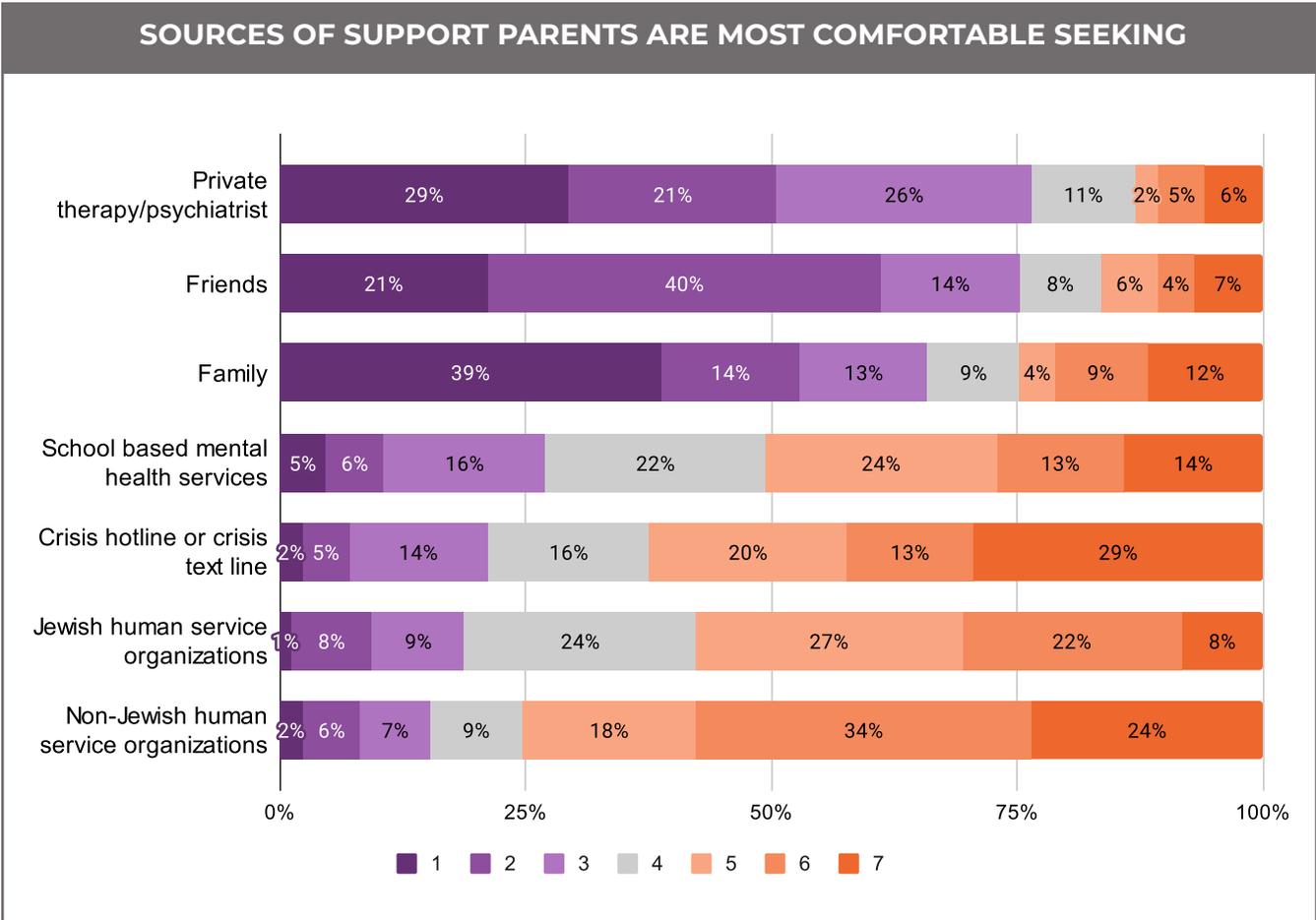


FIGURE 5. Parent responses to the question, “Please rank from 1-7 which of the following types of support you would feel most comfortable turning to if you or a friend needed mental health support.”

- **Parents reported a good understanding of the prevalence and signs of mental health conditions, however 20% feel stigma around their child’s mental health status.** 86% of parents, an overwhelming majority, understand that mental health conditions are common among teens and youth in the community. More than half of parents surveyed report they can identify symptoms of mental illness and signs of suicidal thinking in children and young adults and that they have the skills and tools needed to talk to their child about mental health. See Figure 6.
- **Parents know where to go for mental health services, while only around half find the services high-quality and affordable.** 71% of parents know where to go and what to do if their child needs mental health services. 54% of parents reported they have been able to access high-quality mental health services for their child and 49% of parents reported they are able or would be able, to find affordable mental health services. See Figure 6.

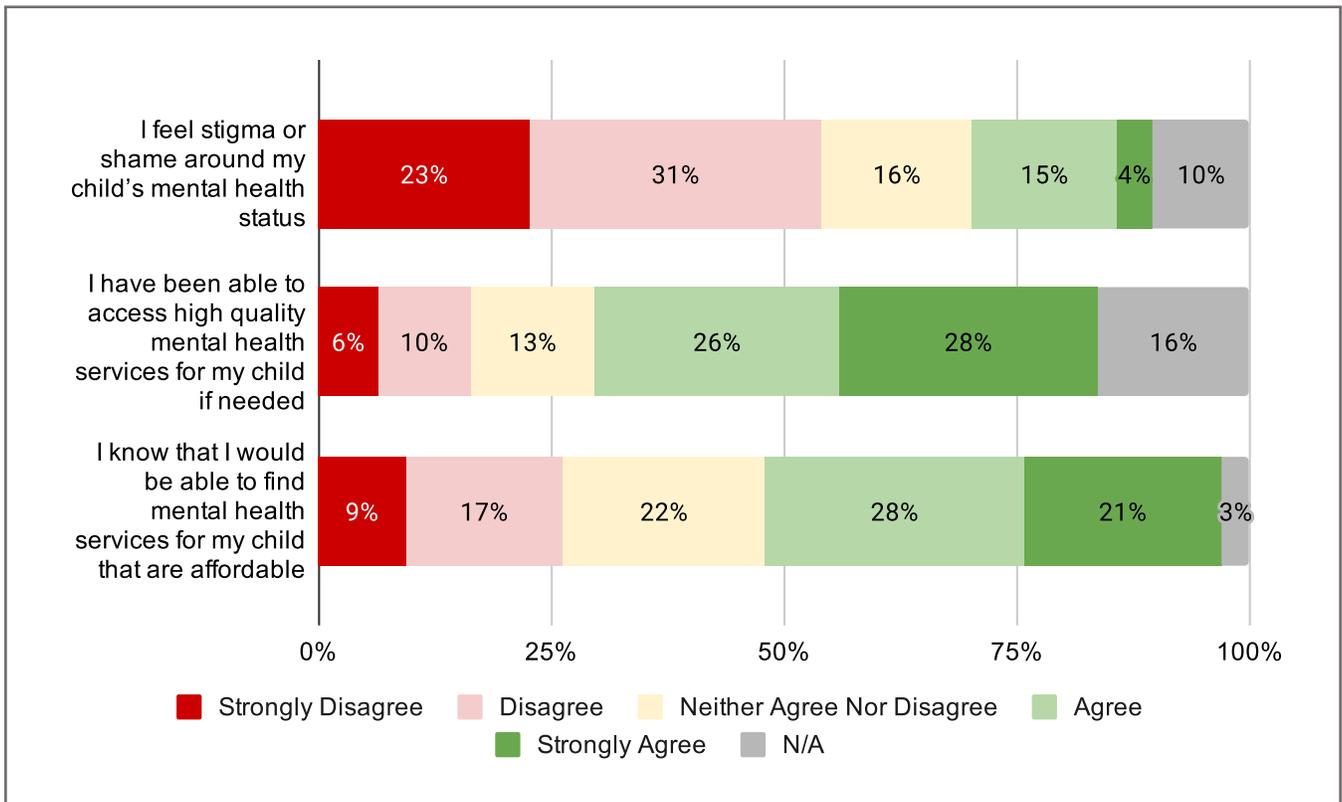


FIGURE 6. Parents largely report not feeling shame about their children’s mental health status, and about half have been able to access or could access high-quality and affordable mental health services for their child.

PROFESSIONAL FINDINGS

- Among the non-mental health professionals, the majority of youth professionals are most likely to refer the youth they work with to a Jewish human service agency or a private therapist. 26% of professionals are most comfortable referring youth to a Jewish human service agency, while just 1% of youth surveyed would first turn to a Jewish human service agency. See Figure 7 for the explanation of referrals.

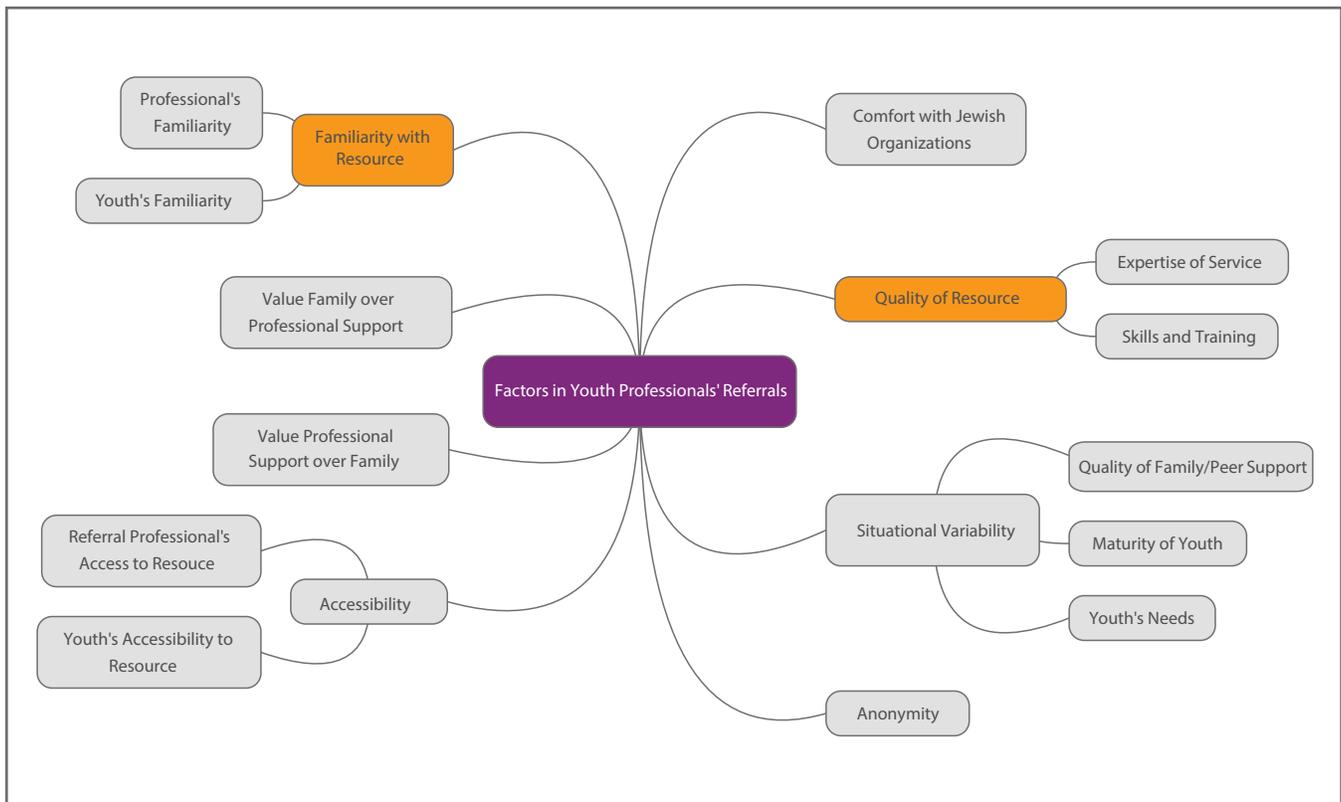
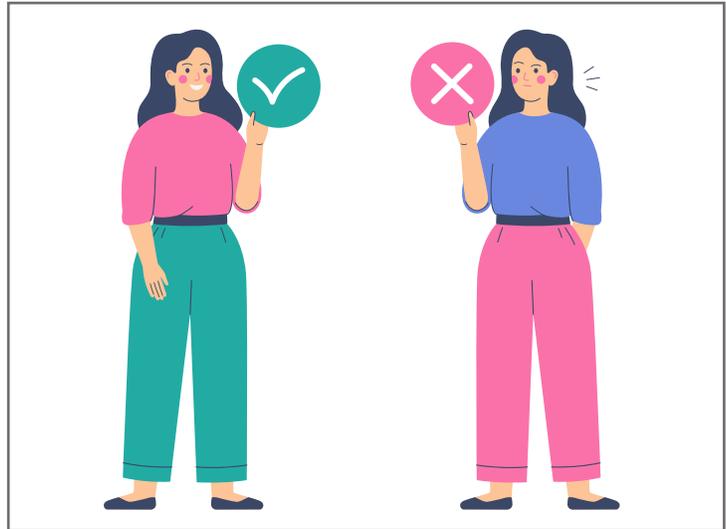


FIGURE 7. Coded themes from short answer responses to the question, “What were the most important factors in where you feel most comfortable referring youth for mental health support?”.

- The professionals report they are knowledgeable and skilled at supporting youth mental health.** 75% of professionals surveyed believe that mental health is a priority in their work, 65% are turned to for mental health support by the youth they work with and 73% are aware of how to make referrals to mental health professionals when needed. The mental health symptoms that professionals report seeing in their youth echo what youth report, with anxiety and low self-esteem at the top of the list. Tending to students' mental health needs can be draining, and fortunately, 3 out of 4 professionals surveyed report they have the emotional support they need personally. See Figure 8.

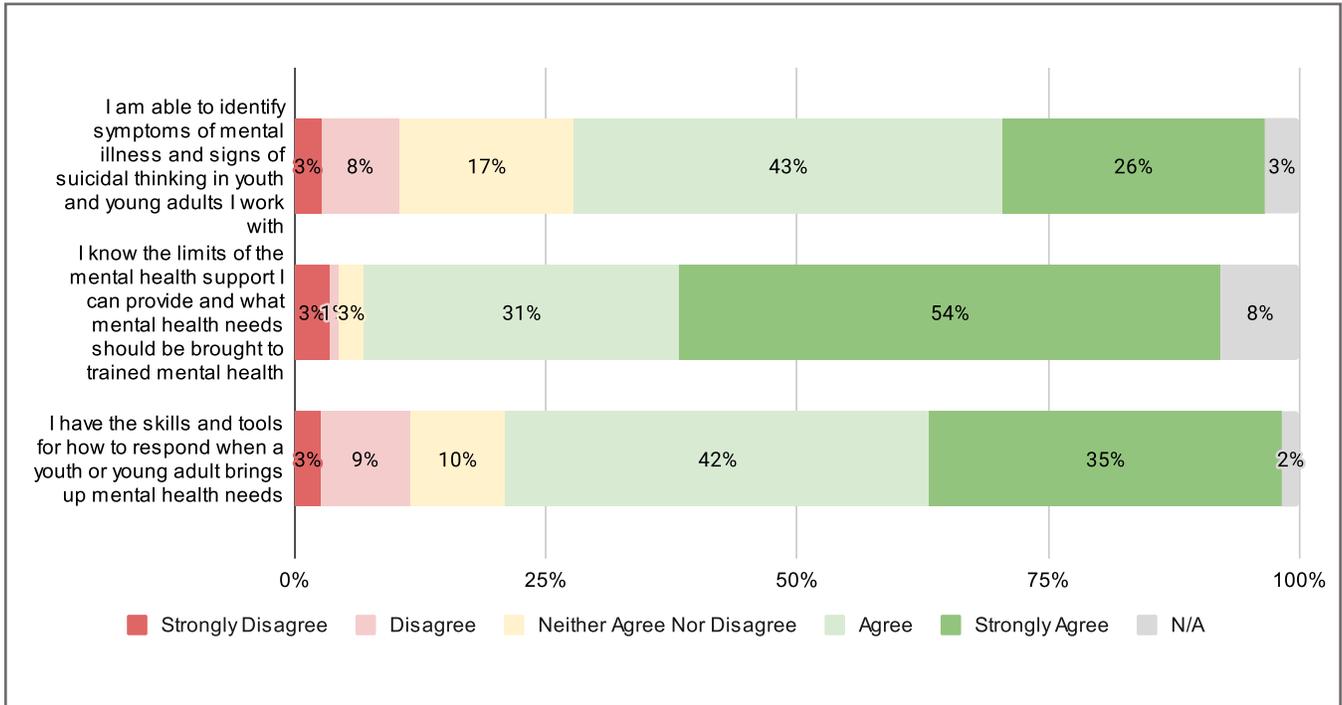


FIGURE 8. Professionals' knowledge and skills in supporting young people's mental health.

SUMMARY OF FINDINGS

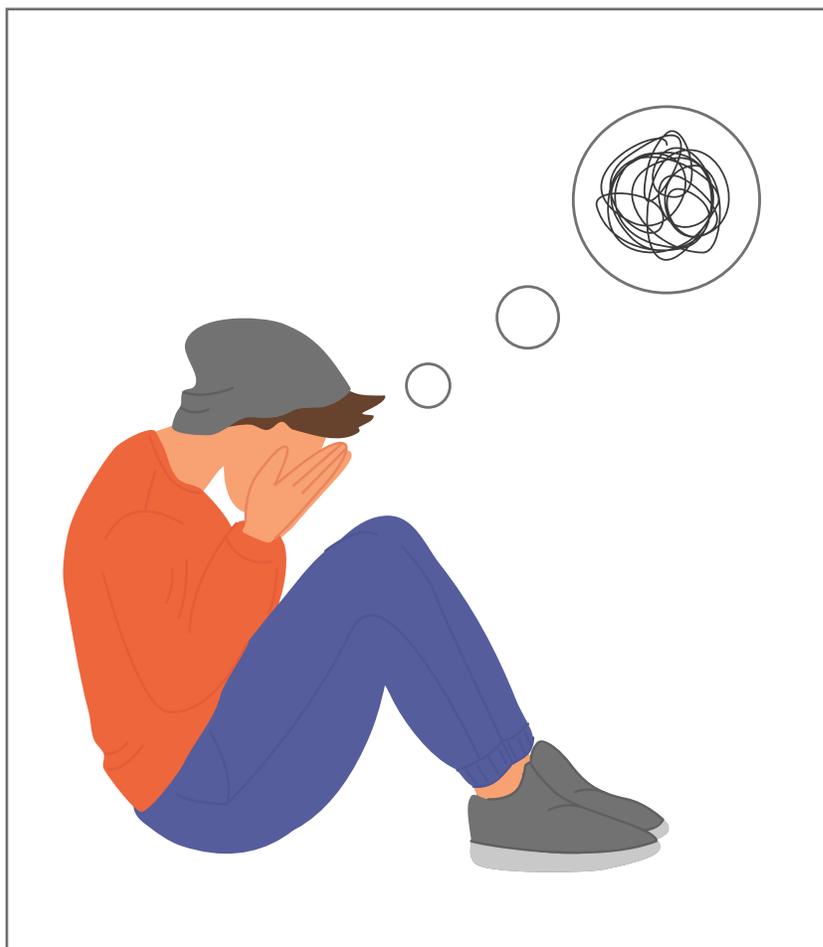
Much of our study paints a bright picture. Jewish youth are aware of mental health issues, have the knowledge and skills to care for their mental health, and feel they have access to mental health resources, which they are accessing at higher-than-average rates. Moreover, youth, professionals and parents believe that mental health is a crucial component of their development, their roles in the community, and their lives. In most cases, community members do not need to be convinced that mental health is important.

This data corroborates the findings from a few focus groups we've conducted among Metro Detroit Jewish community professionals: We've come a long way and there is now far more conversation about youth mental health and momentum for making change across the Jewish community. This momentum can be seen in the following ways: stigma was reported to be less of a barrier to mental health service access; parents, youth and professionals are aware of the need for mental health care and resources; and survey respondents are accessing formal mental health at higher rates than what is seen nationally.

While this is not a causal study and we recognize that youth mental health has gained significant attention across the country in recent years, we believe that *We Need to Talk* has been an important and impactful initiative. It is our belief that it has played a vital role in changing attitudes about mental illness, advancing community mental health education, and increasing access to services.

This isn't to say that the mental health problem has been solved. Teens and young adults continue to experience high rates of mental illness and stigma still exists. While stigma may be dissipating around more common mental health conditions such as depression and anxiety, it may continue to hold strong around more severe mental health conditions such as schizophrenia, and in the event of more severe interventions such as psychiatric hospitalizations. We also see that cost can be a barrier to mental health support. Said one community member, "Cost is a big factor, I do have insurance but it's hard to navigate what providers take my insurance and are also to my liking. I have found that it is very challenging to navigate the system". Navigating the system becomes even more complicated when counseling services reach capacity, as they have during the COVID-19 pandemic.

Finally, the study pointed out that Jewish professionals are far more likely to refer the youth they serve to Jewish human service agencies, despite parents and young people's strong preference for private mental health services. The professionals frequently cited familiarity as the reason for their choice of referral. Planning the future of community mental health work will require making an important choice: Do we find ways to better connect people to private therapy, which more people seek, or continue to promote lower-cost options such as human service agencies, which many people may be resistant to access?



RECOMMENDATIONS

Teen Mental Health Trainings

Youth turn to one another for support with their mental health. This serves as an important reminder for future program planning. Possible programmatic interventions that would address this important finding include investing in more mental health training that utilizes a peer support model and targeting more interventions directly towards youth. This may be difficult because the Federation has an easier time reaching parents and professionals, but it is clear that interventions that directly affect youth are needed. Youth Mental Health First Aid, for example, offers a training specifically for teens.

Preventative Mental Health Programming

Even though there are high rates of access to mental health services, youth still seem to be experiencing harsh mental health symptoms. One possible future direction for community mental health programming is to develop more preventative mental health programs and initiatives. Examples of this include programs for parents of young children on early childhood mental health, emphasizing socio-emotional learning in school curriculum, and teaching teens and young adults healthy coping techniques that reduce stress.



Small-Group Youth Offerings

One finding of this study was that young people not involved in formal Jewish activities had far higher rates of social anxiety. Understanding that joining an established and large youth group, or even participating in activities with many people can be anxiety provoking, offering smaller group youth group activities may allow for shy or anxious young people to fully engage within the Jewish community.

Needs Assessments

There is a clear need for more research on mental health conditions, access to and perception of services, and identifying and addressing knowledge and skill gaps. While these survey findings illuminate the picture of youth mental health for those who are already engaged with the Jewish Federation, there is a lack of information about those community members who are not engaged with the Jewish Federation or close community partners. One way to develop a fuller picture of youth mental health is to conduct more regular mental health surveys administered through the Jewish day schools, youth groups, and camps.

SURVEY LIMITATIONS

Despite Federation's best efforts to encourage survey participation through community-wide outreach, collaborating with our agency partners and marketing that included social media campaigns, the number of completed surveys did not meet expectations. Additionally, we believe that community members who are engaged in Jewish life are overrepresented as are those who view mental health as important in their lives and the lives of their children. We have also found that Orthodox Jewish respondents are likely underrepresented.

While, in some ways, this makes the data less representative of our entire local Jewish community, it also makes the data more representative of the types of Jews that the Federation is already reaching and programming for. It also provides key data points that can be used as we consider the engaged demographic.

