Mental Health Care Utilization Among the Most Traditionally Religious Jews and Muslims in Israel

PMR Seminar Series @UChicago

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11:45-1:00 pm, M-170, Medical Center

Background: The most traditionally religious segments of Israeli society, including both Jews and Muslims, have distinctive attitudes, behaviors and demographics, which can impact appropriate mental healthcare usage. Earlier research conducted by the author and others found that while religious Israelis were typically in better health, they were less likely to access mental health care services when they did have a need, despite universal health insurance. However, the reasons for this as well as potential for improving the situation is not fully understood, as the topic has been understudied.

Research Questions:

1) To what extent do Haredi (ultraorthodox) Jews and traditional Arab Muslims in Israel seek and/or receive mental healthcare?

2) Do results vary by key subgroups including religiosity?

3) What interventions can be developed to increase appropriate mental health service utilization?

Methodology: A 2013 random-sample survey of all Israelis included about 275 Haredi/ultraorthodox Jews and 200 traditional Muslims. Outcomes included mental healthcare utilization and attitudinal measures. Chi-square statistics were produced. Variations were found by some religious and demographic subgroups. Key informant interviews were then conducted with religious and community leaders.
Results: The most traditionally religious Israelis are not always getting mental health care when needed. Religious Jews and Muslims are less likely to discuss mental health during a visit with their doctor and when the topic is raised, it is more likely to be initiated by the doctor than what occurs with less religious patients. Religious patients also have different sources of mental health care than more secular Israelis. There are also some differences in results between religious groups. Key informants identified some reasons for findings as well as potential faith-based interventions for Jews and Muslims.

Conclusions: Social and religious capital found among the most traditionally religious groups in Israel can be leveraged to improve their mental health status. Opportunities to change relevant attitudes and behaviors exist and culturally-sensitive interventions can potentially be developed to increase appropriate mental health care use.

The Speaker

Ephraim Shapiro is a lecturer and researcher in the Department of Health Administration at Ariel University, Israel. He has previously conducted public health research at a number of government, academic, and non-profit institutions in the United States and, for the past three years, in Israel. Dr. Shapiro received a PhD in Sociomedical Sciences from Columbia University as well as an MPA in Health Policy from New York University. His research interests include immigrant health, health inequalities, access to care, health behaviors and in particular religion and health. He has written about and presented widely on the connection between religion, ethnicity, and health in a variety of settings and has extensive experience evaluating programs targeting vulnerable populations.