Culture-sensitive counselling, psychotherapy and support groups in the orthodox-Jewish community: How they work and how they are experienced.

Kate Miriam Loewenthal and Marian Brooke Rogers

Psychology Department

Royal Holloway

University of London

Egham

Surrey TW20 0EX

01784 443601

c.loewenthal@rhul.ac.uk

Culture-sensitive counselling, psychotherapy and support groups in the orthodox-Jewish community: How they work and how they are experienced.

Abstract

Background: There is political and scientific goodwill towards the provision of culture-sensitive support, but as yet little knowledge about how such support works and what are it strengths and difficulties in practice.

Aims: To study groups offering culture-sensitive psychological and other support to the strictly-orthodox Jewish community in London.

Methods: Semi-structured interviews with service providers, potential and actual users from the community, and professionals serving the community. Interviews asked about the aims, functioning and achievements of 10 support groups.

Results: Thematic analysis identified seven important themes: admiration for the work of the groups; appreciation of the benefits of culture-sensitive services; concerns over confidentiality and stigma; concerns over finance and fundraising; concerns about professionalism; the importance of liaison with rabbinic authorities; need for better dissemination of information.

Conclusions: The strengths and difficulties of providing culture-sensitive services in one community were identified. Areas for attention include vigilance regarding confidentiality, improvements in disseminating information, improvements in the reliability of funding, and attention to systematic needs assessment, and to the examination of efficacy of these forms of service provision.

Culture-sensitive counselling, psychotherapy and support groups in the orthodox-Jewish community: How they work and how they are experienced.

This paper describes a study of culture-sensitive support groups in the strictly orthodox Jewish community in London.

Following a 1978 WHO declaration, there has been enthusiasm about culture-sensitive support for people suffering from stress and psychological illness. Forms of service provision, and issues that might arise have been described in a wide range of countries including the USA, the UK, Malaysia, China, and Australia (Bhui & Olajide, 1999; Mohd, Razali and Khan, 2002; Tseng, 1999). Progress has been made in setting up culture-sensitive therapy and support systems, in professional training, and in liaising with indigenous support and healing systems. The importance of specific targeted provision involving partnership with the targeted community has been stressed (Olajide, 1999).

The London strictly-orthodox Jewish community is an example of a community in which such developments have occurred. The past decade has seen a mushrooming of culture-sensitive support groups in this community, addressing specific perceived needs, typically community-led, in liaison with local government or health authorities, with funding from a range of sources. Close studies of such groups have been called for (Francis and Jonathan, 1999) and are just beginning to emerge. This paper asked how the service providers, users and potential users see these groups, and how are they seen to compare with statutory provision? How are they seen by professionals providing statutory care?

The Jewish community in the UK is estimated at one-quarter of a million (Shmool & Cohen, 2002). One way of categorising the differences in life-style within the community, is by level of religious orthodoxy. An unknown number are not affiliated to any synagogue, but it has been suggested that this unknown number might be quite small, because synagogue affiliation gives burial rights, and it is thought that most Jews want to ensure a religiously correct burial (Shmool & Cohen, 1997). Of those who *are* affiliated, about 10% are affiliated to a strictly orthodox group, 30% non-orthodox (Reform, Liberal, Masorti), and the remainder are affiliated to a centrist orthodox synagogue organisation (United Synagogue, Federation or Sefardic) (Shmool & Cohen, 2002). The strictly orthodox adhere closely to the religious laws regulating the observance

of the Sabbath and holidays (for example not using motorised transport, or electrical appliances), and the dietary, marriage, and many other laws. The strictly orthodox include all hasidic groups (Lubavitch, Satmar, Ger etc), the strictly orthodox of German-Jewish origin ("Yekkes") and of Lithuanian origian ("Litvaks"), all under the unbrella of the Union of Orthodox Hebrew Congregations. Although there are variations between subgroups in dress, men generally wear black suits or caftans, black or fur hats, and usually beards. Women and girls dress modestly, avoiding for example short-sleeved garments, trousers, and short or tight skirts, and married women cover their hair, usually with a wig. Almost all strictly orthodox Jews find it impossible or very inconvenient to live outside one of the few enclaves in the UK. There are several such enclaves, all offering kosher butchers and grocers, a host of synagogues, prayer and study houses, schools, ritual baths, and many other services essential to the maintenance of orthodox Judaism. Communities are quite close-knit, with many family and neighbourhood ties, as well as connections by marriage to strictly-orthodox communities in other parts of the world. Women may have very few dealings outside the community. Outside the workplace, the same is usually true for men. One striking feature which dominates the economic, social and emotional life of the community is the value placed on large families. Contraception is normally prohibited, and the married state is strongly encouraged – men and women are regarded as spiritually incomplete, literally "half-souls" unless and until they have found their soul-mate. The result is an average current family size of 5-6 (Loewenthal & Goldblatt, 1993; Holman & Holman, 2002). Families with ten or more children are commonplace. This can have striking effects, both beneficial and harmful, on the emotional wellbeing of the parents (Loewenthal, 1997a; 1997b; Holman & Holman, 2002; Lindsey, Frosh, Loewenthal & Spitzer, in press), and of the children. Many of these effects remain to be studied.

Communal charitable organisations have a long history in Judaism. These might provide meals for the sick, help for needy brides, support for families where the breadwinner has died or is disabled. More recently, particularly over the last decade, the community has seen a growth of organisations offering a less material kind of support – counselling, telephone help-lines, and support groups. Many of the organisations offering practical services and information are suggesting that there is a need for situation-specific counselling and support, which they are now beginning to provide. There are quite a large number of such organisations in the North London (Stamford Hill) strictly orthodox community, a community with about 15,000 members falling in the london boroughs of Hackney and Haringey. Information about communal organisations is

disseminated in newspapers, bulletins and directories addressed to the community, as well as by word of mouth.

The aims of the study were to provide detailed descriptive material on the aims, functioning and achievements of culture-sensitive support groups, using four sources: 1) a key informant from each targeted group, 2) potential users, 3) users and 4) professionals. The study focused on groups providing psychological and social support, either as a primary or secondary service.

METHODS

Prior to the study, approval was obtained from the rabbinate of the Union of Orthodox Hebrew Congregations (UOHC). This is the religious authority acknowledged by members of all strictly orthodox synagogues.

21 organisations were identified from a listing of UOHC synagogue members and community organisations (the *Shomer Shabbos* directory) as offering psychological and sometimes other support to the strictly orthodox Jewish community. Some offer support for general psychological stress and distress, for example in the form of help-lines or direct counselling, while others specialise in support for particular problems, for example, infertility or domestic violence. The latter offer both psychological support and counselling, as well as specific information, advice and sometimes practical resources. Eight of these organisations were originally targeted, four offering psychological support and counselling for the gamut of stress and distress, and four offering support for specific forms of stress, all toned with culture-specific connotations. Two further groups were offered for study, and were included. The focii of these specialist groups were the elderly, families with young children, childbirth, cancer, domestic violence, and infertility).

The interview schedule asked about the *aims* of each organisation, *how* these aims are achieved, and *in which respects they are being achieved*. Informants were asked about any difficulties that they were aware of, and comparisons with statutory services were invited. Community and professional informants were asked where and how they knew about the existence of each organisation.

Interviews were conducted with:

1. *A key informant from each targeted group* (n=10, one from each group; none of the groups contacted declined to be included),

2. *Potential users* (n=27): a quasi-random sample of 61 was taken from the street-by-street listing of member households in the community (*Shomer Shabbos)* directory: streets were selected at random, and one household in five was written to, explaining the purpose of the research, and saying that a researcher would telephone to make an appointment for an interview, if an adult member of the household was willing to be interviewed. 46 of those households written to were contacted by telephone within three attempts, and of those 27 (64%) agreed to be interviewed. All except one of those agreeing to be interviewed were women.

3. *Users* (n=16): a quasi-random sample of 50 was taken from the *Shomer Shabbos* community directory, as described above, written to, and then telephoned. 42 could be contacted within three telephone attempts, and of these 31 (74%) agreed to respond to a screening interview asking which of the groups they had heard of, and had any experience of. Each of those who had actually used one of the groups (16) was asked to describe their experience, and how they heard of the group. All those interviewed were women.

4. *Professionals* (n=8): all had clients/ dealt with cases from the strictly orthodox Jewish community. Four of the professionals were themselves members of this community, and four were not. The professions represented were: social work (3), health visitors (2), medical practitioner (1), psychiatrist (1), psychotherapist (1).

A copy of each interview was sent to each interviewee, with thanks, and with an invitation to add, delete or otherwise modify the script, so that s/he was happy with what was on record. A stamped addressed envelope was provided for amended interviews to be returned to the researcher. The analyses were carried out on the versions of the interview transcripts which had been seen, approved, and where desired, edited by the interviewees. All interview records were made anonymous.

RESULTS

First, a summary of the group histories, as described by their key informants will be offered, together with two illustrative histories. Then, the main themes emerging from all the interviews

will be identified and illustrated, following the methods recommended by Smith (1995) This thematic analysis will be supplemented, where appropriate, with quantitative information.

A. Group histories.

Most of the groups had been started by one person, usually in response to a perceived need in the community. Usually the originator was a woman, and usually from within the strictly orthodox community. Groups usually started as "kitchen-based" organisations, expanded, professionalised, sought funding, and diversified their services. Most of the groups have Hebrew names, usually names that signalled something about their aims, and which also signalled the culture-sensitive nature of their service provision.

The names of the groups were *(*English translations are given in parentheses):

*Aneini (*answer me): a telephone helpline.

Chai (life) support and information for cancer sufferers and their families.

Chana(Chana is the name of the mother of the prophet Samuel; she was originally unable to bear children) Support and information for the infertile.

*Chizuk(*strengthening, encouragement) support and preventive services for stress and mental illness.

*Ezer LeYoldos (*help for those who have given birth) support for mothers of newborn babies, and their families.

Hanse Josevics Maternity Trust (Hanse Josevics was an orthodox women who encouraged and trained labour support) labour support.

Jewish Women's Aid: support for sufferers from domestic violence.

MiYad (immediately): telephone helpline.

Nefesh (soul): mental health information and directory of strictly orthodox mental health professionals*.*

Shoshanas Rochel (The rose of Rachel) support for the over-50's.

Example 1: *Ezer LeYoldos (*Literally: "assistance for those who have given birth")

"Ezer LeYaldos began in 1981. It was started by Mrs X and a group of ladies to give practical help to mothers after childbirth. It began when a relative of Mrs X asked her for help: The relative was expecting her ninth baby, and she needed help. Mrs X realised that friends and family are often overloaded and cannot provide all the help that is really needed at such a time. So she started a group of ladies to send in freshly-prepared meals for the family for two weeks

after the birth of the baby, and to send in cleaning help, and make childcare arrangements during the mother's confinement, or when a mother is ill.

The current aims are to provide support for mothers at the time of childbirth, or when ill, to promote stability in disadvantaged families with young children, to provide the orthodox Jewish community with a culturally appropriate and accessible service, and to reduce the feelings of alienation which can be associated with services from mainstream providers.
We provide freshly cooked meals for the family, cleaning help, childcare, befriending and signposting, parenting courses, advocacy and representation, There is an outreach worker offering portage (a form of patterning) for children with special needs, and there are links with a childbirth support organisation, which is not under the Ezer LeYoldos umbrella, but which might serve to identify families in need of help. We are governed by the decisions of the Rabbinate of the Union of Orthodox Hebrew Congregations".

Example 2: *Chizuk* (Literally: "encouragement")
"Chizuk started about 5 years ago. It was started by a group of people including Mr A, who had been visiting orthodox Jewish psychiatric patients in the hospitals. Jewish Care had a lot of input at the beginning, and other voluntary sector organisations, as well as the local Health and Social Services departments. It was set up as a group run for and by the community. A large number of individuals were involved, especially Mrs B, Mrs C and Mrs D.
Its aims are to provide a service for mentally ill orthodox Jews and their families, also those suffering from stress, and also to educate the public to a greater understanding of those suffering from mental health and emotional problems.
Chizuk has a full-time co-ordinator, about three administrative/secretarial staff, a counsellor, facilitators for the drop-ins, a number of paid carers, and a large number of trained volunteers who do hospital and home visiting, and who participate in the drop-ins and other activities. There is one office and the organisation also uses other premises in the Stamford Hill area for its drop-ins, counselling and other activities.
Activities include: a ladies' drop-in, weekly, with an attendance of about 20 people,involving social and recreational activities, and a support group; a men's drop-in, as above, but with a smaller attendance of about 6-10; a drama group, with a mixture of Chizuk clients and well people, working side-by-side, which puts on performances. There are also care packages, hospital and home visiting, counselling, a carer's group, involving those who are caring for people with mental health problems, and other activities".

B. Thematic Analysis.

A number of important themes emerged from these interviews, and were seen generally to apply to all the groups – sometimes more strongly to some groups more than to others.

Sources of quotations are indicated as follows (C=community, including users; P=professional; G=group co-ordinator)

Admiration

A great deal of general admiration was offered by members of the community, including those who had used the services offered, for every single one of the groups included in this study. For example:

- *"They provide good information" (C).*
- *"It does wonderful things" (C).*
- *"It is marvellous" (C).*
- *"I only heard about it recently… I was very impressed (with what I heard). I would certainly want to use them" (C).*
- *"I have heard people say that it is helpful" (C).*
- *"…a very good thing" (C).*
- *"I was very pleased with them and would certainly recommend them" (C)*
- *"It was very good"(C).*
- *"They made everything so clear. It was wonderful"(C).*

Feeling understood

As well as a general admiration, there is a specific understanding that compared to the statutory services the support groups are able to cater for culture-specific feelings and needs.

- *"Jewish people would feel more secure and more supported with other Jewish people. They have very specific problems which would not be understood by non-Jews" (G).*

- *"If you have a problem you can phone them up and they will recommend the right people, the right doctors, who will understand the needs of orthodox Jewish people" (C).*

- *"From the cultural point of view, patterns of crises among orthodox Jewish children and families differ from patterns in wider society. Most crises involve childbirth or illness, i.e. when the mother of a large family is not available. Illness is a crisis which does not affect just one or two people, when a parent is affected…It is a huge investment to hold a family together, in order to build stable citizens"(G).*

- *"People remote from Judaism come in and feel more comfortable. It is now accepted that each group needs its own specific care. For example, Jewish patients before Rosh Hashanah (New Year) or other Yomim Tovim (festivals), may have feelings and problems to which other people could not relate. Every ethnic or religious minority group needs its own support system" (G).*

- *"They (the clients) preferred to have a carer that came from an orthodox Jewish organisation. The alternative is an over-stretched agency worker, from the social services. I think that within a culture, people prefer their own " (P).*

Confidentiality

There is stigma associated with almost every one of the issues which the support groups have been set up to deal with: cancer, coping – or failing to cope - with family demands, stress, mental illness, loneliness…several authors have described the orthodox Jewish woman's wish to see herself as the perfect *baalabusta* (mistress of the household), always cheerful, warmly welcoming and hospitable, immaculate home, well-behaved children, all healthy and doing well in their spiritual and moral and interpersonal development, who marry well, and who manages to run the home and support the family, while enabling to husband to engage in prayer and religious study (Goshen-Gottstein, 1992; Loewenthal, 1998). It can be hard to admit to deviations from this ideal, this picture of perfection. It can take some courage – or desperation - to seek help.

- *"We live in a goldfish bowl"(G)*

- *"The strictly orthodox are very worried about confidentiality. Some clients will only give their first names. They may not feel comfortable in our support groups"(G).*

- **"***One problem is stigma, and the related problem of confidentiality. In a small closed community like this, these are difficult issues. There is a lack of suitable venues. It is important that clients do not have to go buildings where it is obvious why they are going"(G).*

- *"Fund raising is very difficult because in our organisation, anonymity is important. So we cannot just ask whoever we want, as other organisations can. (Notably, any person approached for support might have called the helpline, or might do so in the future, and might be concerned about being identifiable, and would also be able to identify the person who had approached them for funds)"(G).*

- *"I would only consider using it if it was government funded and available for everyone…otherwise it should be reserved for those in real need"(C).*

- *"I wonder what type of families need this? Is it just those who can't cope? I might feel ashamed to ask for such help"(C).*

- *"Boruch Hashem (thank G-d) I have had no need for anything like this. I would think that many people would prefer something more confidential than an open meeting" (C).*

This issue of confidentiality – strongly but usually implicitly related to stigma – is clearly important. Generally, the group co-ordinators have invested significant effort in trying to preserve confidentiality. However there is clearly some concern from the community that a culture-sensitive group working within the community, and staffed by volunteers and workers from within the community, will have more difficulty in preserving confidentiality. Some community informants expressed the views that they would somehow be seen as a failure or inadequate if they used the services available.

Finance and fundraising

Concerns about finance and fundraising were expressed by most of the group co-ordinators, though awareness of this was not reflected in the community interviews to any notable extent. The outstanding problems are – managing an inadequate budget, sometimes with the organisation on the verge of collapse, being unable to plan because of the uncertainty of funding, and trying to juggle time between co-ordination of the group's activities and fund-raising. Another

consequence of shortage of funds is inadequate accommodation. Several of the groups are run, literally, from the co-ordinators' kitchens, and only a minority have even one room as dedicated office space.

- *"(Our) budget is very minimal, for minicabs and expenses. Funding is a major ongoing problem, morehdik (fearful). It goes on for ever and ever. I put in a tremendous amount of hard work (applying for funding), and then don't get the money. That is very hard to cope with. It's major time-consuming, and stops me (from) doing other things. I need a budget to pay a fund-raiser, but that would not be funded"(G).*

- *"Another problem is funding. We have no statutory funding. We have a sliding scale of fees, but no one is turned away because they can't afford to pay" (G).*

- *"Funding is always a problem in an organisation like this…(it) is time-consuming and I do not spend enough time fund-raising. Colleagues in other similar organisations (outside the Jewish community) say they spend about 50% of their time fund-raising. I am only able to spend about 10 or 15% of my time on this (due to other demands from the job) (G).*

- *"Funding is always a problem…"(G).*

- *"The most pressing problem is financial. Anyone seeing our balance sheets would laugh."(G).*

Many of the co-ordinators were working enormous hours on a voluntary basis, and were sometimes sinking their own funds into the organisation to bridge the gaps.

I contacted the co-ordinator of one of the groups a few months after the initial interview, and said that I would very much like to attend a meeting. She said that I would be welcome, but that the organisation had closed down for the time being, and were unlikely to resume due to lack of funding. Their main recurrent grant had not been renewed, and no other money was forthcoming. There was no likely prospect of resuming.
.
As mentioned, there was little evidence that members of the community were aware of of the financial difficulties faced by the organisations, although occasionally a community member

would say that they donated money to one or other of the organisations, suggesting some awareness of their charitable status, and their need for financial support.

Professional training

Occasionally the group co-ordinators, community members and professionals suggested that the level of professional training among those running the groups did not compare with that in the statutory services.

- *"The main problems are associated with the tremendous expansion – explosion – from being a small, kitchen-based organisation, to an organisation that aspires to professionalism. We employ professionals, but we are a chesed (charitable helping) organisation, and we (the co-ordinators) were never trained to manage. This has sometimes led us into situations that were difficult"(G).*

- *"Are they really professional, and confidential?"(C).*

- *"They have no medical background" (P).*

This was not often mentioned, but was said sufficiently often to suggest a problem. The organisation co-ordinators were aware of the problem and emphasised the effort and expense involved in bringing in professional services, and professional training for their (usually volunteer) workforce.

Rabbinic approval

The groups in this study could not function without approval from the rabbinic authorities. This takes two forms. First, each group must establish that it will work according to accepted *halachic* standards, and obtain initial rabbinic endorsement from the central authority (the Union of Orthodox Hebrew Congregations), otherwise they would not be consulted by most members of the community. Second, there must be ongoing liaison with one or more rabbinic advisers.

Most groups are dealing with areas involving issues of *halachic* difficulty – for example: *Sholom Bayis* (domestic harmony) and *Shmiras HaLoshon (*avoiding speaking badly of another) in relation to discussion of marital conflict, domestic violence and abuse, the use of the internet (normally forbidden by the rabbinate) and discussion of sexual matters, for medical reasons. All except one of the groups has the approval of the strictly orthodox rabbinate of the Union of Orthodox Hebrew Congregations, and the one exception is negotiating such approval. Most of the group co-ordinators said that they spent significant time and effort in clarifying every *halachic* question that arose in their work.

- *"We refer to rabbinic experts on halachic (religious-legal) issues" (G)*

- *"We reassure clients that use of the internet for medical purposes has rabbinic approval"(G).*

- *"We often refer questions of halacha (anonymously) to rabbinic consultants"(G).*

It is clear that the support groups have generally invested effort in obtaining rabbinic approval and guidance for their work, and this is understood (usually implicitly) by the community. This suggests a strong degree of trust by the community, both in the organisations, that they will maintain their *halachic* vigilance, and in the rabbinate, that they will offer reliable guidance..

Dissemination of information

Members of the community, and the professionals, were asked what they knew about each of the organisations in the study. Members of the community had usually at least heard of most of the organisations, and most people had accurate knowledge about the main functions of most organisations. Sources of information were:
- The press serving the strictly orthodox community. The *Jewish Tribune,* and the advertising bulletin, the *Heimishe News Sheet,* were explicitly mentioned by name by some people;
- Friends and relations in the community, who shared experiences and stories heard from others.

Table 1 shows how many people from the community, on average, had at least some accurate information about each organisation, and how many had only heard of the organisation but were unable to offer accurate information, and how many said they had not heard of the organisation.

TABLE 1 ABOUT HERE

Where information about organisations was inaccurate, this was sometimes because of the existence of two or more organisations with similar names (e.g. "*Chai*"), with some of the organisations in the study being sometimes confused with a similarly-named organisation. There was sometimes uncertainty about the exact roles of the different organisations in the study – for example uncertainty about how the organisations offering support for psychological distress differed from each other.

Table 2 shows comparable information for the professionals interviewed.

TABLE 2 ABOUT HERE

On average, the organisations studied were about as well known to the professionals interviewed, as they were to the community. However the figures in Table 1 mask some important differences between community and professional knowledge.

Those professionals who were themselves members of the community generally had some accurate knowledge of most of the organisations, and had often played an active role in setting up one or more.

Professionals from outside the community typically had dealings with just one or two of the organisations related to their professional roles. In these cases they were well informed about the roles of the organisations and the people who worked for them. As for the rest, they found the Hebrew names impenetrable, and had no information about the organisations. They indicated strong interest in having such information. They had all heard of *Jewish Care* (a large welfare organisation serving the entire Jewish community) and said that this would be their first port of call for information and help in looking for support for members of the strictly orthodox community, when their own resources were inadequate.

"I know that there are organisations (offering support for the strictly orthodox Jewish community), but I don't know their names – the Hebrew is difficult to remember. There is an organisation which provides carers, which Jewish Care would tap me into. So if I need specialist help or support (for an orthodox patient) I would contact Jewish Care, or someone in the community might be able to put me in touch with a suitable organisation. If there are all these organisations in existence it would be helpful if we had a list. I worked here in Stamford Hill for two years before I had even heard of Hatzola (orthodox-Jewish first aid organisation)". (P)

"Chai means life. I don't know what the others mean and have not heard of them" (P).

There is clearly scope for improved dissemination of information, both for members of community and for professionals, particularly those who are not themselves members of the community.

Discussion and conclusions

This report has identified a number of themes and concerns emerging from the interviews with the co-ordinators of ten groups offering culture-sensitive support to the strictly orthodox community, with members of the community and with professionals. These themes were:

- Admiration and appreciation of the work done by the groups;
- Appreciation of the need for culture-sensitive support of the kind provided;
- Concerns about confidentiality and stigma;
- Concerns over finance and fundraising;
- Concerns about professional training;
- The importance of liaison with rabbinic authorities
- Dissemination of information about the groups.

Some immediate implications are first, there is good evidence of a high degree of admiration, trust and respect for the organisations. They are seen to be offering valuable and necessary services, tailored to the religious and social needs of orthodox Jews, to acceptable and scrupulous *halachic* (religious legal) standards.

Second, the two greatest barriers to service use appear to be firstly, concern over confidentiality, with the related issue of stigma, and secondly, simply lack of sufficient information about the services available. There is some reluctance in the community to accept charity, and there are also fears that accepting some of the services will indicate that the recipient is inadequate and failing to cope with her role as *Akeres HaBayis* (foundation of the home). There was also some concern that service providers were not as "professional" as statutory service providers. These concerns might be dispelled by improving the flow of information about the services, in such a way that they are seen to be providing a professional level of care, and are meeting needs which it is not shameful to acknowledge. Articles in the widely-read community newspapers, and leaflets may improve the dissemination of information.

The flow of information to professionals from outside the community is particularly poor. Information leaflets targeting medical practices, hospitals, social services and other statutory service providers may improve the situation. It could also be important to provide an English equivalent word or slogan for each organisation, so that it can be recognised by the many professionals working with and for the community, for whom the Hebrew names are an unpronounceable and impenetrable barrier. If an organisation is recommended by a professional from outside the community, this may well improve its professional credibility and acceptability.

Finally, a significant area of concern is financial. The current era is one of relatively high political goodwill towards the provision of culture-sensitive services. Even so, funding is generally short-term, and often given with the understanding that organisations will become financially self-sufficient. Many of the organisations are providing services for those who can least afford to pay for them, so have to fall back on traditional fundraising methods, This results in an over-stretching of the already limited and usually voluntary human resources. Planning and development become very difficult. The result is that some of the organisations are in danger.. Funding from central and local government sources may not be reliable, but a growing appreciation of the effectiveness and cost-effectiveness of culture-sensitive services may improve the situation.

Related to the need for more reliable funding is the need for systematic welfare needs assessment, with a view to maximising the available resources and directing them to best effect.

The case for continued and improved central funding could be helped if scientifically acceptable evidence were to be obtained, investigating the efficacy of the interventions offered by organisations like those in this study.

The most noteworthy feature of the findings is the extent to which the organisations studied are seen and felt to be functioning effectively, albeit on limited resources, and reliant on voluntary help. This study suggests that the organisations are providing valuable services, and although there are identifiable problems, these can be addressed.

The main points for attention and action are: continued vigilance over confidentiality; improving the dissemination of information, particularly to statutory sector professionals working with the community; improving the reliability of funding; systematic needs assessment within the community; and examining the efficacy of the services provided by these and other culture-sensitive support groups.

Acknowledgements

interviews with users to be conducted. Vivienne Goldblatt conducted the user interviews with her usual kindness and efficiency. Dayan Dunner of the Rabbinate of the Union of Orthodox Hebrew Congregations gave approval and encouragement. Finally and of crucial importance, many thanks are due to the service providers, the professionals, the community members and the service users who took valuable time to share their knowledge and experience.

References

Bhui, K. & Olajide, D. (1999*) Mental Health Service Provision for a Multi-Cultural Society.* London: Ashgate.

Francis, J. & Jonathan, D. (1999) The voluntary sector, in Bhui & Olajide, *op cit*.

Goshen-Gottstein E. (1994) Is psychotherapy possible in unbelievers? Israel Journal of Psychiatry, 31, 232-233.

Holman, C. & Holman, N. (2002) *Torah, Worship and Acts of Loving Kindness: Baseline Indicators for the Charedi Community in Stamford Hill.* Leicester: De Montfort University.

Loewenthal, K.M. (1998) Haredi women, Haredi men, stress and distress. *Israel Journal of Psychiatry, 35, 217-224.*

Loewenthal, K.M. & Goldblatt, V. (1993) Family size and depressive symptoms in orthodox Jewish women. *Journal of Psychiatric Research*, 1993, 27,3-10.

Mohd, S., Razali, K.A. & Khan, U.A. (2002) Religious-cultural psychotherapy in the management of anxiety patients. *Transcultural Psychiatry,* 39, 130-136.

Olajide, D. (1999)Government policy and ethnic minority mental health, in Bhui & Olajide, *op cit*

Shmool, M. & Cohen, F. (1997) *Report of Community Statistics 1996..* London: Research Unit of the Board of Deputies of British Jews.

Shmool, M. & Cohen, F. (2002) *British Synagogue Membership in 2001*. London: Research Unit of the Board of Deputies of British Jews

Smith, J.A. (1995) Semi-structured interviewing and qualitative analysis. In *Rethinking Methods in Psychology.* (eds. J.A.S mith, R.Harré, & L. Van Langenhore) London: Sage.

Tseng, W. (1999) Culture and psychotherapy: Review and practical guidelines, *Transcultural Psychiatry,* 36, 131-80.

Table 1: Mean proportion of community members interviewed (n=27) who had heard of each organisation.

	Percentage (Number)	Range
Have heard, and able to give accurate information*	**42%** (14.6/27)	7 – 81% (2-22/27)
Have heard, no information, information too vague to identify organisation, or inaccurate	**16%** (4.2/27)	4 – 30% (1 – 8/27)
Have not heard of the organisation	**33%** (9/27)	4 – 78% (1 – 21/27)

Note: An average of 42% of those interviewed had heard of each organisation, but there were variations between organisation. Of the 10 organisations studied, seven were sufficiently well-known for the majority of the people in the community (60% or more) interviewed to be able to give an accurate description. The remaining three were seldom described accurately (15% or less of the community members interviewed).

Table 2: Mean proportion of professionals who had heard of each organisation.

	Percentage (Number)	Range
Have heard, and able to give accurate information	**43%** (3.4/8)	25 - 75% (2 - 6/8)
Have heard, no information, information too vague to identify organisation, or inaccurate	**6%** (0.5/8)	0 – 25% (0 – 2/8)
Have not heard of the organisation	**51%** (4.1/8)	25 - 75% (2 - 6/8)