An Assessment of the Mental Health Needs of the Orthodox Jewish Population of Metropolitan New York

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New York

. . . frequently encountered . . . within the Orthodox world is the equation by some people of emotional problems or mental illness with sin or sinful behavior and thus relating mental illness to a lack of faith or inadequate religious practice.

Mental health care for New York's Orthodox Jewish population is becoming more acceptable. However, empirical data to currently assess whether the Orthodox's mental health needs are being adequately met is sorely lacking. To address this issue, this study questioned Orthodox mental health professional (OMHP's). It found that substantial mental health needs continue to exist within the Orthodox community. Characterization and causes of these needs are discussed. Recommendations for addressing these needs are offered.

Introduction

There is an increasing focus today on many different aspects[1] of Orthodox Judaism[2] One of these is its relationship to psychiatry and psychology, as well as to mental health issues in general. Indicative of this is the growing body of literature addressing both practical and theoretical issues in these areas.[3] Clinical problems in the mental health treatment of Orthodox Jews, as well as important questions about the nature of the variables involved in the study of Orthodoxy and mental health are currently being discussed.[4] One significant reason for this heightened interest is the rise in the number of Orthodox mental health professionals (OMHPs) working in the field,[5] as well as the increasing number of Orthodox clients who are requesting and receiving mental health

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[1] One indication of this is recent articles on Orthodoxy appearing in the lay press. See, for example, Natalie Gittelson, "American Jews Rediscover Orthodoxy", *The New York Times Sunday Magazine,* Sept. 30, 1984, pp. 41–71.

[2] The term Orthodox Jew may be defined in a number of different ways. Various definitions are suggested in "Orthodoxy in American Jewish Life", by Charles Liebman in *"The American Jewish Year Book,* 1965, Vol. 66. New York: The American Jewish Committee, 1968, pp. 21–92. Operationally, in this report, an Orthodox Jew is any respondent who so identifies him or herself, or his/her patients. A wider rather than a narrower use of the term is being applied here. The features that uniquely distinguish Orthodox Jews have been well described elsewhere (e.g. *Ibid.*), and will only be discussed in this paper when directly relevant to the study.

[3] This literature is far too vast to be thoroughly referenced here. Some suggested starting points for the interested reader are: Reuven P. Bulka and Moshe H. Spero, "Psychology and Judaism: A Bibliography", *Proceedings of the Association of Orthodox Jewish Scientists,* Vol. 7, 1983, pp. 187–226; *The Journal of Psychology and Judaism,* Reuven P. Bulka, editor, which frequently carries articles on these topics, as well as previous issues of this journal.

[4] Irving Levitz, "Orthodoxy and Mental Health: Suggested Parameters for Empirical Studies," *Journal of Psychology and Judaism,* Vol. 4, no. 2 (Winter 1979), pp. 87–99.

[5] Marvin Wikler, "The Recent Rise of Professional Orthodox Jewish Social Services", *Journal of Jewish Communal Services,* Vol. 55, No. 3 (Spring 1979), pp. 279–284.

services.[6] One factor which is promoting this latter change is the development of mental health services and facilities geared toward serving the Orthodox.[7]

Despite the burgeoning literature on these subjects, the reported rising number of OMHPs and Orthodox related services, and the upsurge in Orthodox Jews' usage of mental health services, it is not clear how well the mental health needs of the Orthodox Jewish population are presently being fulfilled. The majority of recent reports that do address issues related to the state of mental health needs within New York's Orthodox community, or one of its segments, are based only on individual's clinical or administrative experience and/or literature reviews.[8] Studies which report on the incidence of mental illness within the greater Jewish population do not specifically focus on the Orthodox segments.[9] In fact, Sanua, in a recent review, found these reports about Jewry in general to be few in number and often outdated.[10]

There is presently a paucity of up-to-date empirical data to answer needs assessment questions about the Orthodox community. These questions include why the Orthodox community continues to be underserved, if in fact it is, and whether there are specific subgroups, segments, communities, or problem areas more in need of improved mental health services than others. Additionally, one needs to determine how to address these needs.

In the light of our clinical impressions, and those of others, that suggest that the Orthodox Jewish community is presently not receiving the mental health care that it requires, these questions become all the more important. As part of an assessment of needs for a proposed outpatient clinic division geared toward Orthodox patients to be part of the Department of Psychiatry of the Albert Einstein College of Medicine, Soundview-Throgs Neck Community Mental Health Center, this study, (and a companion study reported elsewhere[11]) attempts in a preliminary manner, to address some of these questions. This was accomplished by polling the views of Orthodox mental health professionals residing in the Metropolitan New York City area.

Subjects and Methods

An 18 item questionnaire which was created for this study was mailed to approximately 240 Orthodox mental health professionals, members of the Association of Orthodox Jewish Scientists' (AOJS) Behavioral Science/Mental Health Section. The AOJS membership list was chosen for this study because it is the single largest grouping of OMHPs in the United States, and is believed to provide representation across the

[6] Marvin Wikler, "The Meaning of the Therapist's Religious Identity to Orthodox Jewish Clients", Doctoral Dissertation, Wurzweiler School of Social Work, Yeshiva University, June, 1983, p. 12.

[7] Marvin Wikler, 1979, *op. cit.*, p. 279.

[8] See, for example, Leon Gersten, "The Mental Health Needs of the Pious", *Sh'ma*, Feb. 2, 1979, p. 52–55; Lester A. Kaufman, "Comprehensive Mental Health Planning for the Orthodox Jewish Community", *Intercom: Special Issue on Mental Health and Torah Judaism*, Vol. 16, No. 2 (Dec. 1976), p. 27; Lawrence Rubin, Discussion of Jacob Mermelstein's paper, "Mental Health Problems of Orthodox Jews As They Relate To Children and Adolescents", *Intercom*, Vol. 18, No. 1 (May 1979), pp. 39–40; Irving Levitz, *op. cit.*, p. 92.

[9] Victor Sanua, "The State of Mental Health Among Jews", in *A Psychology-Judaism Reader*, ed. by Bulka and Spero. Springfield: Charles C Thomas, 1982, pp. 37–57.

[10] *Ibid.*, p. 38.

[11] S. Shalom Feinberg, and Karyn G. Feinberg, The 'Rabbis' View: The State of Mental Health needs in the Orthodox Community", *Tradition* (In Press), 1985.

spectrum of Orthodox Judaism.[12] In order to respond to the questionnaire one needed to either check the most appropriate answer(s) or number the intensity of the finding.

Seventy responses were received from OMHPs residing in the Metropolitan New York area. (Eighteen responses received from OMPHs outside this region were discounted). Among the respondents were 12 psychiatrists, 27 psychologists, 20 social workers, 9 people who identified themselves as counselors or therapists, and 2 others. They averaged 11.4 years of experience.

A necessary demographic question required respondents to describe their religious affiliation along the spectrum of Orthodoxy. This question was a difficult one to phrase. Different researchers have used a variety of terms in attempting to describe discrete subgroups within Orthodoxy.[13] Helmreich notes in this context that subgroups of Orthodoxy lie along "a continuum rather than [their being] totally separate categories".[14] There is much overlap, blurring of distinctions, and differing interpretations in this area. Acknowledging the limitations associated with any of the terms we may have chosen, we decided upon the terms Conservative-Orthodox ("Conservodox"), Modern Orthodox, Ultra-Orthodox ("Yeshivish"), and Chassidic. Four and three-tenths percent of respondents identified themselves as Conservative-Orthodox, 53% as Modern Orthodox, 27% as Ultra-Orthodox, and 3% as Chassidic. Exemplifying the difficulty with these labels a number of OMHPs wrote in responses to this question. These included "Orthodox" (5.7%), and those marking both Modern Orthodox and Ultra-Orthodox (3%).

While 28% of the respondents reported seeing only 0–5 Orthodox Jewish clients in consultation or in therapy over the past year, 10% of the respondents saw between 5–10 and 62.5% saw 10 or more Orthodox clients. Of this latter group, 31% evaluated 40 or more such patients during this time period.

For comparison, the OMHPs were also asked to report how many patients in general they saw over a similar time period. Eighteen percent reported seeing between 0–20 clients, 27% evaluated 20–50 clients, and 55% saw 50 or more patients. As one can see from the data, this group has seen an adequate sampling of both Orthodox patients and patients in general. This lends credence to their views on these issues.

Results

In response to a question on how well the mental health needs of the greater Orthodox Jewish population were being served, 89.6% of the OMPHs felt that they were at least somewhat undeserved with forty-five percent of this group, and 40.3% of the total respondents to this question feeling that the Orthodox Jewish community's mental health needs were significantly underserved. There were no indications that these findings differed significantly across various communities in the New York City area.

Respondents were also asked to compare how the mental health needs of the Orthodox community were being met in comparison to the general population. While 26.1% of the OMHPs felt they were being equally met, 73.9% felt that Orthodox Jews' mental health needs

[12] Joel Schwartz, Executive Director, Association of Orthodox Jewish Scientists, (Personal Communication), Feb., 1984.

[13] See, for example, Charles Liebman, *op. cit.;* Irving Levitz, *op. cit.*, p. 88; William B. Helmreich, *The World of the Yeshiva: An Intimate Portrait of Orthodox Jewry.* New York: The Free Press, 1982, pp. 52–55; Marvin Wikler, 1983, *op. cit.*, p. 216.

[14] William Helmreich, *op. cit.*, p. 55.

were being addressed more poorly. In fact, almost one-third of this latter group and 23% of the total respondents state that the mental health needs of the Orthodox were being addressed *significantly* less well.

In attempting to understand what factors might be causing the above findings the OMHPs opinions were elicited. The choices, offered along with the percentage of respondents who checked each of them are noted in Table one, Col. 1.

As part of the same question, the respondents were asked to double-check the most important factor offered. Questioning in this manner discriminated more clearly among the various choices (Col. 2). The responses related to stigma, both the stigma attached to having emotional problems, and that involved in seeking out a mental health clinician were equally noted by 58% of the respondents and were clearly cited more frequently than the other choices. In retrospect we feel that these two choices were quite similar and that it was difficult to differentiate between them. Adding together respondents who double checked either one or both of these choices we found that 72% of the OMHPs felt that the fear of stigma was the most important factor in the Orthodox Jewish community not seeking out and therefore not receiving adequate mental health care.

Table 1.
Factors in The Inadequate Mental Health Care of the Orthodox Population[1]
(By Percentage of Respondents to Question)

	Col. 1 At All Pertinent	Col. 2 Most Important
A) The stigma, personal or family, attached to psychiatric problems.	93.8	58
B) The stigma, personal or family, attached to seeing a mental health clinician.	89.2	58
C) General social mistrust of the mental health field.	89.2	32
D) The belief that religion and psychology/psychiatry are in conflict.	75.4	20
E) Lack of affordable services to address these needs (i.e., clinic facilities).	58.5	16

[1] Note: Percentage is greater than 100% because respondents frequently selected more than one choice.

Other reasons written in by the OMHPs on this issue included the feeling that mental health services were not able to help, nor were they attuned to the needs of the Orthodox. This was the most frequently added response, though by only 6% of the respondents. Also noted were the Orthodox Jews' desire for magical cures, as well as the minimizing of the seriousness of mental health problems by Orthodox Rabbis.

Respondents were then asked whether they felt Orthodox clients would be more likely to seek mental health services from a clinic located peripheral to, or outside of their community, or from one within their community. Among respondents to this question 63.1% cited the former choice, and 15.2% the latter. Interestingly, 18.5% of the OMHPs checked both of these choices, writing in such comments as, "it depends", or "different locations are preferable for different segments." Thus a total of 81.6% of respondents saw a role for clinic facilities not located within the heart of the various Orthodox communities.

As part of the needs assessment data an important issue which was addressed was whether specific disorders or problems within the Orthodox Jewish population were more in need of additional services than others (Table Two).

Table 2.
Psychiatric Problems and Disorders in Need of Additional Services Within the Orthodox Community[1]

Problem/Disorder	Percentage of Respondents
Marital/family problems	62
Significant Personality Disorders (SPD)	53
Schizophrenia	51
Adjustment Disorder	48
Acute Psychotic Disorder	43
Anxiety Disorder	40
Substance Abuse	40
Resondents who answered either SPD and/or schizophrenia	62

[1] Note: Percentage is greater than 100% because respondents frequently selected more than one choice.

Table 3.
The Percentage of Patients Evaluated By Respondents Who Were Unable to Afford Private Mental Health Services

Percentage of Patients Evaluated	Percentage of Respondents
0–10	27.6
10–20	13.8
20–40	24.1
40–60	19.0
>60	15.5

Marital and family problems were most frequently singled out by the OMHPs as in need of additional mental health services (62%). Other individual problems and disorders were noted by 40–53% of the respondents. Sixty-two percent checked either significant personality disorder or schizophrenia, or both; both of which we feel are indicative of severe, chronic dysfunction. Among responses written in to this question, the need for residential facilities for chronic patients who are unable to live independently or with their families was most frequently described (by 8% of respondents). Other issues raised by the OMHPs with some frequency included problems of the elderly and the disabled, sexual dysfunction, and difficulties related to primary prevention.

In attempting to hone in on other characteristics of the need for mental health services, respondents were asked if specific segments across the spectrum of Orthodoxy, or if specific age groups, were more in need of additional mental health services. In response to the former question, among those who felt that specific Orthodox subgroups required improved services (84% of respondents to the question), 82.3% cited the Ultra-Orthodox, 72.5% the Chassidic, and 8% the modern Orthodox subgroups. In terms of the latter question, 48.7% felt that no single age group was more in need of mental health services at this time. Among the other respondents, 42.6% noted the adult age group, 24% the elderly, 15% adolescents, and 11% children. The final issue raised in this study determined the percentage of Orthodox clients in need of mental health services who can not afford private services, and looked at what then happens to them. One-third of the respondents felt that 40% or more of the people they saw in consultation could not afford private services (Table three).

When asked what happens to those clients, 82% of the OMHPs felt that most of them do not receive the necessary mental health services. The remaining respondents to this question felt that this group does, in fact, eventually receive services in existing clinic facilities.

Discussion

Assessment studies can supply important informational input into cultural and ethnic factors that may effect the delivery of mental health services to subpopulations within the community.[15]

[15] Larry M. Siegal, C. Clifford Attkisson, and

The many strategies and techniques available for use in the planning and evaluation of mental health programs have been reviewed elsewhere.[16]

This assessment, which utilized a mailed questionnaire to survey mental health practitioners, has particular advantages. Siegel et al noted that surveys of mental health practitioners "provide a particularly important input to a mental health needs assessment. In fact, the potential usefulness of this assessment information is so great that many mental health programs might consider this as one of their early planning activities".[17] As Orthodox Jews, and as members within the communities being studied, the OMHPs are able to offer additional insights on the issues at hand. Other strengths of this approach include the use of a uniform, structured, testing tool that allows for quantification of results and respondents retaining their anonymity, while entailing minimal funding and manpower.

However, as is true of all needs assessment approaches this technique possesses inherent limitations in addition to its strengths.[18] Weaknesses include its lack of scientific rigor in comparison to other methods, the lack of substantiation of the reliability and validity of the testing instrument (i.e. the questionnaire), the lack of direct questioning of the population being studied, and the fact that the results may be skewed by differences between those who responded to the questionnaire and those who did not.[19] Additionally, mailed questionnaires suffer from low response rates, (35% of OMHPs responded to the questionnaire) and potential inaccuracies and incompleteness.[20]

Certainly, techniques other than the one chosen for this study would have supplied different types of information.[21] The whole area of needs assessment is presently undergoing much scrutiny and hopefully, refinement. One emerging conclusion is that the use of multiple approaches to assess comprehensively a given population is optimal, though not always feasible.[22] Therefore the preliminary nature of this study should be kept in mind.

The results of this study indicate that 90% of the respondents felt that the mental health needs of the Orthodox community within the New York City area are not being adequately served at this time. There were no indications that these findings differed significantly across various communities in the New York City area. While one may have expected that since Brooklyn has a relatively high concentration of mental health services geared toward the Orthodox as well as Orthodox therapists, the findings of OMHPs treating patients in that borough would differ from that of the other boroughs. While this did not prove to be the case, the relatively small number of responders per borough and the fact that the study did not directly ask respondents to distin-

Anne H. Cohn, "Mental Health Needs Assessment: Strategies and Techniques", in Attkisson and Sorenson, *Resource Materials for Community Mental Health Program Evaluation.* Washington, D.C.: National Institute of Mental Health, 1978, p. 46–65.

[16] *Ibid.*

[17] *Ibid.*, p. 55.

[18] David Royse and Kenneth Drude, "Mental Health Needs Assessment: Beware of False Promises", *Community Mental Health Journal,* Vol. 18, No. 2 (Summer 1982), pp. 97–106.

[19] *Ibid.*, p. 100; George J. Warheit, Roger A. Bell, and John J. Schwab, *Needs Assessment Approaches: Concepts and Methods.* Washington, D.C.: N.I.M.H., 1977, pp. 20–22; 76–77.

[20] Larry M. Siegal, C. Clifford Attkisson and Anne H. Cohn, *op. cit.*, p. 54.

[21] Richard Stewart, "The Nature of Needs Assessment in Community Mental Health", *Community Mental Health Journal,* Vol. 15, No. 4 (Winter 1979), pp. 287–295.

[22] Larry M. Siegal, C. Clifford Attkisson, and Anne H. Cohn, *op. cit.*, p. 46; David Royse and Kenneth Drude, *op. cit.*, p. 99.

guish the state of mental health needs across geographic communities make this latter finding tentative in nature and in need of further clarification.

In addition, while one may question whether the needs of this population is merely a reflection of similar needs within the general population, the reports of approximately three-quarters of the respondents in this study that the Orthodox community's mental health needs are being met more poorly than those of the general population makes this assumption unlikely. These results are consistent with findings in our companion study which asked similar questions of Orthodox rabbis.[23] In this latter study 82% of the respondents felt that the mental health needs of their communities were not being adequately addressed. Aside from a study performed by Landesberg and Rosenblum which utilized a household interview technique to look at the Orthodox community of Boro Park in the early 1970's,[24] other recent needs assessment information on the Orthodox is limited to anecdotal reports of experienced clinicians and mental health administrators.[25] Importantly, both Landsberg and Rosenblum[26] and the professionals in this latter group report that there are mental health needs which are not being met within specific communities, and the Orthodox population in general.

A number of statements about the nature of these needs may be drawn from this study. The clinical areas most in need of additional services are marital and family problems, and the problems of the chronic, severely ill psychiatric patient. The significance of this latter problem was reinforced by the number of respondents who mentioned the lack of existing residential facilities for the chronically ill Orthodox patient. Marital and family problems were also prominently noted by Wikler in his research on the Orthodox patient-therapist interaction,[27] and by the Orthodox rabbinical respondents in our companion study.[28] As has been discussed elsewhere, the Orthodox Jewish family living in this complex 20th century society, finds itself facing considerable pressures.[29] While this may explain, in part, the reported prominence of marital and family problems, characterization and understanding of these problems, through further research, is indicated.

At the other end of the spectrum, substance abuse and anxiety disorders were least frequently checked. This coincides with the many reports[30] which have described a very low incidence of substance abuse among Orthodox Jews. However, as others suggest,[31] as well as

[23] S. Shalom Feinberg and Karyn G. Feinberg, *op. cit.*

[24] G. Landsberg and R. Rosenblum, "An Exploratory Study of the Demographic Characteristics, Attitudes Towards, and Use of Mental Health, and Social Services in the Chassidic and Ultra-Orthodox Jewish Community of Boro Park", Maimonides Medical Center, Community Mental Health Center, Program Analysis and Evaluation Section, Unpublished Manuscript, June 1974.

[25] See note (8)

[26] G. Landsberg and R. Rosenblum, *op. cit.*, p. 19.

[27] Marvin Wikler, 1983, *op. cit.*, p. 149.

[28] S. Shalom Feinberg and Karyn G. Feinberg, *op. cit.*

[29] See, for example, Hayim Granot, "Jewish Family Values and Contemporary Attitudes," *Intercom,* Vol. 7 (1983), pp. 153–164.

[30] Charles Snyder, *Alcohol and the Jews: A Cultural Study of Drinking and Sobriety*. Carbondale, Ill.: Southern Illinois University Press, 1978; Meir Wikler, "Another Look at the Diagnosis and Treatment of Orthodox Jewish Family Problems", *Journal of Psychology and Judaism,* Vol. 7, No. 1 (Fall/Winter 1982), pp. 42–54; Barry Glassner and Bruce Berg, "Social Locations and Interpretations: How Jews Define Alcoholism", *Journal of Studies on Alcohol*, Vol. 45, No. 1 (Jan. 1984), pp. 16–25.

[31] A. B. Cohen, "Wanted: Help for Orthodox Addicts", *The Jewish Observer,* Vol. 15, No. 9 (Nov. 1981), pp. 9–13; Abraham Twerski, "No Immunity to Addiction", (ltr. to ed.), *The Jewish Observer,*

40% of the respondents in the present study, substance abuse is not completely absent within this population.

Overall, the responses to this question revealed rather minimal differences among the 9 choices given, with the possible exception of marital and family problems. This may reflect the need for further services in all of these clinical areas and/or difficulties with the wording of the question and the choices of clinical entities offered. An additional limitation of this question is the fact that mental health professionals of various disciplines may see different subsets of psychiatric patients. This in turn may effect how they view mental health needs within the Orthodox community. In this study the relatively small numbers of respondents per discipline precludes drawing any meaningful conclusions along these lines. One extension of this question would involve comparing the incidence of various psychiatric problems and disorders in the Orthodox Jewish population with that of the general population. This would supply valuable information on how to prepare and allocate efficiently mental health services specifically for the Orthodox.

Although the OMHP respondents did not have consistent opinions on which age groups, if any, were more in need of additional services, they did offer clearer views about the needs of specific segments of the Orthodox spectrum, notably singling out the Ultra-Orthodox and Chassidic subgroups. While this roughly coincides with the results we obtained from the companion study that questioned Orthodox rabbis,[32] it is interesting to note that less than one-third of the OMHP respondents identified themselves as part of these two subgroups. These data leave a number of questions unanswered. Firstly, it raises questions about the special needs of these two groups. Secondly, if these two groups do in fact have needs which differ from other Orthodox segments, it should be determined which sociocultural factors play a significant role in causing this. Lastly, one needs to question whether these reported differences in mental health needs are real, or whether the differences among the various Orthodox segments affect the accuracy of their perception about each other.

The question of why the needs of the Orthodox Jewish population are not being adequately met is obviously a complex one. In addressing this question, and mental health issues related to this population in general, one must keep in mind the heterogeneous nature of the Orthodox community, as previously emphasized by Levitz[33] and Wikler.[34] Thus different factors will vary in significance across communities, segments and even families. One possibility to consider is that this group has a greater incidence of psychiatric problems than the general population and therefore their demands overburden the limited mental health services available in the New York City area. While certainly an Orthodox Jew's emotional difficulty or psychiatric disorder may be influenced by his or her religious beliefs and cultural system,[35] there is little evidence to suggest that they do, in fact,

Vol. 15, No. 10 (Dec. 1981), p. 40; Nochem D. Gringras, "Alcoholism and Addiction In the Jewish Community: A Progress Report", *Amit Woman*, Vol. 57, No. 4 (February–March 1985), pp. 18–20.

[32] S. Shalom Feinberg and Karyn G. Feinberg, *op. cit.*

[33] Irving Levitz, *op. cit.*, p. 88.

[34] Marvin Wikler, 1983, *op. cit.*, p. 291.

[35] Moshe H. Spero, "The Jewish Patient In Psychotherapy: Diagnostic, Treatment, and Ethical Considerations", Reuven Bulka and Moshe Spero, eds., in *A Psychology—Judaism Reader*. Springfield, Ill.: Charles C Thomas, 1982, pp. 71–86.

have a greater incidence of mental illness.[36] Additionally, we feel that since only 16% of the respondents felt that the lack of affordable services was the most important factor behind the mental health needs of the Orthodox not being adequately met, it is unlikely that the Orthodox community is overburdening existing mental health services. Rather, it seems that this population doesn't utilize the facilities already within the communities.

A number of reasons have been suggested for this. As has been noted by others, Landsberg and Rosenblum found that the concern that one's religious beliefs would not be respected, but might instead be criticized or blamed as a cause of their emotional problems was a significant factor in the Boro Park Chassidic and Ultra-Orthodox populations underusing the local community mental health center.[37] Sixty-eight per cent of their sample indicated that they would send someone to therapy only if he/she could see an Orthodox therapist. There is the fear that they will be personally ridiculed or misunderstood because of their beliefs and practices by anti-religious outsiders.[38] The potential Orthodox client therefore feels such services will be of limited help to him.[39] It is noteworthy that in the present study the written in responses emphasized the Orthodox community's feeling that existing facilities and their staff are not attuned to their needs and are therefore of limited help. In retrospect it would have been informative to have offered respondents this factor clearly as one of the choices in this question in order to judge better its significance in the Orthodox not seeking necessary treatment.

Additionally, the existence of a stigma attached to mental health treatment has been reported by Wikler in his research,[40] as well as by other clinicians.[41] This study sheds further light on this issue. The stigma involved in having an emotional problem or receiving psychiatric treatment was felt by most OMHP respondents to be the most significant factor in the Orthodox population being underserved. Viewing the community from a different vantage point, Orthodox rabbis in responding to a similar question also noted the prominence of the "stigma factor".[42] The fear of being stigmatized has a number of ramifications. Often denying the existence and severity of psychiatric problems, Orthodox Jews hestiate to seek out needed professional assistance until their problems are quite serious and difficult to treat.[43] To prevent the stigma involved in being seen attempting to obtain mental health services, Orthodox clients may not be willing to use services within their community.[44] This is consistent with the responses of more than 80% of the OMHPs in this study who felt that clinic facilities specifically outside of, or peripheral to rather than inside the various Orthodox Jewish communities, would be utilized. This finding is notable since it runs contrary to the Com-

[36] Mental health professionals such as Wikler (1982, *op. cit.*) and Rubin (*op. cit.*) opine that Orthodox Jews do not have a greater incidence of psychopathology. Furthermore, looking at mental health, rather than mental illness, Sanua found no relationship between mental health and religion (Victor Sanua, "Religion, Mental Health, and Personality: A Review of Empirical Studies", *American Journal of Psychiatry,* Vol. 125, No. 9 1969, pp. 1203–1213).

[37] G. Landsberg and R. Rosenblum, *op. cit.*, pp. 14, 18.

[38] Irving Levitz, *op. cit.*, p. 92; Marvin Wikler, 1979, *op. cit.*, p. 282.

[39] Lawrence Rubin, *op. cit.*, p. 40.

[40] Marvin Wikler, 1983, *op. cit.*, p. 169.

[41] Leon Gersten, *op. cit.*, p. 53; Irving Levitz, *op. cit.*, p. 92.

[42] S. Shalom Feinberg and Karyn G. Feinberg, *op. cit.*

[43] Irving Levitz, *op. cit.*, p. 92.

[44] Leon Gersten, *op. cit.*, p. 53.

munity Mental Health Center (CMHC) model which has emphasized locating services in close proximity to potential patients.[45]

In order to understand better the nature of the stigma discussed, research performed in a comprehensive manner, using a number of different approaches, is indicated. One aspect for future study will involve teasing out those aspects of the "stigma factor" unique to the Orthodox Jewish community. For example, the frequently encountered perception that one is weak, defective, or crazy if he/she seeks out mental health services for emotional problems crosses many cultural and ethnic lines.[46] An extension of this perception within the Orthodox world is the equation by some people of emotional problems or mental illness with sin or sinful behavior[47] and thus relating mental illness to a lack of faith or inadequate religious practice. People fear that they may then risk their reputation and community standing if they acknowledge having emotional problems and seek out professional assistance.

Beyond the personal risk involved in addressing psychological or psychiatric difficulties is the potential repercussions for one's family. This is related to the significant *shiddach anxiety* which exists within the Orthodox world.[48] That is, the concern that various features of one's family may be viewed negatively by those looking at a family member for a *shiddach* (a potential marital match). This is especially the case when the family feature is related to mental illness. Unfortunately, these concerns do have a reality basis. Frequently potential marriages are called off because of exaggerated fears that emotional problems of any type in a family will effect the future spouse as well as any offspring.[49] To address this issue adequately, programs to educate the Orthodox community and its leaders about the potential inheritability of psychological and psychiatric disorders are needed.

Further Questions and Conclusions

Even after one confirms that there are unmet mental health needs within the Orthodox population and explores some of their features, many questions still remain. For example, while this study concentrates upon New York City, in general, the question remains as to whether these needs exist to the same extent in all the component communities. Since it is such a heterogeneous population this would seem to be unlikely. Furthermore, one might investigate whether these findings hold true for Orthodox communities outside the New York City area, as well as for the entire Jewish population beyond the Orthodox.

An important outgrowth of the present study is determining how best to address the requirements of the Orthodox. Professional staff need to be knowledgeable and emphatic toward their practices and beliefs. Clinicians should be competent in dealing with is-

[45] Pedro Ruiz, and Thomas T. Tourlentes, "Community Mental Health Center" in Talbott and Kaplan, Eds., *Psychiatric Administration: A Comprehensive Textbook for the Clinician-Executive.* New York: Grune and Stratton, 1983, p. 106.

[46] See, for example, G. M. Crocetti, H. R. Spero, and I. Siassi, *Contemporary Attitudes Toward Mental Illness.* Pittsburgh: University of Pittsburgh Press, 1974; Behnaz Jalali, Mehrdad Jalali and Floyd Turner, "Attitudes Toward Mental Illness: Its Relation To Contact and Ethnocultural Background", *The Journal of Nervous and Mental Disease,* Vol. 166, No. 10 (1978), pp. 692–700.

[47] See, for example, Marvin Wikler, "The Torah View of Mental Illness: Sin or Sickness", *Journal of Jewish Communal Services,* Vol. 53, No. 4 (Summer 1977), pp. 339–344; Moshe H. Spero, "Mental Illness as Sin: Sin as Neurosis", *Journal of Jewish Communal Services,* Vol. 54, No. 2 (Winter 1978), pp. 116–127.

[48] Irving Levitz, *op. cit.,* p. 93.

[49] Leon Gersten, *op. cit.,* p. 53.

sues within the family (e.g. systems theory), as well as with the problems of patients with severe chronic psychopathology. Aside from outpatient clinics, it is reasonable to assume that for this latter group a wide variety of services such as pre-vocational and vocational programs and residential facilities are also needed. A sliding fee scale for the significant percentage of patients unable to afford higher rates is indicated.

A thorny problem which remains is whether Orthodoxy's needs should be addressed by the creation of separate services, run and staffed by Orthodox professionals, or through the development of necessary resources within existing, non-Orthodox facilities.[50] There would seem to be merit to both options. For example, a distinctive agency, solely Orthodox, offers advantages in reaching out to a population historically suspicious of outsiders. On the other hand, developing resources for the Orthodox within established facilities could offer them professionals with wide expertise and a well developed organization which can only come after years of experience.[51] Additionally, it offers those who prefer it the choice of seeing a non-Orthodox therapist.[52] A third option, which comprises components of the first two, is to develop separate facilities for the Orthodox Jew under the auspices of already established clinical programs. While we feel this latter option may be most attractive, all of these plans may be indicated and necessary to address the spectrum of Orthodox Jewish people and their needs.

Similarly, the issue of where to locate such facilities, either within, peripheral to, or outside the communities is also a complex one. While most of our respondents suggest that services peripheral to or outside of the community are indicated, they still must be in easy access of patients. Inconveniences, such as considerable geographic distance, may add to one's pre-existing resistance to seeking help. As indicated by almost 20% of the respondents, there is probably value in developing facilities in both types of location.

In conclusion, we believe it is not likely that the development of one facility or the augmenting of one clinical agency will adequately address the needs we have discussed. Rather, many professionals from many different organizations will be necessary. Mental health care for the Orthodox has come a long way in the last decade. However, there is still much to be done. The guidelines for addressing this challenge are becoming clearer. We hope this report will serve as a stimulus for further study.

[50] Marvin Wikler, 1979, *op. cit.*, p. 284.
[51] *Ibid.*
[52] Marvin Wikler, 1983, *op. cit.*, p. 199.