

**Prevalence of emotional and behavioural disorders among strictly orthodox
Jewish children in London**

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Abstract

Teacher and parent ratings of emotional and behavioural disorders were made for children aged 5-15 years in the strictly orthodox Jewish community in North London, on the Strengths and Difficulties Questionnaire (SDQ, Goodman, 1997). 369 sets of teacher ratings and 226 parent ratings were obtained. Parent ratings reflected generally less disturbance than did parent ratings in the national samples reported by Meltzer et al (2000, 2003). Teacher ratings reflected similar levels of disturbance to teacher ratings of the national sample, except that the older boys in this sample were rated as more disturbed by their teachers. Teacher ratings of disturbance were associated with perceived special educational needs, and it was noted that statutory remedial help was said to be particularly urgently needed for older boys. In this community there is negligible statutory educational funding and remedial support for older boys is said to be particularly under-resourced. The strictly orthodox Jewish community is characterised by large family size and high levels of economic deprivation, and it might be expected that there would be high levels of associated emotional and behavioural disorders. The relatively low levels of behaviour disturbance found were suggested to be the result of moderating factors such as high levels of family cohesion, social support, and religiosity.

Key words: orthodox Jews, religion, SDQ, emotional and behavioural disorders

Running head: strictly orthodox Jewish children

Biographical notes

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Prevalence of emotional and behavioural disorders among strictly orthodox Jewish children in London

Rates of emotional and behavioural difficulties in childhood have long been studied (Rutter et al, 1976; Brandenburg et al, 1990). Geographical and social class effects are well documented in the literature, as are the negative impact on children of parental unemployment and psychiatric disorder, and of relatively high number of siblings

(Meltzer, et al, 2000). There is also considerable evidence demonstrating the importance of childhood emotional and behavioural disorders for the long-term mental health of children. Overall, the best estimates of rates of disturbance in the UK come from Meltzer et al's (2000) study of over 10,000 5-15 year olds in households in England, Scotland and Wales in 1999. This survey demonstrated that 10% of children aged 5-15 years had a 'mental disorder' on ICD-10 classifications, with 5% having clinically significant conduct disorders, 4% emotional disorders and 1% being rated as hyperactive. Boys were almost twice as likely as girls to be rated as having a mental disorder, and rates were higher amongst older children (11-15 year olds) than younger children. Rates of disturbance were higher in lone parent families, reconstituted families, families with five or more children, those where parents had no educational qualifications, families with unemployed parents, low-income families, low socio-economic status families, those who were not owner occupiers of their homes, and those with 'a striving rather than a thriving socio-demographic classification'. The follow-up study of these children by Meltzer et al (2003) showed very important continuities in disturbance in this sample over a three-year period. A total of 573 children 'who had a mental disorder' in the earlier study were successfully recontacted. Overall, a quarter of those with emotional disorders were also assessed as having an emotional disorder three years later, with mother's poor mental health being a significant predictor of continuity. Of those children assessed in 1999 as having a conduct disorder, 43% were also rated as having a conduct disorder three years later; continuity in conduct disorders was especially high (51%) for those who also had special educational needs. Main predictors of continuity, in addition to special educational needs, were poor maternal mental health and whether the child was frequently shouted at. This study and others demonstrates that there is substantial

variability in outcomes, with many children who have significant emotional and behavioural problems at one age 'settling down' later (e.g. Flouri et al, 2000); nevertheless, some types of difficulty, particularly 'externalising' problems are likely to have harmful consequences into adulthood (e.g. Buchanan et al, 2002). In particular, early 'hyperactive' and educational problems have long-term effects, being associated with continuing school difficulties, problems with attention and poor reading in adolescence, and leaving school with no qualifications (McGee et al, 2002).

While these overall figures are of considerable importance both for appreciation of the significance of children's difficulties and for service planning, there are some groups which might, on a priori grounds, be expected to show rather different patterns of childhood difficulties and yet which have been very little studied. One such group is the children of highly religious cultural and ethnic communities, because of their specific attributes. These include apparently high levels of social/community cohesion, focus on family life, ideological conservatism and, obviously, high levels of religious observance. In addition, in many such communities very large families are encouraged, and there are consequently often high levels of poverty. Some of these factors (community cohesion, religious observance) are believed to be protective against child (and adult) psychological difficulties (Loewenthal, 1995); others (such as economic privation) tend as noted above to be associated with high morbidity rates. Information about these groups could thus be important both in clarifying the factors associated with children's distress as well as offering much-needed data for the planning of appropriate services for members of religious cultural groups. This is especially important in a context in which religious communities are sometimes assumed to be able to meet their own needs through their own organisations, or where

they are seen as so different' that services are not designed with their requirements in mind.

In this study, we report data concerning rates of emotional and behavioural disorders amongst children in one such highly religious cultural/ethnic group, the strictly orthodox Jewish community in North London. This community lives mainly in 'enclaves', in London and other cities. There is strict adherence to Jewish laws regarding diet, prayer, social and sexual relationships, Sabbath and festivals, and other aspects of life. Two salient features dominate the upbringing of children. First, family size is normally very large: Holman and Holman (2002) in a recent study of the North London community in which our own research took place, found a mean household size of 5.9 (compared to 2.5 in the borough as a whole and 2.4 in England and Wales). Forty-three per cent of families in this community have four or more children below 16 years of age, compared to less than 2% nationally, and 20% had *nine* or more children. Secondly, schooling follows a distinctive pattern: parents wish to give their children a 'Torah education', involving single-sex schooling with (especially for boys) a very high proportion of time spent in studying religious texts such as the Pentateuch and Talmud (Holman and Holman found that while there were very few men with GCSE and A level qualifications, 12% had rabbinical qualifications requiring considerable religious academic knowledge). Few of the schools meeting the requirements of strictly orthodox parents receive state or local authority funding, and thus an important consequence of these two features is economic. Indeed, Holman and Holman (2002) provide detailed evidence of very high levels of poverty in the community: 58% of households below retirement age receive a means tested benefit; 24% of households have had more than one utility disconnected; over 40% of

households had made special arrangements in the year before the study to meet day to day costs; and 35% of adults and 20% of children lacked three or more items on a list of essentials. A quarter of men and a half of women in the community earn less than £7500 per year. These financial burdens of providing for large families on low incomes, including providing unsubsidised education, may be an important risk factor for psychiatric morbidity among adults and children (Loewenthal et al, 1995). The potential for higher earned income is frequently foregone in favour of greater investment in home-making and child care, which for women are occupations held in high esteem, as well as involvement in communal responsibilities and (particularly in the case of men) time spent in religious study.

The substantial poverty and privation (for example, overcrowding) in the North London orthodox Jewish community would suggest, in the light of the general population epidemiological findings described earlier, that there might be high levels of childhood disturbance. However, there are other attributes of this group that potentially work against this, probably best described as ‘community cohesion’ and clustered around high levels of mutual support and community and family mindedness. Holman and Holman (2002) found that 80% of respondents see their families and 66% meet their friends at least once weekly; indeed, 21% see relatives every day. The community provides considerable amounts of help to its members, who rarely look outside it for services; over half the community compared to 7% of London’s population as a whole is actively involved in voluntary work. This degree of cohesion and mutual aid might to some extent offset the risk factors for psychological disturbance mentioned above.

Very little is known about psychological difficulties amongst strictly orthodox Jewish children since there is reluctance to admit to problems and to seek help, especially from outside the community. Fear of stigmatisation is a powerful factor driving the widespread view that 's/he will grow out of it'. A preliminary study by this research group into the prevalence of emotional and behavioural disorders amongst preschool children in this same community (Lindsey et al, 2003), showed that teachers are more likely than parents to rate these preschool children as having difficulties, especially of the 'hyperactive' kind, and that the levels of such teacher-rated difficulties are probably epidemiologically significant (15% of the sample rated at 'case' level for conduct disorder and 14% for hyperactive disorder on the Strengths and Difficulties Questionnaire of Goodman (1997), with a 'total difficulties' case rate of 9% and of case-plus-borderline-case of 23%). The lack of adequate comparative data makes it hard to know how these levels compare with that found in other groups, although comparisons with a small parent-rated general population sample studied by Goodman (2003) showed significantly higher rates in the general population sample (e.g. a 'total difficulties' case rate of 23% and of case-plus-borderline-case of 40%), and data from previous studies suggest that preschoolers living in similar inner city areas in the UK are likely to show rates of difficulty of between 10% and 35%, with a 'best estimate' of around 20% (St James-Roberts et al, 1994). There were few relevant predictive factors of difficulties in the strictly orthodox Jewish sample, although children already perceived by their teachers as having 'special educational needs' (defined quite broadly to include all children whose teachers regarded them as in need of special educational help) had a clearly heightened risk in comparison with other children. This finding, coupled with Holman and Holman's (2002) note that over 10% of their sample indicated that at least one of their children had special educational

needs, leads us to believe that special educational needs may be a significant issue amongst children in the strictly orthodox Jewish community

The current study attempts to document psychological morbidity among school-aged children in this community. Not only is this an important endeavour for the design of services appropriate to the needs of the strictly orthodox Jewish population, but it may offer wider insights into the patterns of disorder and resilience amongst religious groupings in general.

Method

This project was set up to estimate the rate of emotional and behavioural disturbance amongst children aged 5 to 15 years living in the strictly orthodox Jewish community in North London.

Setting

The strictly orthodox Jewish community is located in a relatively tightly designated geographical area in North London. The community is characterised by strict adherence to the laws of Judaism, as codified through legal rulings and traditions over many hundred years, and currently interpreted by the rabbinate of the Union of Orthodox Hebrew Congregations and other religious authorities. Children from this community attend schools run by the community itself, making school-based studies a viable method for sampling. This study was based in four schools (junior boys, senior boys, junior girls and senior girls) taking in children from the different groups in the North London strictly orthodox Jewish community. Pupils spend approximately 50% of their time in religious study, with the overwhelming majority of boys and girls going on to further study at religious seminaries.

Sample

Parents and teachers of children in one class from each school year within each school were asked to complete the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997), used in the Meltzer et al (2000, 2003) surveys. A quota sampling method was employed, aiming at selecting approximately 100 pupils from each age and gender group (junior boys and girls, senior boys and girls)¹. In the event, parents and teachers of 406 children were actually contacted.

Teachers of all children in the selected classes were asked to complete the questionnaire pack on each child. Participating teachers received a one off payment so that they could fill out the questionnaires in their own time. Teacher data were initially obtained for all children (100%) but parents opted to withdraw data for 37 children from the study, leaving 369 permissible teacher SDQs (91%).

Parents of children in the classes concerned were written to with a description of the study (including confirmation of rabbinical support) and an opt-out letter. They were also sent their own set of questionnaires to complete. The schools themselves, using a coding procedure by means of which the anonymity of participants was ensured, managed all communications with parents. Parents who did not return their questionnaires were followed up twice with new letters and packs. Completed questionnaires were received from parents of 226 children (56%). Although this response rate is low, it is comparable to the highest rates obtained in other studies in strictly orthodox Jewish communities.

¹ Because the senior boys school had only around 60 pupils, that whole group plus all boys aged 11 or over in the top class of the junior boys school (around 30) were incorporated into the study to provide viable numbers of older boys.

Materials

1. Teachers' pack

- (a) Strengths and Difficulties Questionnaire (SDQ), teachers' version (Goodman, 1997).
- (b) A teachers Background Characteristics sheet designed specifically for this project (see appendix).
- (c) A letter from the research team explaining the project

2. Parents' pack

- (a) Strengths and Difficulties questionnaire, parents' version (Goodman, 1997).
- (b) A parents' Background Characteristics sheet designed specifically for this project (see appendix).
- (c) A letter from the school to say that they approved of the project and to encourage their parent body to co-operate.
- (d) An opt-out page giving parents the opportunity to opt out of the study.

Two of the teachers in the senior boys department did not have English as their first language; for them, the Hebrew version of the SDQ was used, and the background characteristics sheet was specially translated.

Comparative Data

Data are available from the national survey by Meltzer et al (2000), made available in detail at <http://www.sdqinfo.com/bb1.html>; this can be easily broken down to match the age and gender groups in the strictly orthodox Jewish sample. These national data are used to provide comparisons with the Jewish community data in the following analyses.

Ethical issues

As with most studies of this kind, confidentiality and anonymity of responses was a significant concern. This was managed by placing responsibility on the schools for coding questionnaires and contacting parents. This meant that the researchers were not given the names of children in the study, something of particular importance because two of the research team are members of the community.

Approval for the study had been obtained in advance from one of the Dayanim (senior Rabbis) of the Rabbinical Court (Beth Din) of the Union of Orthodox Hebrew Congregations. Possible ethical issues (for example, how to manage a situation in which a parent or teacher expresses concerns about a child on the questionnaire form) were discussed with him and appropriate procedures agreed.

Results

1. Characteristics of the Sample

1.1 numbers in each age and gender group

These are given in Table 1, separately for teacher and parent returns.

TABLE 1 ABOUT HERE

1.2 Proportions of children with two parents, in owner-occupied homes, with at least one parent employed, with reported family difficulties (e.g. health, finance), and with reported Special Educational Needs

These data are provided in Table 2, from which it can be seen that the overwhelming majority of children in the sample lived with both parents, in their own homes. About 30% had reported family difficulties (e.g. health, finance), and while only 4% of children were formally 'statemented', 29% were regarded by teachers as having

special educational needs. There was no effect of gender in this, but there was a very strong age effect, caused by the very high rate of SEN (60%) reported amongst the older boys, who in fact made up the majority of all SEN children (32 out of 56). A comparison was made of the frequencies of special needs reported by teachers, with those reported by parents. Although there was a significant association, only 4 children were said by their parents to have SENs. There is thus a very marked difference between teachers and parents in the perception of SENs (29% vs 4% across all children rated, and 60% vs 7% among older boys).

TABLE 2 ABOUT HERE

1.3 Mean number of children in family, and mean ordinal position of target child

The mean number of children in each family included in the study was 6.5 (SD=2.9), with the mean ordinal position of target children being 3.8 (SD=2.7). This is consistent with the data from Holman and Holman (2002) and shows that the children in this study lived in families that are very large by general population standards.

2. Rates of Disorder

A series of analyses was carried out on the SDQ data to explore the rates of emotional and behavioural disorder in the sample. The SDQ is scored on a variety of subscales (emotional, conduct, hyperactivity and peer disorder, and prosocial abilities) which also give a 'total difficulties' score; cut-off points are also given for 'borderline' and 'case' levels of disturbance (see <http://www.sdqinfo.com/bb1.html>). Rates were calculated separately for teachers' and parents' ratings and are presented in Tables 3a and 3b. Apart from an unexpectedly high number of children rated as having 'prosocial' difficulties by teachers, rates are similar to those found in general population epidemiological studies.

TABLES 3a AND 3b ABOUT HERE

3. Comparisons between teachers' and parents' ratings

Table 4 compares teacher and parent ratings of emotional and behavioural difficulties, for those children in the sample for whom information was available from both parents and teachers.

TABLE 4 ABOUT HERE

Teacher and parent ratings were generally similar to each other, and significantly correlated. However parent ratings of conduct problems were higher than teacher ratings, while teacher ratings of peer relationship and prosocial behaviour difficulties were higher than parent ratings.

It is noted that 57 out of 359 teacher questionnaires were completed in Hebrew. The teachers who stated a preference for Hebrew questionnaires were all (male) teachers of boys. A series of analyses were conducted to search for any differences in the SDQ measures completed using Hebrew versus English questionnaires (with age and gender controlled). No differences were detected.

Hebrew questionnaires were available on request to parents but none opted for these. No women teachers asked for Hebrew questionnaires, and the parent questionnaires were recorded as having been completed by mothers. These observations are consistent with consensus in the community that higher levels of English literacy skills are frequently achieved by women, whilst men would be expected to achieve high levels of Hebrew literacy skills.

4. Predictors of Difficulties

A regression analysis was carried out on background features (whether living with both parents, living in owned home, at least one parent employed, known family difficulties, number of children in family, ordinal position, possession of a statement of special educational need, reported SEN) seeking to establish the predictive power of each of these over teacher ratings of children's difficulties. Results are given in Table 5. Very frequent significant predictors of conduct disorders were SENs and statementing, and also occasionally, not living in own home, and being an older child (ordinal position).

TABLE 5 ABOUT HERE

A similar analysis was carried out on parent ratings. The only significant predictors of parent ratings were of hyperactivity (parental employment: $\beta=.408$, $t=2.42^*$; family size: $\beta = -.528$, $t=-2.4^*$; SENS, $\beta=.454$, $t=3.00^{**}$ - note that parental employment was associated with *greater* child hyperactivity, and that family size was associated with *lower* hyperactivity). Better prosocial behaviour was predicted by living with both parents ($\beta=.471$, $t=2.46^*$), but this was the situation for 95% of the children.

5. Comparisons by age and gender

Table 6 presents data comparing ratings by age and gender, as well as comparisons with other samples (described below). Teachers rated younger children (5-10) as having significantly fewer difficulties than older children (11-15), and girls as significantly lower on difficulties than boys. The interaction here was the relevant

effect: teachers saw older boys as having more difficulties than any other group.

However, the only significant age or gender effect in the parent ratings was that boys were rated significantly higher than girls on the total difficulties measure.

6. Comparison with a General Community Sample

Table 6 gives comparisons between our data and the Meltzer et al (2000) data and with data from our own previous study of preschoolers in the same strictly orthodox Jewish community (Lindsey et al, 2003). Findings indicated that on parent-rated difficulties, the Jewish children were generally seen as less disturbed than the national sample on most measures. Teacher ratings of disorders were generally similar to those in the national sample, though the older boys in this Jewish sample were rated higher by teachers on some measures, than were older boys in the national sample. Peer relationships were similar in both samples.

TABLE 6 ABOUT HERE

Discussion

This study explores the level of psychological difficulty experienced by children in the strictly orthodox Jewish community of North London. Although this community shows many of the features normally associated with childhood psychological disturbance (especially poverty and large family size), high rates of emotional and behaviour difficulties were generally not found. The community has features that may serve as protective factors –notably, very high levels of marital stability plus an unusual degree of social and family cohesion and support, a strong emphasis on spirituality, and on good interpersonal qualities, including helpfulness (Loewenthal, 1995; Koenig, McCullough and Larson, 2001; Holman and Holman, 2002). There are

no published data on the level of psychological difficulties shown by children in this community. Consequently, this study is important both for theoretical reasons, as it may indicate whether well-established vulnerability factors are offset by protective features of the strictly orthodox Jewish lifestyle, and for practical reasons in offering guidance as to the level of psychological disturbance, and hence of need, amongst the community's children.

The major findings on rates of disturbance in this study are as follows:

1. Parents rated 15% of children as having 'case or borderline case' levels of 'emotional' difficulty; teachers rated 9% similarly; parents rated 15% of children as having 'case or borderline case' levels of 'conduct' difficulty; teachers rated 13% similarly; parents and teachers rated 14% of children as having 'case or borderline case' levels of peer relationship difficulties; teachers rated 28% of children as having 'case or borderline case' levels of prosocial difficulties, whilst only 9% of children were so rated by parents.
2. Very frequent significant predictors of conduct disorders as rated by teachers were judging a child to have special educational needs and being in receipt of a formal 'statement of special educational needs'; and also not living in owner-occupied housing, and being an older child.
3. The main significant predictors of parent ratings were concerned with hyperactivity, where (perhaps counter-intuitively) parental employment was associated with greater child hyperactivity and family size with lower hyperactivity.
4. Teachers rated younger children (5-10) as significantly less disturbed than older children (11-15), and girls as significantly less disturbed than boys.

These effects, due principally to the higher difficulties ratings given older boys, were not significant in the parent ratings.

5. Parents in the strictly orthodox Jewish sample rated their children as less disturbed than did parents in the national sample on most measures. Teacher ratings of disorders were generally similar to those in the national sample, though teachers rated older boys in the Jewish sample higher on some measures.
6. There is some evidence that parents in the strictly orthodox Jewish sample see their children as generally less disturbed than do the teachers, both in frequency of 'case and borderline case' ratings for overall difficulties and in peer relationship and prosocial difficulties. However, when actual rating scores are used, there is no difference on overall difficulties and, whilst teacher ratings of peer relationship and prosocial behaviour difficulties were higher than parent ratings, parent ratings of conduct problems were higher than teacher ratings.

Apart from the intrinsic interest in the documentation of rates of childhood disturbance in this community, a number of issues of interpretation are raised. These concern the comparison between the different samples, but also apparent anomalies in the responses of the strictly orthodox sample itself. This latter point refers particularly to discrepancies between teacher and parent ratings, in which teachers rated children as more disturbed on some measures than was the case for the Meltzer et al (2000) national sample, whereas parents did not. This finding is specific to the 'older boys' group, which teachers rated more severely than parents on virtually all measures, including prosocial behaviour and 'total difficulties'. One should not make too much

of such a relatively isolated result, but it appears that some older boys at least are presenting significant difficulties in school. Given the degree of discrepancy between the teacher-ratings of older as opposed to younger boys, it seems that something happens to disturb boys' behaviour at school when they enter the secondary school period. One obvious possible explanation would be that the secondary school studied here has difficulties of its own that were expressed through the boys' adjustment problems or through teachers' ratings. However, this explanation is made less likely by the finding that there were no differences between teachers' ratings of boys in secondary school and those in the top primary school class, the two sources from which the 'older boys' group was drawn. A more likely explanation is linked to the lack of statutory remedial support for boys. As is true nationally, scholastic demands become heavy in adolescence. The schools studied were among the highest ranked in GCSE examination achievements for the London borough in which they fell. There is the further requirement to do well in religious learning. These demands are there for both boys and girls, but are felt more keenly by boys, because failure in either area may be experienced as more damaging than it is for girls. However, whilst some provision of remedial support is in place for younger children and girls, there are significant financial and practical difficulties in providing culturally-appropriate educational support, especially for adolescent boys, where the need may be especially great. The schools are under-resourced, principally due to lack of state funding, and remedial support is expensive. A further area of need - suggested by some members of the community to be related particularly strongly to the well being of older boys - is the provision of facilities for sports and physical exercise. In the hugely under-resourced schools in this community, provision of such facilities is often minimal or lacking. It is in these areas - the provision of learning support, and the provision of

facilities for physical exercise - that the lack of statutory educational funding is felt most keenly and may be having a significant impact on the well-being of children, especially older boys.

Even given the results concerning older boys, the orthodox Jewish sample shows less parentally rated disturbance than the national sample, though slightly more than the equivalent strictly religious preschoolers from our previous study (Lindsey et al, 2003). Teachers' ratings for the sample as a whole, are almost identical to the national sample. What needs to be borne in mind here is that in terms of what would be expected of an inner-city sample with substantial levels of socio-economic adversity and very large family size, this finding actually suggests considerably *lower* relative rates of childhood psychological difficulty. Parent ratings of disturbance were lower than teacher ratings and this may reflect true differences between behaviour in school and at home. It is possible that high teacher ratings of disturbance are the result of school-related demands which are being insufficiently moderated by the provision of adequate statutory support, as discussed above. It is also possible that teacher ratings of older boys may have been affected by high standards of behaviour expected of adolescent boys in this community. Discussion of this issue with community informants confirms that once a boy has reached the age of barmitzvah (13) and is considered an adult, deviations from the ideal of scholarly piety may be regarded as problematic. Thus teacher ratings for boys may have been influenced by expectations that are higher than national standards. Some parents also reported that many boys would prefer to be working towards the ideal of full-time religious scholarship, and may be unsettled by the demands of secular study. Finally we note the major difference in frequency of parent compared to teacher identification of special

educational needs. These were very seldom said to be present by parents, and frequently noted by teachers. Parents will be less well placed to detect special educational needs than will teachers, but part of the discrepancy may lie in the teachers' high expectations of boys' academic (religious) achievements.

It seems therefore that there are genuine and substantial levels of disturbance and hence of need amongst the children in the orthodox Jewish community. While these levels are higher in older boys for reasons suggested above, they are lower than might otherwise be expected for a sample with 'adverse' socio-economic pressures. This suggests that protective factors are operating in the strictly orthodox community. The most likely such factors include the high level of family stability (the overwhelming majority of children lived with two biological parents), the availability of community support, the high value placed on large families, and the emphasis on spirituality and good interpersonal qualities including control of anger and violence, damaging speech, kindness and helpfulness (Holman and Holman, 2002; Glinert, Loewenthal and Goldblatt, in press). These factors may well offset the usual problems seen in large, economically deprived families.

Service Implications

As has already been explained, this community prefers to utilise its own resources to meet its needs so that help is offered in ways that are consistent with its religious outlook and orientation. This is particularly important for the delivery of any programme designed to improve educational achievement or psychological health. In the UK in general, there is a serious shortfall in child mental health services and great difficulties in accessing educational assessments and resources for children with

special educational needs. This study shows that the children and young people in this strictly religious community have similar needs for mental health and special educational provision as do those in the wider community. Whilst we know anecdotally that some families do make use of the local child and adolescent mental health services, which strive to be sensitive to their needs, we are aware of many who would only go to Jewish professionals, preferably religious, whom they would trust to understand their way of life. As with other minority groups, it is essential to continue to develop child mental health services that are religiously and culturally sensitive to the needs of the orthodox Jewish community. In relation to the assessment and provision for special educational needs, a voluntary organisation exists to provide these services but is under-funded and short of trained staff, particularly male teachers. There is also only patchy availability of parent and teacher training programmes on the management of behavioural difficulties, which may be effective especially if started when children are young. The development of physical exercise facilities may also be a priority. As has been recommended for the country as a whole (Department of Health, 2003), a training and educational programme to address the specific workforce needs of this community is required.

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Table 1: Numbers of SDQs returned for each group of children, with mean ages

	Junior girls	Senior girls	All girls	Junior boys	Senior boys	All boys	All junior pupils	All senior pupils	All
Number (teachers)	84	94	178	108	73	181	192	167	359
Number (parents)	50	48	98	59	35	94	109	83	192
Mean ages	7.2	13.0	10.25	7.8	12.6	9.8			

Table 2: Proportions of children with two parents, in owner-occupied homes, with at least one parent employed, with reported family difficulties (e.g. health, finance), and with reported Special Educational Needs

Two parents	95% (301/316)
Own homes	82% (182/223)
Parent employed	77% (227/295)
Family Difficulties	30% (53/179)
Statemented	4% (12/276)
SENs	29% (56/194)

(Differing row totals are due to incomplete data)

Table 3a: Caseness (teacher ratings) (where row percentages do not add up exactly, this is the result of rounding up/down)

	N (included in analysis)	Percentage (number) of cases	Percentage (number) of borderline cases	Percentage (number) of total (case + borderline) cases
Total difficulties	325	9 (28)	7 (21)	15 (49)
Emotional	353	2 (7)	7 (26)	9 (33)
Conduct	342	5 (17)	8 (27)	13 (44)
Hyperactivity	352	5 (18)	3 (10)	9 (28)
Peer relationships	338	8 (28)	5 (18)	14 (46)
Prosocial	315	17 (53)	11 (33)	28 (86)

Table 3b: Caseness (parent ratings) (where row percentages do not add up exactly, this is the result of rounding up/down)

	N (included in analysis)	Percentage (number) of cases	Percentage (number) of borderline cases	Percentage (number) of total (case + borderline) cases
Total difficulties	161	5 (8)	4 (6)	9 (14)
Emotional	185	8(15)	7 (12)	15 (27)
Conduct	188	7 (14)	8 (15)	15(29)
Hyperactivity	182	5 (9)	2 (3)	7 (12)
Peer relationships	189	4 (7)	11 (20)	14 (27)
Prosocial	185	5 (10)	3 (6)	9 (16)

Table 4: Teacher-parent agreement (correlation coefficients) and differences (related t) on ratings of emotional and behaviour difficulties.

	N (included in analysis)	R	^Mean teacher rating and s.d.	Mean parent rating and s.d.	Related t
Total difficulties	145	0.48***	5.5 5.1	6.3 5.0	<1
Emotional	181	0.20***	1.2 2.0	1.5 1.8	1.27
Conduct	180	0.18***	0.8 1.4	1.2 1.7	2.61** ^P
Hyperactivity	175	0.54***	2.3 2.1	2.3 2.0	<1
Peer relationships	176	0.35***	1.5 1.6	1.0 1.5	3.44*** ^T
Prosocial	157	0.17*	7.7 2.4	8.4 1.8	3.75*** ^T

***p<.001, **p<.01, *p<.05

^P disorder rated higher by parents. ^T disorder rated higher by teachers

^Teacher and parent ratings were compared for those children for whom both ratings were available, thus the means for parent ratings are as in Table 4, but the mean teacher ratings are only for those children for whom parent ratings were given.

Table 5: Factors Predicting Difficulties (regression analysis): Teacher-rated Strengths and Difficulties: significant predictors.

DV	IV	Standardised Beta Coefficients	T ^l
Total difficulties	SEns Stated	.562 .301	6.85*** 3.33*
Emotional difficulties	SEns Stated	.469 .249	5.66*** 2.89**
Conduct	SEns	.366	3.52***
Hyperactive	SEns Not living in owned home	.424 .278	4.30*** 2.49*
Peer relations	Stated	.231	2.00*
Prosocial	SEns	.269	2.51*

***p<.001, **p<.01, *p<.05

Table 6: Mean SDQ ratings (*and standard deviations*) of the orthodox Jewish sample, a national sample, and a sample of orthodox Jewish 3-4 year olds.

		YG	OG	All G	YB	OB	All B	All Y	All O	All	
Number(Parents)+	M	2954	2191	5145	2901	2252	5153	5855	4443	10298	
	J	50	48	98	59	35	94	109	83	192	
P Total difficulties	M	7.9 5.4	7.6 5.6	7.8 5.5	9.3 6.0	8.8 5.9	9.1 6.0	8.6 5.7	8.2 5.8	8.4 5.8	
	J	6.5 4.2	4.3 4.8	5.5 4.6	7.3 5.0	6.8 5.6	7.1 5.3	7.0 4.6	5.4 5.3	6.3 5.0	
P Emotional	M	2.0 1.9	2.1 2.1	2.0 2.0	1.8 2.0	1.8 1.9	1.8 2.0	1.9 2.0	1.9 2.0	1.9 2.0	
	J	1.7 1.9	0.9 1.4	1.3 1.7	1.8 2.0	1.6 1.7	1.8 1.9	1.8 2.0	1.2 1.5	1.5 1.8	
P Conduct	M	1.5 1.5	1.4 1.7	1.5 1.6	1.8 1.8	1.6 1.8	1.7 1.8	1.6 1.7	1.5 1.7	1.6 1.7	
	J	1.1 1.8	0.8 1.3	0.9 1.5	1.5 1.7	1.3 2.0	1.4 1.8	1.3 1.7	1.0 1.6	1.2 1.7	
P Hyperactivity	M	3.1 2.5	2.6 2.3	2.9 2.4	4.1 2.8	3.8 2.7	4.0 2.7	3.6 2.7	3.2 3.8	3.5 2.6	
	J	2.5 2.1	1.6 1.9	2.1 2.0	2.5 1.9	2.7 2.0	2.6 1.9	2.5 1.9	2.1 2.0	2.3 2.0	
P Peer relations	M	1.3 1.6	1.5 1.6	1.4 1.6	1.5 1.7	1.6 1.7	1.5 1.7	1.4 1.7	1.5 1.7	1.5 1.7	
	J	1.2 1.6	0.8 1.3	1.0 1.4	1.1 1.5	1.3 1.8	1.2 1.6	1.1 1.6	1.0 1.5	1.0 1.5	
P Prosocial++	M	8.9 1.4	8.8 1.5	8.9 1.4	8.4 1.7	8.3 1.7	8.4 1.7	8.6 1.6	8.6 1.6	8.6 1.6	
	J	8.3 1.8	8.8 1.8	8.5 1.8	8.2 1.9	8.3 1.7	8.2 1.9	8.2 1.9	8.6 1.8	8.4 1.8	
Number(Teachers)+	M	2433	1702	4135	2368	1705	4073	4801	3407	8208	
	J	83	93	176	108	71	179	192	164	356	
T Total difficulties	M	5.6 5.3	5.0 5.4	5.3 5.3	8.0 6.2	7.6 6.5	7.8 6.3	6.7 5.9	6.3 6.1	6.6 6.0	
	J	5.3 3.7	3.9 4.5	4.5 4.2	5.3 4.2	10.5 6.7	7.3 5.9	5.3 4.0	6.9 6.5	6.0 5.4	
T Emotional	M	1.5 1.9	1.3 1.9	1.4 1.9	1.5 1.9	1.3 1.9	1.4 1.9	1.5 1.9	1.3 1.9	1.4 1.9	
	J	1.3 1.8	1.0 1.5	1.1 1.7	0.8 1.5	3.0 2.8	1.7 2.3	1.0 1.6	1.8 2.4	1.4 2.1	
T Conduct	M	0.6 1.3	0.7 1.4	0.6 1.3	1.2 1.8	1.2 1.9	1.2 1.8	0.9 1.6	0.9 1.7	0.9 1.6	
	J	0.7 0.9	0.4 0.8	0.5 0.9	0.8 1.2	2.2 2.2	1.3 1.8	0.7 1.1	1.2 1.8	0.9 1.5	
T Hyperactivity	M	2.2 2.4	1.9 2.2	2.1 2.3	3.8 3.0	3.4 2.9	3.7 3.0	2.9 2.8	2.6 2.7	2.9 2.8	
	J	2.7 2.1	1.6 2.0	2.1 2.1	2.2 1.9	3.0 2.0	2.5 2.0	2.4 2.0	2.2 2.1	2.3 2.1	
T Peer relations	M	1.2 1.7	1.2 1.6	1.2 1.6	1.5 1.8	1.6 1.9	1.5 1.9	1.4 1.8	1.4 1.8	1.4 1.8	
	J	1.4 1.2	1.4 1.6	1.4 1.4	1.6 1.5	2.4 1.9	1.9 1.7	1.5 1.4	1.8 1.8	1.6 1.6	
T Prosocial++	M	8.0 2.1	8.8 1.5	7.9 2.1	6.7 2.5	6.4 2.5	6.6 2.5	7.2 2.4	7.1 2.4	7.2 2.4	
	J	7.3 1.9	8.8 1.8	8.2 2.0	7.3 2.3	5.9 2.6	6.7 2.4	7.3 2.1	7.6 2.6	7.4 2.4	

*** $p < .001$, ** $p < .01$, * $p < .05$

M=Meltzer (national UK) sample, J=Jewish sample, P=Parent, T=Teacher; Significant effects column: A=Age, G=Gender; NB

High score on prosocial=LESS disturbed, high score on all others=more disturbed;

YG=younger girls(5-10), OG=older girls (11-15) YB=younger boys; OB=older boys

+Numbers of questionnaires received. In some cases numbers in particular analyses were fewer, due to incomplete data.

++Unlike the other (difficulties) scales, a low score on the prosocial measure suggests the presence of difficulties.

Appendix: Background Characteristics Form

CODE NUMBER OF CHILD:

Teacher's Background Characteristics Form

Please provide the following information for all children on whom Strengths and Difficulties Questionnaires are completed. Please indicate whether this information is 'known' or 'estimated'. Where alternatives are given, please give the information to the best of your knowledge.

Please note that all information included in this sheet is confidential to the research team. Neither yourself nor the child and his/her family will be identified in any analyses or reports based on this material. Although we would appreciate full answers to questions wherever possible, you should feel free not to answer any question which you think might be inappropriate.

		Known (K) or Estimated (E)?
Child's age		
Child's date of birth		
Postcode of family home		
Family structure	2 parents/single parent (divorced)/ single parent (widowed)/ step-family	
Number of children in family		
Position of this child in family (e.g. second-born)		
Housing situation	Rented accommodation (flat/house)/ Owner occupied (flat/house)	
Employment situation of parents	Both working/father working/ mother working/no parent in employment	
Type of work	Father: Mother:	
Child's first language (language spoken at home)	English/Yiddish/Hebrew/ other (please specify)	
Are you aware of any special educational needs or other difficulties this child has? (If so, please specify.)	Illness/disability/learning difficulties/other	
Does this child have a formal (education authority) statement of special educational needs?	Yes/No	
Are you aware of any particular difficulties that the family have to cope with?	Illness of parent/illness of sibling/disability of parent/disability of sibling/money problems/housing/recent or expected new baby/recent bereavement/other	

Additional Comments

CODE NUMBER OF CHILD:

Parent's Background Characteristics Form

Please provide the following information for all children on whom Strengths and Difficulties Questionnaires are completed.

Please note that all information included in this sheet is confidential to the research team. Neither yourself nor your child will be identified in any analyses or reports based on this material. Although we would appreciate full answers to questions wherever possible, you should feel free not to answer any question which you think might be inappropriate.

Child's age	
Child's date of birth	
Postcode of family home	
Family structure	2 parents/single parent (divorced)/ single parent (widowed)/ step-family
Number of children in your family	
Position of this child in family (e.g. second-born)	
Housing situation	Rented accommodation (flat/house)/ Owner occupied (flat/house)
How many rooms (in addition to kitchen and bathroom) are in your home?	
How many people normally live at home?	
Employment situation of parents	Both working/father working/ mother working/no parent in employment
Type of work	Father: Mother:
Child's first language (language spoken at home)	English/Yiddish/Hebrew/ other (please specify)
In your view, are there any special educational needs or other difficulties this child has? (If so, please specify.)	Illness/disability/learning difficulties/other
Does this child have a formal (education authority) statement of special educational needs?	Yes/No
Are there any particular difficulties that your family have to cope with?	Illness of parent/illness of sibling/disability of parent/disability of sibling /money problems/housing/recent new baby/recent bereavement/other

Additional Comments