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Overview of Child and Adolescent Mental Health Services in Israel

Abram Sterne ♦ Basil Porter

The study was funded with the assistance of a grant from
Michael and Andrea Dubroff of Massachusetts, USA



RR-644-13

RESEARCH REPORT

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Jerusalem

October 2013

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Hebrew translation (executive summary): Jenny Rosenfeld

Layout and print production: Leslie Klineman

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Executive Summary

Introduction

The mental health care system in Israel is undergoing a historic reform, which will create a legal entitlement to mental health care and transfer responsibility for the provision of mental health services from the government to the four national, nonprofit health plans. At the request of the Israeli government, MJB is playing a central role in designing and carrying out the evaluation of this reform.

The current report seeks to provide an overview of child and adolescent mental health services (CAMH) in Israel prior to the reform, along with an analysis of how they might be strengthened. The specific goals of the overview are:

1. To review the organization of services in other countries
2. To review the different types of services available to children and their families in Israel
2. To analyze the nature of the staffing of services and of the training provided
3. To explore the organizational relationships both within, and among, the health, social service and education systems
4. To assess the degree to which there is duplication and repetition of services across the different sectors
5. To consider the strengths and challenges of the CAMH system as a whole, as well as those of the individual services, with special attention to the extent to which the needs of the children are being met.

The study used a wide definition of CAMH based on the DSM-IV-R guidelines, which include:

◆ **Behavioral problems/Mental illness (0-18 years)**

- Hyperkinetic problems
- Emotional problems
- Conduct problems
- Eating problems
- Psychotic problems

◆ **Developmental disabilities (0-6 years)**

- Speech/communication delay
- Autistic spectrum (including Asperger Syndrome)
- Motor delay
- Developmental coordination disorder
- Sensory integration problems
- Cognitive impairment (retardation)
- Somatic problems (chronic syndromes – up to 9 years)

Methodology

Between January and October 2010, a series of in-depth interviews were conducted with some 50 professionals and managers from the health, education and social service sectors, from both the public and private sectors, including nonprofit organizations, as follows:

- ◆ Senior representatives of the Ministry of Health (MOH) as well as psychiatrists, psychologists, neurologists, pediatricians employed in the health system
- ◆ Directors of school psychology services and school psychologists
- ◆ Directors of social services and social workers
- ◆ Professors of education, psychology and social work
- ◆ Heads of child protection agencies and private therapy organizations, health plan executives, individual practitioners.

Using a structured interview format, the study team examined a range of issues including services provided, team structure, funding, challenges facing the service, intra- and inter-organizational relationships, and their perspective on the overall system of CAMH services in Israel.

Findings

CAMH Services around the World

There is a great deal of variation among countries as to how CAMH services are organized and the extent to which they meet the needs. Overall, there appear to be substantial unmet needs – particularly in developing countries, but also in most developed countries.

The UK is one of the countries with the most developed systems of CAMH services. In the UK, while many different agencies are involved in service provision, there is a specific governmental agency charged with oversight and coordination of the services. This has led to more structured service planning, including attention to the relationship between the more intensive services for those most in need and the less intensive services that reach a broader population group.

Overview of CAMH Service Provision in Israel

In Israel, the MOH is the governmental agency responsible for developing and coordinating mental health services. At the same time, the Ministry of Education and the Ministry of Social Affairs and Services (MOSAS) are also involved in providing some mental health and related services. Accordingly, the degree of coordination among the three ministries around mental health care issues can have an important impact on the extent to which mental health needs are met effectively.

Within the health system, the public providers include the community clinics operated by the MOH and the Clalit health plan, the hospital-based outpatient units and the hospital inpatient units. Waiting times in the public community clinics and the outpatient units tend to be quite long.

Numerous nonprofit organizations also provide CAMH services as do the various health plans. In addition, there are a large number of independent CAMH professionals who provide care privately and/or in conjunction with the health plans.

Finally, Israel has an extensive network of child development centers (CDCs). While their focus is on developmental problems, they do get involved in the diagnosis and treatment of behavioral/emotional problems among children who also have developmental problems.

Training and Staffing

Many of the respondents suggested that professionals throughout the service systems (such as pediatricians, teachers, and social workers) could benefit from additional training on key CAMH concepts and issues. They also highlighted the need to address inter-professional tensions among pediatricians, child neurologists and psychologists as well as the tensions between school psychologists and clinical psychologists.

There were mixed reports about whether there is a general, nationwide staffing shortage in the various professions focused on CAMH care. In contrast, there was consensus regarding a shortage of professionals in the periphery and of professionals sufficiently attuned to the unique needs of the Arab and ultra-Orthodox populations.

Organizational Relationships

Many respondents reported inadequate coordination across the health, education and social service sectors. In addition, within the health system, there were reports of inadequate coordination between the CDCs and the mental health clinics, and between the hospitals and the various outpatient settings. There were also reports that multi-disciplinary teams could be playing a greater role, both within particular organizations as well as across organizations.

Key Strengths and Weaknesses

The main strengths of CAMH services in Israel are that there is universal access, care is provided for extended periods if this is deemed necessary, the professionals are well trained, and largely community-based. There are also a large number of innovative and promising new services at the local level.

One of the main challenges reported is the insufficient investment of resources, apparently due in part to the delays in implementing the mental health insurance reform. That delay was also seen as impairing the linkage between the care of the mind and the care of the body and impeding the development of evidenced-based therapies. Other key challenges included the need for more CAMH training in key professions that interact with children and greater coordination across the health, educational and social service sectors regarding service provision in the field as well as policy development at the national level. Finally, there was a sense that more needs to be done to disseminate successful local innovations.

The study's findings are expected to serve as an important input into efforts to implement the new mental health care reform. In particular, the study provides valuable background information for efforts to increase the availability of high quality services for children, and greater coordination among those services, within the framework of the reform.

The study was funded with the assistance of a grant from Michael and Andrea Dubroff of Massachusetts, USA.

Acknowledgments

The authors would like to thank the many individuals who agreed to be interviewed for this overview of child and adolescent mental health services, among them: Alan Apter, Shosh Arbell, Avi Aviezer, Liora Barak, Meirav Ben Rach, Zev Chorev, Esther Cohen, Iris Cohen, Yoav Cohen, Shiri Daniels, Talal Dolev, Roi Eldor, David Elisha, Ilana Farbstein, Tsvi Fayerman, Chava Friedman, Arnon Gallili, Esti Gallili, Yemima Goldberg, Raz Gross, Jean Judes, Hanna Kaminer, Miri Keren, Tirzah Levinson, Daphna Levinson, David Levinstein, Dalia Lev-Sadeh, Yvonne Mansbach, Yoram Medar, Tami Moses, Shari Moses, Chanan Munitz, Asher Ornoy, Hagit Raz, Shifra Ribitz, Ornit Rosenblatt, Vered Rotvogel, Chana Shadmi, Yishai Shalif, Mike Stawski, Samuel Tyano, Menachem Wagshal, Robert Zeeman, and Chanita Zimrin

The authors would also like to thank all those at the Myers-JDC-Brookdale Institute who contributed to the planning, thinking, writing and editing of this report, in particular, Bruce Rosen, Miriam Navot-Cohen, Dorit Ganot Levinger, Revital Aviv-Matok, Ariel Traub and Irit Elroy. Thanks to Eyal Akiva and Yoa Sorek for their important help and contributions, and to Naomi Halsted, who edited this report, and Leslie Klineman, who prepared it for publication.

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