The Israeli law for the rehabilitation in the community of persons coping with mental disabilities: 25 years since its enactment

Guest Editors:
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Summaries of the main articles

The Israeli law for the rehabilitation in the community of persons with psychiatric disabilities: achievements and challenges

Part I – The Rehabilitation Reform: the law and its implementation

Uri Aviram[1], Max Lachman[2] and Anat Ifergan[3]

The paper outlines the principles underlying the Community Rehabilitation of Persons with Mental Health Disability Law, reviews the process that led to the law's enactment, and assesses its accomplishments during its first two decades of operation. While examining the key components of the reform, such as target population, financing, workforce, and services provided, the study identified the issues it faces entering its third decade of application. It used Israel's official statistical data and drew upon a series of interviews with officials and experts on rehabilitation, mental health and social services. It was found that in 2021, 33,412 persons were receiving community psychiatric rehabilitation services, constituting about one fifth of the estimated eligible population. Together with family members, this represents approximately 4% of the general population. Over time, changes have occurred in the characteristics of service recipients. Furthermore, there has been marked growth in the percentage of budgets allocated to community psychiatric rehabilitation out of the overall mental health budget. In addition, the scope of services provided under the law has expanded, particularly in the areas of housing, employment, education, and leisure. Moreover, a range

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of recovery-oriented interventions have been developed. There has been a significant reduction in the scope of the inpatient system. Alongside the reform achievements, the second part of the paper identifies a number of issues that should be considered as the law enters its next decades of implementation. In conclusion, the process leading to the law's enactment reflects the ability of legislators, professionals, officeholders, and civilian organizations to unite around a shared vision and to promote policy change. Nonetheless, policy change is ongoing and dynamic, and it requires constant examination. It is recommended to establish an independent committee of experts to assess the needed modifications considering the conclusions drawn about the first two decades of the law's implementation.

The Israeli law for the rehabilitation in the community of persons with psychiatric disabilities: achievements and challenges

Part II – Towards the next decades of implementation of the Rehabilitation Reform

Uri Aviram[4], Max Lachman[5] and Anat Ifergan[6]

The paper outlines the challenges facing the Community Rehabilitation of Persons with Mental Health Disability Law as it enters the coming decades of its implementation. The study examined the key components of the reform and identified the issues requiring attention. It used Israel's official

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statistical data and drew upon a series of interviews with officials and experts on rehabilitation, mental health and social services. It was found that in 2021, 33,412 persons were receiving community psychiatric rehabilitation services, constituting about one fifth of the estimated eligible population. Together with family members, this represents approximately 4% of the general population. Alongside the reform's notable achievements, described in the first part of this paper, the paper highlights several issues concerning the target population, the workforce, the financing, and the services provided, while also addressing the functional environment in which the law is implemented. Our findings indicate that the budget allocated to the rehabilitation system is insufficient to ensure full compliance with the law's requirements. Towards the end of the second decade, difficulties emerged in the relationships between the rehabilitation system, and the mental health and welfare services authorities. In conclusion, policy change is ongoing and dynamic, and it requires constant examination. The findings of the study highlight the necessity of monitoring the actual implementation of policy, as well as the need for sustained commitment to change even following the enactment and successful implementation of a law. It is recommended to establish an independent committee of experts to assess the needed modifications considering the conclusions drawn about the first two decades of the law's implementation.

The Community Rehabilitation of Persons with Mental Health Disability Law: entrepreneurship, leadership and seizing opportunities in policymaking

Nadav Perez-Vaisvidovsky[7]

This paper examines circumstances and processes leading to Israel's Community Rehabilitation of Persons with Mental Health Disability (2000), analyzing factors that impeded or enabled legislation that contradicted Israel's general social policy direction. This law, which is considered progressive in comparative international standards, constitutes a change in perception of people with severe mental illness and in society's attitude towards them. This case study identifies critical factors enabling policy modifications, related to either mental health policy or social policy in general, in the context of changing circumstances.

The theoretical basis uses Kingdon's (2014) 'policy streams' theory and policy entrepreneur theories. The paper analyses the factors and circumstances in the decade between 1990 and the completion of the legislation leading to the Rehabilitation Reform in mental health. It focuses on the stakeholders taking part and the main issues arising in the struggle for legislation and policy change.

The findings emphasize the importance of different streams converging and creating necessary conditions for policy change, and the importance of policy entrepreneurs, working to fulfill the potential for legislation. The discussion points to the necessary conditions for policy change, and the characteristics required from policy entrepreneurs to turn their vision into reality.

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The family assistance systems as part of the Community Rehabilitation of Persons with Mental Health Disability Law: achievements and challenges from the viewpoint of the family needs model (SPA)

Anat Shalev[8]

Severe mental illnesses have a profound impact on individuals and their close surroundings. Families coping with these challenges face difficulties in various areas of life, while playing a central role in the rehabilitation and recovery process of their loved ones. The Community Rehabilitation of Persons with Mental Disability Law (2000) marked a significant shift in Israel's mental health services by expanding support systems for families, increasing the number of family centers, and enhancing family involvement in decision-making processes. However, there are still gaps and challenges in the law's implementation.

This article presents a two-stage analysis. The first stage examines existing data through the lens of the SPA model (Supported–Partner–Accompanying), while the second stage offers an interpretive analysis using the SPA model, which was developed in Israel. This model introduces three perspectives: (1) the accompanying family – emphasizing the need to support families in their role as main caregivers; the partner family – recognizing families as key participants in treatment and decision-making processes; and the supported family – viewing families as a group in need of direct assistance.

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The discussion focuses on the changes brought about by the law, alongside ongoing barriers and gaps. The article concludes with recommendations for developing tailored services that meet the evolving needs of families coping with mental illness under the law.

Peer support in mental health – Are we ready for an accreditation process?

Max Lachman[9], Paula Gerber- Epstein[10], Inbar Adler Ben Dor[11], Alina Griezmann[12], Yael Goldfarb[13] and Galia Moran[14]

In the last decades, we have observed constant changes in the attitude towards people with psychiatric disorders, as well as a growing trend for community acceptance and integration. The implementation of the Community Rehabilitation of Persons with Mental Disability Law, enacted in 2000, represents one of the key expressions of such trend, along with the Peer Support Worker (PSW) that was developed in Israel and the world, and has the potential to promote a recovery-oriented approach within mental health rehabilitation services. A PSW is a person with lived experience of managing mental health challenges, who aims to support others in similar states. The PSW relies on the resources of his own experiential knowledge,

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offering support by sharing parts of his own experience. In doing so, he establishes a relationship of comradery with the service user and provides a role-model for recovery. The international project – UPSIDES: Using Peer Support in Developing Empowering Mental Health Services – investigates the effectiveness and implementation of peer support. It aims to form an international community of PSWs, practitioners, and researchers within the field of mental health, promoting the practice of PSWs. The project consists of research and evaluation, with the purpose of establishing guidelines for best practice. The current paper reviews UPSIDES' stages of development, describing the international intervention, followed by a description of the project's implementation in Israel. The UPSIDES project represents a step forward in promoting knowledge, implementation and expertise within person-centered and recovery-oriented rehabilitation services in the community.

Supported education programs in universities in Israel for students coping with mental illness: the help provided and ways to advance social and academic inclusion

Ron Shor[15]

Supported Education Programs were developed in universities and colleges in Israel as part of rehabilitation services. Their goal is to help students coping with mental illness in overcoming barriers and difficulties experienced during their studies through mentoring services. Despite the importance of these services for students, there is limited knowledge of the services they receive.

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Therefore, a study was conducted to examine the extent to which students coping with mental illness find the support services of the Supported Education Programs helpful and to evaluate their relationships with the mentors. The study was a mixed-methods study integrating quantitative and qualitative methods with 80 students coping with mental illness who are eligible for rehabilitation services. The study used an instrument developed for this purpose in five academic institutions. The findings indicate that students evaluated the help they received to overcome learning and study-management difficulties higher than support for academic and social inclusion barriers. The lowest ranked area was the help with accessibility barriers. The nature of the relationship with the mentor, the flexibility of the relationship, and personal support were found to be significant in advancing social and academic inclusion. In light of the findings, the emphasis on the help provided to students should extend beyond coping with academic assignments to include social and academic inclusion. Therefore, there is a need to expand the support services of the Supported Education Programs and to develop interventions also within the social and organizational environment of universities and colleges.

The initial years of implementing a supportive community in mental health services: what is the difference between a hostel and a supportive community?

Tzipi Hornik-Luria[16], Ayelet Basiss-Bar-Nir[17] and Galia Moran[18]

Changes in policies and practices in mental health have led to the recognition of the potential of rehabilitation and the importance of self-direction for individuals with serious mental health challenges. The shift to supportive community services reduces institutional elements found in hostels which improves community integration and the autonomy of individuals. There is a lack of research regarding the processes of transitioning to supportive communities and their outcomes, both from the perspective of the individuals and the accompanying staff.

The current study examined the early years of implementing supportive communities in mental health services through quantitative and qualitative analysis (mixed-methods research). In the quantitative arm, 975 residents of supportive communities were compared with 975 residents of hostels. No significant differences were found in outcome measures. Yet, significant differences in the characteristics of residents were identified.

The research indicates that there is no difference between the two types of services in terms of outcome measures related to residence, hospitalization, rehabilitation, and employment. Compared to hostel residents, supportive

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community residents are underrepresented among Arabs and young people (ages 18-21), tend to be older, are diagnosed at a later age, and have lower disability percentages.

In the qualitative arm of the study, participants described a positive attitude towards the transition to supportive communities, alongside challenges associated with the process. Specifically, improvements in hospitalization trends in supportive communities and recovery processes were described, thanks to flexible transitions and the characteristics of the supportive community service. Discrepancies between quantitative and qualitative outcomes are discussed.

The practical implications of the research include the need to define a model for supportive communities, provide training and support for staff, and address staff burnout in supportive communities.

Wake-up call for recovery: a paradigm shift to address the deep crisis in public mental health services in the shadow of October 7, 2023

Amir Krivoy[19] and Gadi Rosenthal[20]

This paper outlines the systemic failures of Israel's mental health crisis and proposes a comprehensive overhaul reform towards a community-based, recovery-oriented mental health service. The crisis is exacerbated

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by four converging vectors: global diagnostic crisis in psychiatry, insufficient biological treatments, chronic underfunding, and a fragmented service model. Financially, mental health in Israel receives only 5.2% of health budget, far below the 10-16% seen in high-GDP Western countries. The 2015 Community Mental Health Services Reform lacks effective oversight and incentives, leading to long waiting times and inadequate care. Additionally, the fragmentation among funding entities — HMOs, Ministry of Health, and Ministry of Welfare — hampers coordinated care and comprehensive service delivery.

Conclusion: The proposed solution involves shifting from a hospital-biomedical-based model to an integrated community-based model, emphasizing recovery over symptom management, based on regional mental health centers as hub of services. This requires significant investment in community mental health teams, crisis intervention, home treatment, and integrated services. Early intervention, technology utilization, economic incentives for community-based care, and patient and family involvement are crucial components for creating holistic, efficient, and patient-centered mental health system, better equipped to handle future challenges and reduce the societal and economic burdens of mental illness in Israel.