

Editorial:

Israel National Health Survey: New Data for Planners, Clinicians, Researchers and the Public at Large

The Ministry of Health, with the help of several local funding agencies (see Acknowledgements in [1]), launched a major epidemiological study, known as the Israel National Health Survey (INHS), to estimate the magnitude of the population residing in the community that suffers from selected mental disorders and its help-seeking practices.

The study covers topics of interest to planners, clinicians, researchers and the public at large (2). With regard to the methods, strategies and analysis, the study profited from its association with the World Mental Health Survey — a gigantic scientific and logistic enterprise covering almost 30 countries and run by experts from Harvard University and the World Health Organization (3). This global affiliation yielded additional advantages, such as the possibility of drawing comparisons with studies carried out elsewhere. The design of the specifically local sections has involved many mental health and general health professionals, supported by experts in survey techniques of the Central Bureau of Statistics and its large field staff. This is a collective effort for use by all who want to mine the survey data and apply the information to improving the people's health.

The Bible narrates how Gideon, the Judge, conducted the first ever recorded community-based screening to identify those unfit for duty (Judges, Chapter VII). Many centuries later, more sophisticated, structured screening interviews were used in WW II (4). This development enabled psychiatric epidemiology to enter into an era in which fully structured screening and diagnostic interview schedules were applied to identify both people residing in the community who were in need of services as well as the determinants of psychiatric disorders (5). Continuous methodological advances have taken place that led to the instruments used in the set of studies included in this special issue of The Israel Journal of Psychiatry. The lead paper (6) provides in-

formation on the state-of-the-art methods used, including data collection procedures.

The articles included in this special issue address primarily the burden of the common mental disorders in Israel. After years of equating mental health care problems with services for people with psychosis, or to issues such as psychiatric hospitalizations or the basket of rehabilitation services, the survey reported in part here shows that the spectrum of problems to be addressed is wider. Indeed, among people suffering from mental health disorders, there are ten times more individuals with problems of depression, anxiety or substance abuse disorders than with psychoses (1). Until now, services for this group of people have been allotted less than 10% of the total mental health budget, and the administration's attention to the care of these people was limited. With the inclusion of mental health care in the national health insurance law (7), it is to be expected that all those entitled to and in need of professional mental health services will be able to exercise their right, including people suffering from the disorders reported here.

This issue offers a range of articles on topics spanning from the prevalence rates of anxiety and mood disorders (1), through substance use and abuse (8), the utilization of services (9), risk factors in suicidal behavior (10), and differences in emotional distress and service use between Arab- and Jewish-Israelis (11). One additional paper reports on a nested inquiry on psychopathology and other health dimensions among offspring of Holocaust survivors (12).

The reader should look forward to gleaning many interesting findings. Three of these are very salient. First, despite the multiple traumatic events that the Israeli population has endured over the years, the prevalence rates of the common mental disorders are well within those of other industrialized countries. Secondly, despite our (often claimed) well-developed network of clinics and hospitals, large, in fact

very large, segments of the population in need of care are not getting it. The treatment gap and treatment lag are causes for concern by all mental health stakeholders; it will take innovative programs to reduce them. Third, Arab- and Jewish-Israelis report very different levels of emotional distress while rates of common mental disorders in the two subgroups are basically equal (11). Comparisons between national-religious groups, as it is the case with regard to other variables, such as age, SES or gender, are the bread and butter of epidemiology's search for the causes of disease through the identification of risk factors present in one group and absent in the other. These comparisons are made throughout.

To conclude, in the absence of data, decision-making is faulty. Israel now has data on many aspects related to its mental health status. It is to be hoped that this information, and more that will be emerging from a collective effort which has merely begun, will lead to evidence-based policy, programs and services.

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Daphna Levinson, PhD,
Itzhak Levav, MD,
Gabi Bin Nun, MA, and
Jacob Polakiewicz, MD,
Ministry of Health, Jerusalem