

Book Reviews

Editor: Yoram Barak

Mental Health Services in Israel: Trends and Issues

U. Aviram and Y. Ginath, Editors

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The Mental Health Services reform which is expected to take place in 2008 has created a broad controversy, and has resulted in extensive discussions both by its proponents and opponents. However, all concerned can easily agree upon the fact that it will have a fundamental influence on the lives of all of those involved, either as patients, patients' families or the professionals offering mental health services. The financial and administrative reorganization entailed by the reform will help shape the future of Israel's Mental Health Services system in the years to come, and therefore a closer scrutiny of the issues involved is warranted.

This book is a collection of articles dealing with various aspects of the changes which have been taking place in Israel's Mental Health Services system, and more to the point it tries to address the issues arising from the upcoming Mental Health Services reform. The editors themselves state that the book is intended for a wide spectrum of mental health professionals and decision makers, especially those involved on the community side of the Mental Health Services system.

The book is composed of three parts, each one consisting of several articles on related issues and a preface by the editors. The preface offers a comprehensive and insightful description of the reform processes which have been affecting Israel's Mental Health Services system over the last three decades, with a considerable emphasis on the gradual transition from institutionalized mental healthcare to community-based mental healthcare and the related legislative and financial issues. Regardless of the editors' own position, the book offers opinions from both sides of the debate.

The first part consists of seven articles presenting different aspects of the expected reform, both from

an administrative and professional point of view. Its intention is to illustrate the transition from institutionalized mental healthcare to community-based mental healthcare

The second part is comprised of four articles demonstrating some of the mental healthcare issues specific to Israel's unique circumstances as a multicultural society under the constant threat of conflict. It demonstrates some of the therapeutic techniques which have been adapted to address these special circumstances.

The third part contains eight articles dealing with a variety of issues ranging from the rehabilitation of patients with mental disabilities to community mental healthcare.

The book offers a variety of opinions regarding the coming reform from a wide range of viewpoints, both of those advocating and of those opposing the changes that are to take place. It is well organized and referenced.

In conclusion, this collection of articles may be described as a guide to the expected Mental Health Services reform, and to the central points of the debate which have arisen around this issue, and in this capacity it may prove useful reading material to all those who may be affected by onset of the reform, either as patients or as providers of professional services.

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Social Inclusion of People with Mental Illness

Julian Leff and Richard Warner

*ISBN 0521615364 Cambridge University Press,
Paperback US\$55.00 Published in July 2006*

This is an excellent small book (192 pages) containing essential but rarely available information for psychiatrists and for all mental health stakeholders, including service users and families. Clinicians might know much about the service user affected by

a severe and persistent mental disorder (at times, about the family as well) from information collected during their relatively (often brief, given administrative constraints) periodic encounters. They know much less, however, about their lives during the time elapsed between one encounter and the next. This book highlights many of these issues (family's handling of emotions, reaction of the public, discrimination, stigma, employment, social life) that according to evidence-based studies have a marked impact on the course and outcome of the disorder, and, importantly, on the quality of life of the user and the family.

The authors, Drs. Leff and Warner, one British and one North American, have combined their extensive experience in their respective countries to provide the reader with updated information on the care of people with severe disorders. What I found most useful in this book is that it combines a discussion of important psycho-social determinants of the disorders with well tested programs aimed at reducing their adverse impact and facilitate the full social integration of the service user. Beyond the description of facts arising from hard data, and not mere impressions, what is outstanding throughout the book is the repeated presence of themes and concepts that reinstate human rights values into a psychiatric practice that has pivoted around the power of the clinician and disempowered the user. For example, at the end of a discussion on insight and self-esteem the authors state "...A conclusion we can draw from this research is that it is equally important for therapists to assist patients in developing a sense of mastery as it is to help them find insight into their illness. ... Ordinarily ...more effort is expended on persuading patients that they are ill than on finding ways to put them in charge of their illnesses..." The reader could obtain further information on such an approach in Mueser et al. (1) who, not long ago, reviewed the evidence-based effects of illness management within the battery of activities of successful psychosocial rehabilitation.

As expected from authors who seek the achievement of social inclusion as a key outcome of a therapeutic intervention, rather than merely the amelioration of symptoms, subjects such as work and financial autonomy constitute an important focus of the book. Thus, in addition to discussing the impact of work or lack of work on the life of the ser-

vice user and the family, the authors review programs aimed at facilitating entrance into the real market. One example of these programs are social firms, enterprises that could very well be adopted in Israel, given the rich experience many individuals possess in this country on building and running work cooperatives.

The authors include a chapter on "dismantling psychiatric institutions." This is a necessary read for all Israeli stakeholders who are either in favor, remain ambivalent, or frankly oppose downsizing or closing all or some of our mental hospitals in order to put the Psychiatric Reform into full effect. In a chapter that bears that title and which mixes ideology with science, the authors contribute to the pool of key information that needs to be made available today for decision-makers and others. "They [the psychiatric hospitals] have outlived their usefulness, have no place in a modern community service... Novel solutions need to be found..." They are well placed to make such a statement, as Dr. Leff ran the well-researched TAPS project in England (2).

At a time when psychiatric care is (wrongly) reduced to psychopharmacological management, this book teaches us that biological means by themselves cannot reverse the course of a disorder and assure social inclusion. Lieberman (3) had this to say in this regard: "...Medication can never teach patients anything, including why and how to properly use medication. Without having the benefits of a motivating, educational, skills-based and family-oriented therapeutic relationship, psychiatrists will continue to prescribe medications with attrition and non-adherence rates becoming the norm rather than the exception." Drs. Leff and Warner discuss pertinent secondary and tertiary prevention actions in an authoritative and easily readable fashion, with few references in the text, short sections, illustrative vignettes and an extensive bibliography.

In conclusion, this book suits the needs of all mental health stakeholders. For a psychiatric resident it is, simply, a must.

References

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3. Lieberman RP. Caveats for psychiatric rehabilitation. *World Psychiatry* 2006;5:158-159.

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Mental Health in Israel, Statistical Annual 2006

*Department of Information and Evaluation,
Mental Health Services, Ministry of Health,
Jerusalem, Israel, 2006, pp. 89. No price quoted.*

Early in the beginning of the State, the late Morton Kramer, a biostatistician of the U.S.A. National Institutes of Health and a consultant to the World Health Organization, was instrumental in promoting the establishment of the Psychiatric Case Register (PCR). For him, a modern country that offers mental health services must collect, process and interpret information for rational planning and evaluation. The Israeli forward-looking mental health leaders at the time met the challenge, and the PCR became operational. Importantly, its functioning has not been interrupted ever since. Over the years, this resource has facilitated much research which saw publication in local and in leading world psychiatric journals. Complex research questions were susceptible to be answered in Israel thanks to the PCR and its possible linkage to other national registers, with due safeguard for people's confidentiality. Such a resource is available in very few places in the world. The current publication from the Ministry of Health addresses the original chief objective to provide information for rational planning and monitoring of the services. Although this is not the first Statistical Annual, there is no doubt that there is more in it than in previous ones. The year covered in the report is 2005.

The authors have provided operational definitions for every section, to facilitate the understanding of the information presented to its heterogeneous readership (professionals, service users and other mental health stakeholders). Although what follows is not in the order of the Table of Contents, I

wish to start this review by quoting information on the proportion of the ministerial budget allotted to mental health care. It is indeed quite disturbing to learn that while the country population increases and more people enter into the age of risk for mental disorders, the proportion of the mental health budget remains stable (more precisely, it is 0.1% less than in the preceding two years). How well is Israel, a country undergoing multiple changes, doing in this regard? Compare its 6.1% with stable countries such as The Netherlands that allots 7.0%, and Sweden and New Zealand, 11.0%. It has been said that information is power; indeed this bit of information is essential for advocacy, particularly as we read in the same section that the proportion of assigned posts for the mental health services has declined by a full 1.0% from 2004 and by 1.2% since 2003. The reader could reasonably ask: what is the logic? I found none.

As it corresponds with the current "face to the community" orientation, the publication opens with information on the psychiatric ambulatory services, but only for those run by the Ministry of Health. Interestingly, the number of persons treated has increased over the years 1999-2005, and so were the number admitted to day care. Of interest to the reader is that 38% of the users are referred by the general medical services, and another 34% by the user themselves. Given these data, both sources of preferred referral ought to benefit from further health education.

Surprisingly, males contacted the clinics more often than females: 54%. Another surprise (at least for me), yet a surprise tempered by the fact that the reported figures in the Annual refer to the total population, is that 18% of Israelis other than Jews sought help from the clinics. Although this is 1% lower than their representation in the total population I expected a lower proportion in view of what has been reported in the literature (1). This section of the Annual covers additional information that I will not summarize here, except to note that there is information on dental care in clinics in both the psychiatric hospitals and in the community. This is an area of health often neglected. Its inclusion in the Annual might help to raise awareness among mental health caregivers.

This review of the Annual focuses on selected highlights extracted from some of the 9 sections it

contains; my sole purpose is to whet the reader's appetite to delve in the wealth of information provided. A central section refers to psychiatric inpatient care. Here the reader will obtain an answer to a question that surely interests everybody: Is the number of beds declining? No doubt, the downsizing initiated years ago still continues, but is it to the extent that planners intended? Consistently since 1996 through 2005 the rate of beds per 1,000 of the population aged 15 and over has been decreasing; the rates were 1.65 in 1996 and 1.07 in 2005, a 35% difference. The ownership has changed as well, while in 1996, 36% of the beds were private, the proportion in 2005 was 22.2%. The reader may be puzzled, however, by the fact that the readmission rates remain stubbornly unchanged, more precisely, they went up by 0.45% since 1996, while the first admission rates remain equally stable, at 0.94 per 1,000 persons aged 15 years and over. This information tells us that the challenge of preventing readmissions has not left us, and that new program strategies might be needed to overcome the static situation. Is this finding related in some way to the decrease of the average length of stay of the discharged inpatients, 90 days in 2005 vs. 107 in 1996, with a readmission rate of 3.27 and 2.82 per 1,000 persons aged 15 years and over, respectively? Probably not or, perhaps, only in small part, thus research is needed to answer the query. As expected, males are more often hospitalized, the male:female rate ratio was 1.6, slightly higher than in 1996, 1.3. Jewish-Israelis have higher psychiatric hospitalization rates than Arab-Israelis of the Muslim faith, 1.04 and 0.76 per 1,000 persons aged 15 years and over, respectively. Partially, we may have a hunch as to why is this (particularly for Arab women who might refuse hospital admission since settings are mixed), but what we surely do not know is how well the non-hospitalized persons do and what is the family burden. This finding is a research question that awaits an answer.

Importantly, 25% of all inpatient admissions are compulsory, a proportion that remains stable since the year 2000. Of the 3,097 persons staying in inpatient services on the last day of 2005, there were 29% of males and 17% of females who had been admitted compulsorily.

Lastly, during 2005 there were 22,489 discharges, a mere 20% from psychiatric wards of general hospi-

tals, although "the face to the community" approach has been in effect for few years.

The Statistical Annual includes information on the rehabilitation services, which takes more pages than in the past in accordance with new and exciting developments taking place in the country (2), on addictions, on the young and the elderly. This year the Annual closes with a useful section for all mental health stakeholders, listing over 30 websites in Hebrew and English covering different relevant subjects, such as stigma and mutual help. The publication is user-friendly, both tables and graphs are easy to understand. The illustration of the cover was prepared by a service user who studies painting in the rehabilitation services offered by "Enosh."

What is missing to complete the above picture is to obtain information from all other national sources on all mental health components (such as services provided by HMOs; use of psychotropic medication; human resources development; research produced). Upon its completion, and following a confrontation with information on population needs, we will be able to learn how well Israel is doing in mental health.

References

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The ECT Handbook

Edited by Allan I.F. Scott.

The third report of the Royal College of Psychiatrists' Special Committee on ECT
**Royal College of Psychiatrists, 2005, 244pp,
35 pounds sterling.**

The book, ECT Handbook, by Allan I.F. Scott, covers a broad spectrum of information on electro con-

vulsive therapy (ECT). It is clearly written and is set up to facilitate easy reference for different clinical questions. Chapter titles and sub-headings are clear and the index is convenient to use. It includes four parts: clinical guidelines, psychotropic drug treatment and ECT, actual mechanics of administering ECT, and finally, applicable laws and consent to treatment.

On the issues of electrode placements and frequency of administration, data is reviewed regarding efficacy and side effects such as memory impairment, comparing twice vs. three times per week ECT sessions as well as unilateral vs. bilateral electrode placement. Some data reviewed show clearly that higher frequency of treatment causes more adverse cognitive effects.

Part one contains clinical guidelines arranged by illness, starting with the use of ECT in depressive illness. The arrival of several new antidepressants and atypical antipsychotics has fueled the ECT debate even further. The book reviews a substantial body of evidence to support the efficacy of ECT including a description of experiments comparing real ECT with simulated ("sham") ECT. These indicate that real ECT is more effective than simulated ECT. Other experiments comparing ECT with anti-depressive drugs are also reviewed in this section, and they indicate that ECT is more effective than drug therapy in the treatment of depression. The book reviews 18 randomized control trials totaling 1,144 patients comparing ECT to drug therapy for short-term treatment of depression, indicating that ECT is more effective than drugs, but none of the trials reviewed compare ECT with newer anti-depressant medications such as the selective serotonin reuptake inhibitors, mirtazapine or venlafaxine. Also, one randomized study found ECT to be superior to paroxetine in medication-resistant major depression, but it was excluded from the book. This may be because the author felt it was not applicable and did

not satisfy the inclusion criteria of randomized control trials.

The book then reviews data about the use of ECT in catatonic depression, elderly depressed patients, depressed pregnant women and depressed children and adolescents. Each chapter contains extensive current data from the literature and recommendations. There is also a chapter on the use of ECT in people with schizophrenia and catatonia, comparing ECT alone with ECT plus neuroleptic drugs. Another section focuses on the use of ECT in people with Parkinson's disease with a recommendation to include only patients who are refractory to drug treatment (usually those with severe disability). Neuroleptic Malignant Syndrome (NMS) can also be treated effectively with ECT. A special chapter is devoted to the use of ECT in older adults, as there is an increased potential of a higher seizure threshold in elderly persons and this may increase the difficulty of eliciting effective seizures and ensuring effective treatments.

The book recommends using machines that deliver a constant-current, brief pulse with a dose range from 25mc to 1000mc. (mc = millicoulombs = units of electrical charge). In the chapter about practical administration of ECT there is a good diagram of electrode placement and recommendations about how to adjust the electrical dose as well as what to do in the situation of missed seizures or short seizures that are not effective as treatments. A special chapter deals with monitoring seizure activity, with examples of EEG printouts during and after the seizure.

In summary, the book presents the latest clinical guidelines for using ECT, supported by a great deal of data from the medical literature. It is highly recommended for all psychiatrists involved in the practice of ECT and for all psychiatrists in training. It has a place in every ECT room and medical library.

Baruch Shapira