The Amitim Program: An Innovative Program for the Social Rehabilitation of People with Mental Illness in the Community

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Abstract: The Amitim program, founded by the Israeli Ministry of Health and the Israel Association of Community Centers (IACC), is an innovative social rehabilitation program of people with mental illness in the community. This article presents the program’s basic concepts and work principles, and aspects of the coordinator’s work in the field. It also explains the unique social rehabilitation mechanism comprised of integrating people with mental illness into the general populations of consumers of community center services. Their integration into the regular classes and activities of the community center is compatible with the work principles of the community center which views itself as open to all strands of society, catering to their various needs. Hence, it is also responsible for the leisure time of people with mental illness. To this end there is a professional program coordinator in the community center, who serves as a mediator between the participants in the program and the community. The coordinator guides and supports the participants as needed while they are integrating into a class or activity. This guidance and support is based on recovery principles which believe in man’s strength and ability to navigate his life and realize his aspirations. At the same time, the coordinator organizes awareness activities, open to the community at large, with the aim of reducing the stigma regarding people with mental illness.

Rehabilitation of people with mental illness in Israel took a major turn in the year 2000 with the passing of the Rehabilitation of People with Mental Illness in the Community Law (1). As a result of the commitment of the Ministry of Health to implement this law, an accelerated process of developing rehabilitation services in the community began. This law fortifies an innovative view in the field of rehabilitation of people with mental illness, proposing that the main goal of the rehabilitation of an individual coping with mental illness is his/her optimal integration into the community. Furthermore, according to the law, it is up to the state to provide the possibility of realizing this goal. This view created a precedent and major international breakthrough by legally establishing the right of people with mental illness to rehabilitation (2).

The Amitim Program was formulated as a result of commitment to this law and to integration of people with mental illness in normative frameworks in the community. The program is a product of collaboration between the Ministry of Health and the Israel Association of Community Centers (IACC). It started out in October 2001 in five community centers (“matnas”) throughout the country and, as of today, it is incorporated in 45. In this program, people with mental illness are integrated into the regular classes and activities that are open to all members of the community. This approach of integration is both innovative and pioneering in the field of social rehabilitation of people with mental illness. It is in accordance with the knowledge accumulated on the concept of recovery over the past 30 years.

The Amitim Program offers anyone coping with mental difficulties an opportunity to realize his/her goals and aspirations by choosing a leisure activity involving fun and games. Davidson et al. (3) believe that these activities can play a central role in the individual’s recovery process. The Amitim
Program offers a support system which enables people with mental illness to take part in the regular activities, thereby creating a positive experience of realization and success which help them build a positive capable self-image.

In this article, we will present the Amitim Program, the framework in which it is implemented – the community center (matnas), what it entails, and the theoretical views on which it is based.

Goals
As stated above, the principal goal of the program is the social integration of people with mental illness in the normative community by integrating them into the regular classes and activities in the community center. In addition, there are secondary goals: lessening the feelings of loneliness, isolation, boredom, and meaninglessness; strengthening the sense of belonging to the community, self-image and self-confidence; taking advantage of leisure time; and improving quality of life.

Basic assumptions
The Amitim Program is based on the approach that encourages community integration of people with mental illness. The establishment of this program represents an innovative view in the field of social rehabilitation, since, until that time, there had not existed any frameworks in which mentally ill people were individually integrated socially into the community. This approach differs from that of social clubs such as the ones offered by Enosh (Israel Non-Profit Mental Health Association) which provide people with mental illness a social framework in which all members are mentally ill.

The source of this approach is the theoretical assumptions at the basis of the deinstitutionalization movement. The basic assumption of this movement is that having ties only within a mental health system puts a stigma on people with mental illness that harms the quality of their lives. Studies about stigmas show that people who are labeled have ambivalent feelings towards those sharing their stigma, and they often try to set themselves apart. This perspective assumes that the more social interactions people with mental illness have in the community, in comparison to those within the mental health system, the better their quality of life (4).

In the field of psychosocial rehabilitation, this approach is translated into a support system model (5, 6). Among the points emphasized by this model is the belief that in order to advance a successful community integration of people with mental illness, they must receive help and support from the regular, normal services available to the entire community, and not from special frameworks geared to people with special needs.

Target population
The program is designated for people 18 to 65 years old living in the community who are suffering from a mental illness or mental disorder and who are not necessarily known to the health systems, and who have the will, ability and motivation for social rehabilitation in the normative community. In order to fully understand the meaning of integration in this framework, we will present briefly the approach of the community center.

The community center
The community center is the focal point of community, social and cultural activities of the general population in a given settlement. Its doors are open from morning to night. Its goal is to reach all strata of society by tailoring the diverse activities and classes offered to suit the needs and desires of the different populations. The community center offers social and cultural activities, classes in sports, music, art, dance, trips and other activities which answer the needs of each community (7). Hence, the presence of people with mental illness, who represent a segment of the community, is most natural in the context of the activities offered by the community center. But experience has proven that despite the ideological approach that encourages this kind of involvement, this population has virtually not taken part in the activities of the community center. Hence, the immense importance of the Amitim Program which offers a bridge connecting the community and people with mental illness.

Recovery
The view of recovery has undergone a change in the last 30 years. Today, in light of the knowledge accumulated in the field, there is a tendency to view recovery as a process which allows people with
psychiatric disabilities to build bridges that reconnect them with themselves, their spiritual world, their environment and their society in general, all the while coping with their stigma. These are deep processes of empowerment and inner discovery that necessitate a fundamental change in man's self conceptualization. Recovery does not mean complete disappearance of the disability, but rather the formation of a personal and social identity which recognizes it (8).

To be able to deepen our understanding of the recovery concept we will present the model brought forth by Davidson and Strauss (9). Their approach emphasizes the context of life as the framework necessary for understanding the recovery processes. In this model, four dimensions which characterize man's life must be considered when examining the recovery processes.

1. **Intentionality:** Man has the ability to define goals, plan and determine objectives, make priorities and work consistently on furthering his goals as part of building his future. This dimension is expressed when man experiences himself as active, independently making decisions and choices among options while advancing himself towards a future that will possibly be different from his past or present. The propelling force of this intentionality is the motivation to move forward inherent in all people, the motivation to survive despite life's struggles is a basic universal human characteristic. This basic internal motivation activates the individual's strengths and resources to make positive changes and a better future (10).

2. **Grasping the time dimension:** This concept is anchored in the understanding that life is long term and dynamic, and every given moment is a frame in a long continuum that comprises the whole picture. This view enables man to see his entire life and not get stuck in certain events or situations. In the long run the illness will not be comprehended as life itself but rather as an event during life. According to Ochocka et al. (10), people coping with mental illness experience a daily struggle to overcome the difficulties accompanying the disorder and to face the reality of daily living. As a result some feel “stuck,” powerless, paralyzed and that they are acting out of inertia. Nevertheless, they are interested in building their future and improving the quality of their lives. Thinking about the future beyond the present experience may propel a process of change.

3. **Meaning:** In other words, concentrating on building a life that is consistent and sequential. The various experiences an individual has create a symbolic meaning and form a narrative that he composes about his life.

4. **Coexistence between competence and dysfunction:** Peoples' lives are a combination of strengths and weaknesses, capabilities and deficiencies. In the context of life one must address the disease and its limitations in addition to the available strength for coping with it. Ochocka et al. (10) claim that beyond the internal dialogue of the individual between the motivation to move forward and the results of change, successes (positive changes) as opposed to failures (negative changes), there exists an external dialogue between the individual and the community he lives in. This is a dialectic process in which the individual negotiates between the changes taking place in his internal world and the external circumstances in the environment in which he lives. This negotiation will result in either positive or negative outcomes which will propel the continuation of the negotiation and the advancement of the recovery process.

These four dimensions can serve as a broad framework for a deep understanding of the recovery processes. In these four areas complex emotional and cognitive processes take place which are inevitably influenced by their interaction with the environment.

**The Approach to Recovery at the Base of the Amitim Program**

The dialogue between the medical model and the recovery model represents two paradigms which became established among professionals regarding the way to help people with mental disorders integrate into the normal work force and lead an independent life in the real world. The trainplace paradigm represents the medical model.
The place-train paradigm represents the recovery approach. According to the train-place approach, those in rehabilitation must first be trained to control the symptoms of their mental illness and the dysfunctions caused by it. Only after this they are placed in the work force or in various functions in the real world. This approach deals with the psychiatric disability which prevents and blocks the individual from realizing his goals and aspirations for an independent life. Hence this approach focuses on medications and on psychosocial methods in order to help the individual cope with the symptoms and disabilities caused by his mental state and that prevent him from achieving his goals. In contrast to this paradigm, according to the place-train approach, people are first placed in the real world and at the same time they are given support and training carried out in real time, which deals directly with new experiences the individual has while integrating. These measures enable the individual to continue and to persist in the frameworks in which he integrated in the real world. Working with the individual will entail reference to his biological basis and mental history. However, focusing on the biological and mental basis is only one dimension for understanding the individual's situation. A similar weight to understanding the rehabilitating individual's dysfunction is also given to the community and to social factors. These latter factors are viewed as responsible for social change and for assisting a person develop skills which will help him function better in the community (11, 12).

Recognizing that the responsibility for integrating the individual into the real world rests on the community he lives in is at the basis of the Amitim Program which views the community center as the real world where a person can realize his ambitions and goals in a protective environment. One may regard the relationship with the program coordinator as a protected “lab” where the individual can try to implement his social skills while feeling that he is in an accepting, encompassing environment.

In light of the above, recovery occurs when the individual realizes his goals despite experiencing various symptoms and disabilities. The best way to understand his limitations is in the context of his natural environment in the community (11).

**Amitim Coordinator’s Work**

The community center provides a coordinator whose main function is to facilitate the integration of people with mental illness into the classes and various activities it offers. The coordinator is a member of the community center staff and works in complete cooperation with it and the general community. The coordinator also functions as a mediator between the community and the people with mental illness, and causes both parties to be more accessible to one another. Making the community more accessible to people with mental illness is achieved by paving for them a path to the community center. Making those with psychiatric disabilities more accessible to the community is achieved by public awareness activities in various circles and by other means, which will be explained below. Having the encounter with the community take place in the community center, which is a normative setting, enables many people to take part who usually avoid turning to rehabilitation services for fear of the stigma attached. Corrigan (13) notes that many people do not want to be labeled as mentally ill for fear of the stigma, and, as a result, they are not consumers of mental health services. In this regard, Amitim makes a different experience possible that does not label the participants.

Following is a description of the work principles of the coordinator and their adaptation to integrating participants of the program into the community center activities:

1. The coordinator’s work with the participants is based on principles of rehabilitation and recovery and focuses on social rehabilitation.

All of the meetings between the coordinator and the participant are based on the recovery approach and are guided by the following principles:

A. The goal of the individual guidance and support is to make the community accessible to the participant, by means of getting him acquainted with the community center and its activities.

B. The guidance and support is directed towards the growth and independence of the participant and the lessening of his dependency on the coordinator. The frequency of meetings with the coordinator is determined by the need expressed by
the participant and mutual evaluation with the coordinator. The goal is to lessen the frequency of individual guidance and support in accordance with progress made by the participant, up to the point where the participant is completely independent. At this point the participant will feel that he has been empowered and has developed a sense of capability and ability to use services offered by the community center by himself.

C. The guidance and support focus on powers that propel the individual to grow and to integrate into the community center activities, while recognizing the factors that pose a barrier to this integration.

D. The relationship between the coordinator and the participant is an attempt to create a normative interaction with as little stigma as possible.

These principles are expressed by the participant’s turning to the program and in the individual guidance and support he receives while integrating into activities. After an individual turns to the program, either on his own initiative or by being referred by a treatment agency, he is invited by the coordinator for an introductory meeting. In the meeting, the coordinator introduces the program, its goals and makes it clear that before taking part in a class there will be two to three introductory meetings, which are aimed at establishing a basis for the participant’s adaptable integration into the class and the community center at large.

After the participant is integrated into a class, he continues to meet with the coordinator, and their relationship focuses on a social rehabilitation program whose goals and definitions were determined at the end of the introductory meetings, jointly by the coordinator and the participant, in accordance to the participants’ needs. After joining a class and overcoming the first barrier of integration into the community, the aim of the relationship with the coordinator is to continue to receive support and to process what occurs in the class and its implications, alongside work on various social skills needed for a successful and meaningful integration into the community. The final goal is creating and expanding capabilities and motivation for continual independent integration which does not necessitate individual guidance and support.

2. The coordinator is a member of the community center staff and his work is done with mutual cooperation

The approach that views the coordinator as an integral part of the community center staff is an analogy to the rehabilitation approach which sees people with mental illness as part of the general population. The program believes that accepting the coordinator as an equal to all workers in the community center is a stage in accepting people with mental illness, which he represents, by the community. Only involvement in and integration of the coordinator into the community work will bring about integration of the participants.

The partnership in the community work is bilateral. The coordinator is a partner in the community center activities and the staff is a partner to the work in the Amitim Program. The coordinator’s involvement is expressed in his taking part in staff meetings, and by sharing his work while using discretion. In staff meetings he raises dilemmas related to his work such as: recruiting volunteers, ideas for community work and sighting relevant groups. In addition, he helps organize various events to which he invites participants in the program.

The involvement of the staff is reflected in the daily life of the community center. In its essence the community center staff is open and works with different kinds of people and is accessible to diverse populations. The staff plays a significant role for the participants. It welcomes the participants that come to the various classes, answers questions that come up and functions as an address to turn to in addition to the coordinator. It is important to emphasize that the staff treats the participants the same way it treats all clients of the community center. Most of the time the staff does not know that the person taking part in a class is in the Amitim Program, unless the person discloses this information himself.

It must be pointed out that the community center staff goes through a learning process regarding the importance of the program and their role in the absorption of the participants. This is conducted by individual meetings held by the coordinator with the staff members and especially through group meetings when the coordinator assumes his role; and then at a frequency of once or twice a year.
Sheft-Baron (14) studied the changes in the community center staff as a result of being exposed to the Amitim Program working in its community center. She examined the connection between operating an Amitim Program in the community center and the workers' attitudes to people with mental illness. This was done by comparing attitudes of workers in community centers where the program was activated, to attitudes of workers in community centers that did not have the Amitim Program. The results showed that workers in community centers where Amitim was working expressed less stigmatic attitudes towards mentally ill than workers in community centers that do not have this program. The less stigmatic attitudes were expressed in lesser degrees of belittling and desiring social distancing from this population in the community and in the community center, alongside a greater willingness to integrate people with mental illness into the community and the community center. Furthermore, the study showed a negative correlation between the degree of the community workers' knowledge in the field of mental health and the extent of the desire for social distancing of mentally ill in the community and in the community center.

From all the above, it seems that the staff work and its view on the participants in Amitim as part of the community center clientele serves the recovery concept by giving the participant a feeling that he can express to the staff his stand on things and his needs, from signing up for a class to needs that arise during the class, and that he will be responded to and treated equally. Furthermore, the participant begins to feel that he belongs to the community center, he feels comfortable and at home. These interactions begin to establish a feeling of belonging and to reduce his loneliness.

3. The coordinator’s work entails ties with the community at large: residents of the neighborhood, the local community and the professional community.

A. A relationship whose goal is to change the local community’s attitude toward people with mental illness

The Amitim Program operating in a community has a goal to raise the awareness of the community to its activities, to bring about a change in the community's views, and to lessen stigmas related to the topic of mental health. We believe that a change in accepting people with mental illness into the community will be a result of mutual changes in the participants as described above and in the community. Therefore it is necessary to work through a process with the participant and at the same time engage in public awareness activities in the community at large which will integrate the sides and bring them closer.

In order to achieve this goal, the Amitim coordinator recruits volunteers from the community who act as "Amitim integrators" for the participants in the program. The relationship is friendly, its aim being mutual pleasure, simulation of social relationships and learning social skills. The volunteer may serve as a bridge to the community and involve the participant in activities and organizations in it. The volunteer is guided by the program coordinator who gives guidance and support to this relationship. There are a few steps the coordinator takes to bring more awareness of the program in the community. He initiates an annual public awareness activity which includes a few meetings with other groups active in the community center (teenagers, senior citizens, women's leadership, volunteers, various culture clubs, etc.).

During Mental Health Week the coordinator promotes the program by explaining it to a wider audience. The coordinator also publicizes the Amitim Program in the local newspapers and distributes leaflets about the program in places in the community where people congregate.

B. Keeping in touch with rehabilitation and treatment agencies

The various rehabilitation and treatment agencies are the main sources for referrals of participants to the program. It is therefore of the utmost importance to keep an ongoing relationship with them. This connection is also made and kept by the coordinator's taking part in a regional rehabilitation forum and periodic updating and summarizing meetings with central treatment agencies.

4. The coordinator receives training, instruction and additional studies which give him the
support and professional knowledge necessary for realizing the program’s goals

The field of social rehabilitation is a developing one, and, in order to get acquainted with it and to understand the program's working principles, the coordinators accepted for the position take a very informative course and their views are clarified. The coordinator internalizes the spirit of the program which aspires for down-to-earth professional meetings, designed to promote man's social goals while focusing on his inner strength. At the same time, the coordinator is given personal instruction once every two weeks and once a month he participates in group instruction given by district coordinators. As part of the characteristic orientation of studies in this field in general and in this program in particular we build the coordinators a yearly additional studies program tailored to their wishes and needs.

Case Study

The important contribution of the Amitim Program to the social rehabilitation of their participants will be presented in the following case of Danit (a pseudonym): Danit is no longer a participant in the Amitim Program. After four and a half years in the program she goes to the community center on her own initiative, and chooses the activities that interest her. She came to the program insecure, having depressed thoughts and feeling worthless. She was socially isolated and did not think that she could contribute to any friendly relationship or that she could say anything that anyone would find interesting. Choosing a class was difficult. With the help of meetings with the coordinator, she elected to take part in an interdisciplinary art class in the summer. Her classmates were all participants in the Amitim Program. At first she was introverted and did not make any relationships. In the guidance and support meetings with the coordinator she expressed a desire to make contact with her peers. The coordinator worked with her on what she brings to relationships, drawing strength from past relationships in which she felt significant. The task of striking up a relationship was broken down into small assignments. For example: to turn to a participant and start a short conversation, and later to choose which content to share with others, etc. Danit received many reinforcements for the steps she took. During the class she began to make contact with her surroundings. In retrospect it turns out that starting out in what she coined a “safe place” made it possible for her later to integrate into the normative classes with the general community. Next she integrated into a Feldenkrais class, and in an exceptional manner, persisted in it throughout the entire activity year. At the same time, she also took part in a social skills class for the program participants. She gathered a lot of strength from the group and discovered that she played a central role in the group and that her opinion is important to others. The most important turning point was when she initiated a relationship with one of the girls in the group who was suited to her in many parameters: their personal status, age, level of functioning, etc. This connection developed into a very significant relationship that still exists today, and made it possible for her to have a different experience in social ties. Later on Danit felt capable of participating in workshops that require self awareness and working on oneself. She joined several workshops open to the general public, one designated to empower women, another called “life without anger.” She also took part in various events in the community center on holidays and went on excursions it sponsored. The journey Danit took of self discovery of her abilities and social skills while redefining her personal social capabilities enabled her to give up from her own free will the personal guidance and support and the scholarship. This came from a feeling... “that the program enabled me to flourish and now I feel I can do it on my own.”

The process that Danit went through represents the importance of the program for its participants in developing a sense of personal ability to be a contributing participant in social interaction and to experience true friendship and a long-lasting relationship.

Thoughts and Plans for the Future

This survey presented the Amitim Program. It is relatively young and dynamic, changing and
adapting itself to the demands of the environment. Alongside the theoretical understandings and the establishment of the basis for running the program, there are among the questions we are deliberating:

A. The existence of segregated classes open only to the program participants: Is it correct to hold classes for social skills open only to participants of the program? Is it right to hold special classes for the program participants in the summer when the regular community center programs are not active, for the purpose of creating for them a continuum of activity and sense of belonging to the community center?

B. The individual guidance and support: At times it seems that the relationship between the participant and the coordinator will go on for a long time as there will always remain topics related to social skills that can be worked on. At what point does the relationship end and the participant continue to be an independent consumer of the community center services?

C. Coordinator training: Experienced coordinators go through a process parallel to the participants. They gain a skill in guiding and supporting participants in the program. Should the instruction given to them be spread out?

Together with the questions and understandings we face the future and plan to open an Amitim Program for adolescents, age 14 to 18. We will continue to conduct regulated studies of the program. For example: examining the differences in the feeling of belonging to society among participants as a function of the length of time in the program, or comparing the coordinators’ stands regarding people with mental illness and recovery, with those of workers in segregative fields of rehabilitation.

References