

Editorial: A Decade of the Israeli Psychiatric Rehabilitation Law

Israel is celebrating a decade since the legislation of the Rehabilitation of the Mentally Disabled in the Community Law (RMD) (1). The goal of this law is to enable persons with severe mental illness (SMI) to “achieve the maximum degree of functional independence and the highest possible quality of life, while preserving their dignity” (1).

The Rehabilitation Law is innovative and progressive in many ways. First, it grew out of partnerships and collaborations formed by such diverse stakeholders as mental health professionals, family organizations, consumers, human right advocates and policy makers, under the political leadership of Tamar Gozhansky, Israeli MP. Second, it stresses the right of persons with SMI to a defined “basket” of accessible psychiatric rehabilitation services geared to support their efforts to achieve valued social roles in the community. Third, it led to the establishment of the National Council for Rehabilitation of Mentally Disabled in the Community, which consults to the Israeli Minister of Health in shaping policy.

This second part of two special issues of *The Israel Journal of Psychiatry and Related Sciences* devoted to Psychiatric Rehabilitation is scheduled to coincide with the 10th anniversary of the passage of this law. During the last decade in Israel, the number of inpatient psychiatric beds (per population) declined by approximately 70%, the number of persons using psychiatric rehabilitation services increased four-fold (currently approaching 16,000) and the dedicated budget for psychiatric rehabilitation increased ten-fold (2). The variety and comprehensiveness of rehabilitation services have increased accordingly in several areas including housing, education, employment and others, representing both internationally recognized models as well as local innovative initiatives. For example, the Rehabilitation Law offers supported employment and case management, which are internationally recognized evidence-based practices for persons with SMI. Additional models and interventions such as the “clubhouse,” Illness Management and Recovery (IMR), and Family Psychoeducation which were not outlined in the law, have since been adapted from abroad and successfully implemented in Israel,

while many local rehabilitation models and interventions have also been developed.

Alongside these impressive accomplishments there remain notable challenges at the onset of the second decade of the law. Coordination between different elements of the system (treatment, rehabilitation, physical health, welfare and others) is often lacking, hindering the continuity of care. The impact of services on desired outcomes and the quality of service provision is not routinely evaluated and little is known about the characteristics of those individuals consuming the services, their needs and whether the rehabilitation services they consume promote their recovery process or functional outcomes. Finally, despite the rapid increase in the number of persons receiving psychiatric rehabilitation services, it is estimated that they comprise less than a quarter of those who are eligible for the basket of services and who could presumably benefit from them. While to date there has been no systematic effort to investigate this puzzling finding, possible explanations might be not being aware of these services, not experiencing them as accessible, tailored to their needs or culturally sensitive, the barrier of stigma or structural issues which hinder referrals to the psychiatric rehabilitation basket of services.

Clearly, there is still much work to be done. However, the next decade is ripe with opportunities to further achieve the vision of the Rehabilitation Law. We end this editorial with three hopes for the next decade in Israel of this law:

First, we hope that the mental health care system will become integrative and characterized by accessible, effective and culturally competent services aimed primarily and explicitly at promoting recovery. It is essential that the rehabilitation services be culturally tailored to all minority groups as well as those with serious behavior disorders, so-called organic brain problems and co-occurring psychiatric and substance abuse problems.

Second, we hope to learn and benefit from the process of developing and implementing new services. By

seeking to understand the impact of new services we will be able to improve them, and develop the requisite body of knowledge, skills and values needed to train and supervise providers so that services are delivered in an accountable manner.

Finally, we hope that quality of care and efficiency will gain greater focus. Powerful means for achieving these goals are now widely available, including the assessment of the fidelity of the services and the monitoring of outcomes. Hopefully, these innovations will be gradually introduced into practice during this coming decade.

Reflecting upon the achievements of the Rehabilitation Law on its 10th anniversary provides many reasons to be proud of what has been accomplished as well as an opportunity to recognize pitfalls and envision future

progress. Hopefully, on the 20th anniversary of the law, a new generation of psychiatric rehabilitation experts will be guest editors of a special issue of this journal and will report the progress made during its second decade.

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Guest editors

References

1. Rehabilitation of the Mentally Disabled in the Community Law of 2001 (RMD). Israel Law Code, 1746. Jerusalem: Ministry of Justice, 2001 (in Hebrew).
2. Aviram U. Promises and pitfalls on the road to a mental health reform in Isr J Psychiatry Relat Sci 2010; 47: 171-194.

Call for submissions

The Israel Journal of Psychiatry is planning special sections on the following subjects:

Pediatric bipolar disorder - Culture and psychiatry
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Submissions on these and any other area related to mental health should be prepared according to the information for contributors available online at:
<http://www.psychiatry.org.il/journal/>

Submissions should be sent to the editor,
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