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Personal Journey

Nathan Hostel at Ramat Gan – A Personal Reflection

Guiding Instructor: Dr Joshua Krasna

Team Instructor: Dr Haim Waxman

Submitted by: Ng Wei How

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NATHAN HOSTEL AT RAMAT GAN – A PERSONAL REFLECTION

Introduction

On 4 Dec 2016, Yael Grosman and I visited Nathan Hostel at Ramat Gan. This hostel provides sheltered accommodation and rehabilitation services for people with mental health disability, and whose main goal is to assist the hostel residents to integrate in the community. The purpose of the visit was to experience a day with Ms Merav Aviran, the overall manager of the hostel, in the management of the entire operations of the hostel and the hostel residents, thereby enable a better understanding of the contributions and challenges of the hostel within Israel's mental health framework. This paper is a personal reflection on the insights and lessons learnt for the visit to Ramat Gan Hostel.

Israel Mental Health Reform

The first thing that we learned from Ms Merav was the reform (and privatization) of Israel's national healthcare. In 1995, Israel enacted the National Health Insurance Law, which spelt out three key changes: (1) It regulated the right of residents and citizens of the State of Israel to receive health services, (2) It defined the health services basket, and (3) It transferred responsibility for most health services to the Health Funds. Mental health services were not included in the Health Funds at the time of the enactment of the Law, but this changed on 30 May 2012, after a government order was signed by Deputy Health Minister, Rabbi Yaakov Litzman, to transfer the responsibility for the provision of mental health services (see Appendix 1) to the Health Funds. This change served to enhance the quality, availability and accessibility of mental health services in Israel. With the reform, it also allowed the Ministry of Health

to focus primarily on state policy, regulation and supervisory functions, leaving operational services to be carried out by organizations and private entities, whose work would then be subjected to audit and inspection by the Health Ministry.

Contributions and Challenges of Ramat Gan Hostel

Ramat Gan Hostel is part of a private nursing agency, Nathan, to enable the rehabilitation of persons with mental health disorders, such as schizophrenia and mental depression, in the society. The objective of Ramat Gan Hostel is to provide the conducive environment for the hostel residents to integrate in the community as seamlessly as possible. Through the assistance of trained guides and social workers from the hostel, the hostel residents are able to choose from the basket of mental health services to study, work, learn to live independently (assistance for those with lower level of functionality) and participate in social activities, thereby improving their overall quality of life and reducing the social stigma against them. In addition, the hostel also ensure that the residents take responsibility for their medical treatments, such as psychiatrist visits and timely consumption of medication, and learn to cook and manage their finances (those capable of doing so). An annual discussion of individuals' rehabilitation plans and a schedule of weekly activities ensure that the residents are able to operate their daily routine in an organized manner. Overall, the philosophy is to enable the hostel residents to be more independent and function with less intensive assistance.

The first insight was gathered during the conversation on the level of success of the hostel's rehabilitation efforts. We realized that currently there were no formal measurements performed on the hostel residents' progress of integration in the community, despite the resources and slew

of measures invested in the national mental health system, such as the state-provided basket of mental health services and community assistance programs. Ms Merav shared that the Health Ministry had developed a list of key performance indicators[1] but not operationalized yet. In our view, the indicators would be necessary for the authorities to gauge the effectiveness of the policies, make changes to the programs and better allocate resources to the portfolios of mental health services. For example, we found that although tax incentives were given to businesses that employed mentally disabled persons, the employment of these people was still met with varying degree of resistance from business owners. With well-designed performance indicators, we could check if this incentive policy was useful in itself, or the tax relief was sufficient. Addition to this, in work places that took in mentally disabled persons, the remunerations were mostly miserable (far below the minimum wage), which invariably resulted in low motivation to go to work. In conjunction with the tax benefits, a more holistic policy could be designed between the ministries (e.g. Health and Economy) and employers for the wage level of mentally disabled persons to encourage their participation in the workforce and better support pro-rehabilitation businesses.

The second insight concerned the ease of transfer of hostel residents to the category of accommodation in accordance with their medical conditions and dependency level which could change with time. After the initial assessment, when a Regional Rehabilitation Committee determined that a mentally disabled person was eligibility for rehabilitation programs, the person would decide the community he would want to live in and locate the accommodation he was entitled to. Over time, the person's mental health condition might deteriorate, thus requiring a higher level of assistance which the original accommodation could not support as it was

[1] Known as the Fidelity Scale developed by Israel's Ministry of Health.

not structured to do so. In addition, as the hostel residents lived together in an apartment of no more than four persons, the incompatibility of their medical conditions rendered communal living problematic and might actually adversely affect others. Ms Merav shared that the Health Ministry did not have a policy with regard to the transfer of "deployed" persons. As of now, the hostel would, on its own accord, attempt to locate a suitable accommodation from other service providers and negotiate the transfer. In our opinion, the Health Ministry should review the need to establish the appropriate policy and protocols for this issue. This was because a change to the mental health condition of a person would render a change to his eligibility for mental health services and the entitlement to the correct rehabilitation programs and assistance he should receive, which ultimately posed an impact to his overall well-being.

On the final insight, we understood that the key to the success of the rehabilitation of mentally disabled persons relied heavily on the quality and sufficiency of agents like support staff, social workers and guides. Based on our interactions with this group of people, we could feel the high level of commitment and emotional attachment (including the immense stress level experienced by the agents) to the hostel residents, to the extent that the hostel agents were more like family members to the residents themselves. Taking care of mental disabled persons required a great amount of energy and mental strength, in addition to the profound psychological and medical knowledge and professionalism. In this respect, the nursing agency and the health ministry could look into enhancing and institutionalizing the training development of agents involved in mental health rehabilitative work to ensure a consistent supply of qualified agents, and at the same time, strengthen their mental resilience to better manage such honorable yet mentally-draining work.

Other challenges that Ms Merav had to contend with in the rehabilitation of mentally disabled persons included participation of family members (lack of ownership), relationship between psychologists and the hostel residents (purely professional and not rehabilitative in nature), operations expenses (hostel residents forgetting to turn off heater or air conditioning after leaving the apartments) and hostel residents' finances (some residents misunderstood that their money were kept and misappropriated by the hostel but this was never the case as their money could only be held by themselves or their guardians). In fact, these daily routines and difficulties added to the pressure felt by the hostel agents as they took upon themselves to provide the best standard of care they could possibly give to the hostel residents so as to support their integration and rehabilitation in the society.

Conclusion

The integration of mentally disabled persons into the community has a noble aim and is a huge endeavor for the state. While the state is ultimately responsible for the mental health of its people, the creation of this public-private partnership comprising governmental agencies, health medical organizations and private entities enable the best market practices and services to be given to the people who need them. However, the many challenges that the mentally disabled persons face in the course of their rehabilitation in the community mean that policymakers and service providers, such as Ramat Gan Hostel, must constantly review and enhance policies, processes, programs and services so as to deliver the best mental health care system to the people.

APPENDIX 1

MENTAL HEALTH SERVICES

Those in need of mental-health care can be entitled to the following:

Medical frameworks

- Mental-health clinics, at facilities associated with some of the health funds, and in hospitals
- Psychiatric evaluation: at community mental-health clinics and in hospitals.
- Hospitalization: in hospital psychiatric-care wards.
- Ambulatory services: ambulatory services are available during crisis situations and trauma, and for those suffering from psychiatric illness. Services include medical treatment, psychological counseling, and therapy for couples and families. Mental-health clinics and community mental-health facilities provide services.

Rehabilitation Frameworks

- Housing: supervised living in sheltered-apartment frameworks and hostels.
- Employment: assistance in acquiring vocational skills, sheltered workshops, supervised integration into the workplace.
- Education: integration of students into special frameworks designed to reinforce self-esteem and to maximize capabilities, supplemental studies up until matriculation and acquiring a

vocation, assistance to new immigrants for Hebrew studies, familiarization with computers.

- Social and leisure-time frameworks: social clubs, including clubs for new immigrants.
- Independent living: Assistance for adapting to independent living.
- Rehabilitation "Basket": a range of services to assist with independent living and improving quality of life. The "Basket" includes housing assistance, vocational assistance, income supplements, social activities, and guidance for families. To be eligible, it is necessary to be over the age of 18, and recognized by the National Insurance Institute as suffering from an emotional disturbance resulting in disability of at least 40%.

Community Mental Health Clinics

Community Mental Health Clinics are located in almost every municipality. Any person may make an appointment for a consultation. Following intake procedures, the staff determines an appropriate course of assistance. To locate the nearest clinic, consult with a family doctor, or contact a local municipal information line (moked ironi, 105/6/7).

Application Procedures

Apply for medical services directly to the facility.

Eligibility for rehabilitation services is only with the referral of the District Rehabilitation Committee in conjunction with the treating professional, and according to the determination of the District Rehabilitation Committee.

For more details, consult the office of the Regional Psychiatrist at District Offices of the Ministry of Health.

Hospitalization

A patient may only be voluntarily hospitalized in a mental-health facility on condition that they sign a written consent. If the patient wishes to be released, they must sign another consent form. The release is authorized only after 48 hours have passed. Involuntary hospitalization can take place only with the authorization of a district psychiatrist or with a Court order.

A patient who is hospitalized on a non-voluntary basis has the legal right to representation before a Psychiatric Board, which considers appeals of orders for hospitalization, and can also decide to extend a particular order. The patient also has the right to appeal the Board's decisions. A patient is entitled to apply for representation by the Legal Aid services of the Ministry of Justice, which is free of charge. Patients may also choose representation by their own private attorney. The hospital is obligated to provide an application form for Legal Aid, immediately upon admission to the hospital, or must send a fax requesting the appointment of counsel. Hospital staff should help patients fill out or send the form if necessary.