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Utilization of Mental Health Services by Persons with Severe Mental Illness Five Years After the Mental Health Reform:

A Consumer Survey

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Abstract

Background

The mental health (MH) insurance reform in 2015 shifted the responsibility for the provision of MH services from the Ministry of Health to the health plans. Shortly thereafter, in 2016, the Myers-JDC-Brookdale Institute conducted a comprehensive baseline study that examined the utilization of MH services by people with severe mental illness (PSMI) from their point of view. The current report presents a follow up study conducted in 2020, that is, five years after the enactment of the reform.

Objectives

To examine changes in PSMI's utilization of MH services, including community-based MH care, psychiatric rehabilitation ('rehabilitation basket' services) and psychiatric hospitalization, as well as of general healthcare services, five years after the reform went into effect. The study also examined the aspects in which the reform achieved its goals and the aspects in which the concerns that were raised regarding its implementation materialized, as perceived by PSMI.

Methodology

A telephone consumer survey that was conducted among 678 PSMI in 2020. The 2020 data were compared to the 2016 data for all PSMI. In addition, at each point of measurement, data of PSMI with only a MH disability were compared to data of PSMI with multiple disabilities.

Main Findings

Relative to the baseline study, the current study found an increase in psychiatric hospitalizations during the five years prior to the survey (from 30% in 2016 to 36% in 2020) as well as a decrease in the utilization of community-based MH care during the year prior to the survey (from 89% in 2016 to 83% in 2020). In addition, 48% of PSMI who received their routine outpatient MH care in the public sector utilized it from the health plans, as was the case right after the reform implementation. In was also found that the utilization rate of psychiatric rehabilitation services in 2020 was apparently a little higher than in 2016 (36% vs. 32%, respectively), however, the difference was not statistically significant. Finally, PSMI with multiple disabilities used each kind of the MH services (i.e.,

community-based MH care, psychiatric rehabilitation and psychiatric hospitalization) to a lesser extent than PSMI with only a MH disability.

Conclusions and Recommendations

Five years after the launching of the reform and despite the COVID-19 pandemic, the MH system managed to maintain the provision of psychiatric rehabilitation services, which are essential to the participation of PSMI in the community. At the same time, the reform aimed at expanding the scope of PSMI utilizing their MH care from the health plans, which serve as their primary healthcare service coordinators. However, the rate of PSMI treated in the health plans remained unchanged. Considering this finding as well as the increase in inpatient hospitalizations, it is recommended that efforts be invested in strengthening the health plans' capacity to meet the needs of PSMI and to improve continuity of care among the various MH services and between them and general healthcare services.

Executive Summary

Background

The mental health insurance reform of 2015 (herein: **the reform**) shifted the responsibility for the provision of mental health (herein: **MH**) services from the Ministry of Health (herein: **MOH**) to the health plans. The reform was intended to establish the position of the MOH as the regulator rather than the provider of MH services, thus overcoming the fragmentation between the MOH and the health plans regarding the provision of these services. It also addressed concerns about potential conflicts of interest between the MOH's dual roles as regulator and provider. Additional goals of the reform were improving the availability, accessibility and quality of MH services and strengthening the connection between mental healthcare and physical healthcare. The reform's provisions are relevant to the general public and are particularly relevant to people with severe mental illness (herein: **PSMI**), as they require comprehensive MH services that are integrated and coordinated with general healthcare services.

In response to the MOH's request, the Myers-JDC-Brookdale plays a major role in the designation and evaluation of the MH reform. Thus, shortly after the enactment of the reform (in 2016), the Myers-JDC-Brookdale Institute carried out a **baseline study** which examined the utilization of various MH services by PSMI and the interface between those services from the perspective of the PSMI themselves.[1] This report presents the findings of a **follow up study** conducted in 2020, which looked at the patterns of utilization of both MH services and general healthcare services among PSMI about five years after the reform enactment.

Objectives

To examine changes in PSMI's utilization of MH services, including community-based MH care, psychiatric rehabilitation ('rehabilitation basket' services) and psychiatric hospitalization, as well as of general healthcare services, five years after the reform. In view of the fragmentation of the MH system on the one hand and the changes in the provision of services following the reform on the other, the study focused on the association

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[1] Haran, D. (2018). *The link between continuity of care and mental health service utilization by persons with severe mental illness: possible implications of the mental health insurance reform* [Thesis for the Degree "Doctor of Philosophy", Hebrew University of Jerusalem]; Haran, D., & Naon, D. (2017). *Patterns of utilization of mental health services by persons with severe mental illness: a consumer survey* (RR-750-17). Myers-JDC-Brookdale Institute.

between continuity of care (herein: **COC**) as perceived by PSMI consumers and the scope of utilization and perceived quality of services. The study also examined possible effects of the COVID-19 pandemic on service use.

Methodology

A telephone survey was conducted among 678 PSMI. These were a representative sample with respect to demographic and medical characteristics based on the National Insurance Institute data. The survey was carried out between July and December 2020.

The data analysis compared the findings of the follow up study to those of the baseline study. In addition, at each point of measurement a comparison was carried out between PSMI who have only a MH disability and those who have additional disabilities (mostly physical).

Main Findings

One of the primary goals of MH policy in Israel in the last two decades has been enhancing the treatment of PSMI in the community and reducing their utilization of psychiatric institutions. However, the study indicates that five years after the enactment of the insurance reform, there was a decrease in the utilization rate of community-based MH care alongside an increase in the rate of psychiatric hospitalization. The utilization rate of rehabilitation basket services remained similar. Sensitivity analyses indicated that the pandemic probably did not have a substantial impact on the utilization rates of these three services. Nevertheless, the pandemic did affect the patterns of service provision and utilization, as detailed in the full report.

- Community-based MH care – In 2020, 83% of PSMI reported utilization of ambulatory MH care at the time of the survey or in the prior year, compared with 89% in 2016
- Psychiatric rehabilitation – In 2020, 36% of PSMI reported utilization of rehabilitation basket services, a little higher rate than in 2016 (32%); however, the difference between the two points of measurement is not statistically significant
- Psychiatric hospitalization – In 2020, 36% of PSMI reported having been hospitalized in the five years prior to the survey, compared with 30% in 2016
- Both in the 2016 and 2020 surveys, compared with PSMI with only a MH disability, and despite having greater MH-related needs, PSMI with multiple disabilities utilized each kind of the examined MH services to a lesser extent

Alongside the decrease in the utilization rate of community-based MH care, its characteristics changed in a manner that seemed to coincide with consumers' needs but not necessarily with the reform provisions. From 2016 to 2020, there was a decrease in the rate of PSMI whose primary caregiver was a psychiatrist (from 65% to 54%), while there was an increase in the rate of PSMI whose primary caregiver was a psychotherapist (a psychologist or a social worker) (from 22% to 39%). It was also found that the waiting time for care shortened, therapy sessions were longer, and their frequency increased, findings that are consistent with the change in the professional mix of the primary caregivers.

One of the reform objectives was to transfer the provision of MH care from the government to the health plans. However, in 2020, as in 2016, the same rate of PSMI (42%) utilized MH care from the health plans. At the same time, there was a decrease in the rate of those receiving care from services operated directly by the Ministry of Health (from 34% in 2016 to 24% in 2020) and an increase in the rate of those receiving care from MH NGOs. At both points of measurement, the same rate of PSMI (14%) utilized MH care in the private sector. An examination of the transitions between care frameworks within the public sector from 2016 to 2020 found that 29% of the consumers moved from Ministry of Health clinics to the health plans, while 11% moved in the opposite direction.

One of the concerns regarding the reform was that the utilization of rehabilitation basket services would decline because the responsibility for them remained under the MOH whereas the responsibility for funding psychiatric hospitalizations and for providing community-based MH care was transferred to the health plans. **However, the research findings do not validate this concern.** In fact, the utilization rate of rehabilitation basket services was maintained despite the COVID-19 pandemic, which is likely to have reduced participation in individual and group activities in the community.

The above said notwithstanding, **PSMI are still struggling to exercise their eligibility to rehabilitation basket services.** A substantial portion of PSMI who were aware of the Community Rehabilitation of Persons with Mental Health Disability Law, did not apply to the Rehabilitation Basket Committee to receive services, primarily due to lack of information and professional guidance. Moreover, the rate of PSMI who had applied to the Rehabilitation Basket Committee but did not actually use any services increased from the 2016 baseline study to the 2020 follow up study (from 8% to 17%).

Alongside the increase in psychiatric hospitalization, PSMI being hospitalized seem to have more complex needs. Concurrent with the increase in the rate of hospitalization from 2016 to 2020, there was also an increase in the rate of hospitalization in closed wards as opposed to open ones: regarding PSMI who went through

a psychiatric hospitalization in the five years preceding the survey, in the 2020 survey 65% reported being hospitalized in a closed ward and 30% in an open ward, as compared to 44% in each in the 2016 survey. This shift, alongside the decrease in utilization of community-based MH care, may suggest that over the years the group being hospitalized became more complex from a clinical point of view and is not finding adequate relief in the ambulatory MH services. This may account for the larger rate of individuals in more restricted hospitalization wards. The study also examined attitudes toward alternatives to psychiatric hospitalization such as 'half-way houses'. Although they became more relevant with the reform (without being directly connected to its guidelines), it was found that about 30% of PSMI who were hospitalized during the five years preceding the survey and about 45% of those not hospitalized were not interested in staying at a half-way house instead of a psychiatric hospital.

The restrictions enacted upon the COVID-19 pandemic affected the utilization of MH services. About 60% of the consumers experienced changes in the manner in which community-based MH services were provided following the pandemic. A substantial rate of therapy sessions and rehabilitation activities took place by telephone or online, and some services were reduced or temporarily suspended. In psychiatric hospitalization wards, family visits were restricted and some of the hospitalizations were shortened. The perceived health status of PSMI, both in the physical and psychological realms, was worsened to a greater extent than the perceived health status of the general population.

In the experience of PSMI, at both points of measurement, continuity of care was lacking. Upon the reform implementation, substantial efforts were made in order to improve the coordination between the various MH services and between them and general healthcare services. However, five years after the reform, only one-half of PSMI reported that there was adequate COC between MH professionals and between them and the PSMI's family physician. Furthermore, about one-fourth of PSMI reported that they were not at all interested in COC between mental healthcare and general healthcare, primarily due to reasons of medical confidentiality and maintaining privacy and seeing no added value in COC.

Conclusions and Recommendations

Five years after the launching of the reform and despite the COVID-19 pandemic, the MH system has managed to maintain the provision of rehabilitation basket services, which are essential for the integration of PSMI in the community. Alongside the decrease in the rate of utilization of community-based MH care, it was found that the health plans were the most common framework in which PSMI received this service, as was the case right after the reform implementation. This, despite the intention that the reform would expand the scope of consumers

treated in the health plans, which serve as the primary coordinators of physical and mental healthcare services. At the same time, there was an increase in the rate of PSMI hospitalized in psychiatric wards, alongside limited interest in hospitalization alternatives such as half-way houses.

The study indicates that some of the reform objectives have not been achieved yet, specifically, strengthening community-based MH services as the focal setting for treating PSMI, which is supposed to manifest in the reduction of inpatient hospitalizations; expanding the scope of PSMI receiving their routine outpatient MH care form the health plans, and thus improving the availability and accessibility of MH services; and enhancing COC between mental and physical healthcare services. However, this might be the case due in part to the COVID-19 pandemic, which took place at the same time of the 2020 survey. Thus, it will be important to keep monitoring the situation in the post-pandemic era.

Based on the study findings, the following recommendations for MH policy are suggested:

- Due to the complex needs of PSMI with multiple disabilities, and the division of the relevant services between the Ministry of Health and the Ministry of Welfare and Social Affairs, they utilized fewer MH services than PSMI with only a MH disability. Thus, **assistance should be provided to PSMI with multiple disabilities in dealing with the bureaucratic procedures and in exercising their eligibility to services the provision of which is divided between the two ministries.**
- Quite a few PSMI with only a MH disability deal with at least some difficulty in activities of daily living (ADL) and in instrumental activities of daily living (IADL), which apparently pertain to physical functioning. Those PSMI could have benefited from the Attendance Allowance ("Sharam") of the National Insurance Institute. However, as opposed to PSMI with multiple disabilities (who generally also have a physical disability), PSMI with only a MH disability were not eligible to this allowance at the time of the survey. Nonetheless, the entitlement conditions for the Attendance Allowance have been recently changed, so that now all PSMI are entitled to it. Thus, **information regarding the Attendance Allowance should be effectively communicated to the PSMI themselves and to the professionals involved in their treatment.**
- The baseline study found that PSMI utilizing community-based MH care were interested in enhancing the psycho-social interventions they were receiving in addition to the psycho-pharmacological ones. The types of the interventions provided are contingent upon the professional mix of the primary caregivers. The current study found that there was a decrease in the rate of PSMI whose primary caregiver was a psychiatrist alongside an increase in the rate of PSMI whose primary caregiver was a psychotherapist. **The trend toward professional diversification of MH care providers in the community for all PSMI should be strengthened and expanded.**

- Five years after the reform, about one-half of PSMI who received their routine outpatient MH care in the public sector utilized it from the health plans, which serve as their primary healthcare service coordinators. Nevertheless, most PSMI reported COC was poor – both in the various interfaces within the MH arena itself and between it and general healthcare services. Quite a few of the PSMI preferred the mental and physical healthcare services to be segregated, despite the harmful consequences they endure due to the system overlook of their physical health conditions. Thus, **organizational and practical infrastructures should be upgraded and assimilated within the health plans to ensure beneficial and efficient COC, both among the various MH care professionals and between them and family physicians. This should be accompanied by the maintenance of consumer confidentiality and the tailoring of care to his/her individual needs.**
- In spite of the establishment and advancement of community-based MH services following the MH Structural and Rehabilitation Reforms, only about one-third of PSMI utilized the rehabilitation basket services – both upon the enactment of the reform as well as five years later. Thus, **interfaces should be developed and reinforced between the health plans, the Rehabilitation Basket Committees and the variety of public and private providers of psychiatric rehabilitation services in order to increase PSMI's utilization of these services.**
- Five years after the reform, PSMI who were hospitalized in psychiatric wards seemed to have more complex needs. **The "hard core" of these individuals should be more profoundly characterized, and a strategy should be formulated for their sustainable integration in the community.**
- Despite the expansion of half-way houses from 2016 to 2020, about 30% of PSMI who went through a psychiatric hospitalization during this period and about 45% of those who did not, had reservations regarding the usefulness of the half-way houses. Thus, **the perceived need for hospitalization alternatives should be examined and PSMI's familiarity with the available alternatives as well as their added value should be raised.**
- The COVID-19 pandemic had a substantial negative effect on the physical and mental health status of PSMI and disrupted their routine utilization patterns of community-based MH services just when they needed them the most. Thus, **a workplan is warranted that includes a toolbox for the operation and modification of MH services in cases of national emergency.**

This study sheds light on how PSMI manage with both the mental and general healthcare systems five years after the insurance reform. The changes in the utilization of services present a complex picture, in which some of the reform objectives have been achieved and some are in process while others have still a long way to go. The implementation of the recommendations offered may contribute to improving the MH services and thus advancing the health and wellbeing of PSMI in Israel.