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Community-Based Service Centers for Children and Youth with Mental Health Difficulties: Case Studies of Three Service Centers in Israel

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Abstract

Background

Awareness of the need to provide a proper response for children and youth with mental health difficulties has been growing across the world as well as in Israel in recent years. Evidence shows that the mental and emotional state of children and youth has deteriorated following the outbreak of the COVID-19 pandemic at the beginning of 2020. Accessible services should thus be developed to best address their needs. The prevailing view in Israel and in other countries for several years now is that integrative services provided within the community can best address the needs of children and youth with mental health difficulties. The idea is to provide a range of services under one roof, in integrative service centers that offer the children and youth and their families mental health, general health, educational, social, and welfare services, based on a service model known as the “one-stop-shop” model.

A survey conducted in Israel from 2018 to 2020 showed that about 93,000 children and youth had significant mental health difficulties, including about 51,000 whose daily functioning was affected. These data exclude children and youth with mild or minor mental health difficulties, so that the number of children and youth with mental health difficulties in Israel is even higher. A proper response provided as early as possible in life has an important role in the prevention of mental health difficulties and disorders later on in life. Yet, at present, there are in Israel only few community-based integrative service centers for children and youth with mental health difficulties.

An inter-ministerial pilot program for the development of community-based integrative service centers for children and youth with mental health difficulties was launched in 2014 under the auspices of Israel's 360° – The National Program for Children and Youth at Risk. In September 2020, the Personal and Social Services Administration at the Ministry of Welfare and Social Affairs, in collaboration with the Ministry of Health and the Ministry of Education, took charge of the service centers development program. To promote the continued development of community-based integrative service centers for children and youth with mental health difficulties, 360° – The National Program for Children and Youth at Risk, the Personal and Social Services Administration, and the Research, Planning, and Training Department at the Ministry of Welfare and Social Affairs commissioned the Myers-JDC-Brookdale Institute to examine the outcomes of the services currently provided in service centers in Israel and in other countries and the quality of the services provided by the centers, this, through an international

literature review, case studies of community-based service centers, development of a logic model, and outcome measurement. This report presents the findings of the case studies of three community-based service centers for children and youth with mental health difficulties: two educational-therapeutic centers, known as “incubators” (*‘Hamamot’*)– the one in Safed and the other in Maghar in northern Israel, and the Cherna Center in Jerusalem.

Goals

1. To examine and provide an in-depth account of three community-based service centers for children and youth with mental health difficulties that were included in the inter-ministerial pilot program led by the Ministry of Welfare and Social Affairs.
2. To propose potential directions for action for the improvement of the three community-based service centers, in particular, and for the development of a system of community-based services for children and youth with mental health difficulties, in general.

Method

- **Analysis of policy documents and data** regarding the operational model of the community-based service centers (goals, agenda, services, human capital, and resources) and its outcomes. The data were collected independently by the service center teams at each of the three service centers.
- **Observational visits** were conducted by the study team at each of the three service centers to get a first-hand impression of the centers.
- **Interviews.** Semi-structured interviews were conducted at each of the three service centers with service receiving youth and parents, former service recipients, management representatives, and professionals from the community who are familiar with the service centers (social workers from the social services department in the local authority, educational counsellors at local schools, etc.). Altogether, 35 interviews were conducted.
- **Focus groups.** A focus group was conducted at each of the three service centers with professional staff members: teachers, social workers, and psychologists. At the Cherna Center, an instructor and the center caretaker joined the focus group. Altogether, three focus groups were conducted with 13 participants.

Findings

Noticeable differences were found between the three community-based service centers that were examined. The two educational-therapeutic incubators, in Safed and in Maghar, offer children and youth in the initial stages

of mental distress integrative services within the community aimed at preventing dropping out of school and further deterioration. The Cherna Center, on the other hand, is a community-based post-hospitalization center that is designated for girls and young women with more complex mental health difficulties, most of whom have dropped out of school. The center combines therapeutic emotional support and an educational framework. Differences aside, the two types of community-based service centers respond to the needs of their target populations. The interviewees, professionals and service recipients alike, noted the valuable contribution of the centers in addressing the needs of the service recipients and their families.

Directions for Action

The findings of the case studies indicate several potential directions for action for the improvement of the three community-based service centers that were examined: providing physical, economic, and cultural accessibility; enhancing the integrative aspect of the service centers; developing a comprehensive and well-coordinated multi-professional system, including an ongoing measurement and evaluation mechanism. The case studies may also indicate potential directions for the development of more community-based service centers for children and youth struggling with mental health difficulties.

The interviews point to the great need for the development of both types of community-based service centers –preventive-integrative service centers as well as post-hospitalization centers. However, to demonstrate the need for the proposed development and accurately identify the missing types of service centers and the population groups in acute need of such service centers, a comprehensive and systematic mapping of the existing community-based services for children and youth with mental health difficulties is required.