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Expanding the Sharing of Mental Health Information with Patients

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Abstract

Background

In contrast to other areas of medicine, until December 2023, medical information in the field of mental health was classified as “*highly confidential*”. This classification created significant limitations on information-sharing among providers and on the digital accessibility of records. These limitations undermined the continuity of care and the patients’ ability to manage their medical condition independently.

In December 2023, the Ministry of Health issued the Director General’s Circular 8/2023, which changed this classification policy. It directed that most mental health information would henceforth be classified as “confidential”, like other medical information, while psychotherapy notes would remain “highly confidential.” The aim of this change was to expand access to digital mental health services, improve the continuity of care among medical professionals, and to enhance the ability of patients to take a more active role in managing their care. The circular outlined a two-stage implementation of this policy: Stage A, providing basic access to digital information and services, and Stage B, which includes further expansion of the documents presented digitally and offering patients the option of choosing whether to present their medical information on the platform (an opt-out mechanism). The Ministry of Health commissioned the Myers-JDC-Brookdale Institute to examine the implementation of the directives contained in the circular.

Objective

To examine the implementation of the Director General’s Circular by the health plans¹ and its impact on digital accessibility of mental health information for service users.

Method

The study used a qualitative research design and included seven semi-structured online interviews (on Zoom) with 13 professionals (11 representatives from health plans, one representative from the Ministry of Health’s Digital Health Division, and one representative from an NGO promoting the rights of people with disabilities). Several interviews included multiple participants, some of whom were information systems and medical informatics

¹ HMO’s

experts, while others were mental health professionals. The interviews were conducted between February and July 2025, and were recorded, and transcribed. Supplementary documents summarizing the information provided in the interviews were then sent to the health plan representatives for approval, validation, and additions.

Findings

The interviews and follow-up documents indicated that all health plans implemented elements of the circular, but differences were found in the scope of services made digitally accessible and in the timing of implementation.

Clalit Health Services

Following the publication of the circular, the option to view mental health appointments at clinics and hospitals was added, as well as digital access to structured information from the medical records. Prescription renewals for psychiatric medications continued to be handled by the family physician. Digital appointment scheduling is only available for specific services. Appointment reminders were updated to exclude identifying details. In Stage B, mental health visit summaries and psychiatric hospitalization summaries were made accessible to the patients, and an opt-out mechanism allowing patients to hide all their mental health information was introduced. The medical staff were updated mainly regarding information sharing among treatment providers and the health plan did not send updates to the patients.

Maccabi Healthcare Services

The circular led to added visibility of mental health appointments, except for children and adolescents. Digital scheduling with psychologists is not available, but appointments with independent psychiatrists can be scheduled. Prescription renewal via family physicians continued as before. Reminders regarding appointments are sent to patients, excluding children and adolescents. In Stage B, only summaries of psychiatric visits became available digitally; hospitalization summaries are provided to the patients in print. An opt-out option exists upon patient request. Staff are updated through internal channels, and updates to the patients depend on the initiative of the treatment providers.

Leumit Health Services

Most Stage A services were already available prior to the circular, including viewing upcoming appointments, scheduling appointments with psychiatrists, and renewing psychiatric prescriptions through family physicians. In 2024, digital scheduling for emotional therapy was added. Access to mental health visit and hospitalization summaries was available before the circular, except for psychotherapy notes, which remain restricted. An opt-out

mechanism has not yet been developed. The medical staff receive updates through messages in the medical record; no updates are proactively provided to patients.

Meuhedet Health Services

Many services were already available before the circular, including viewing mental health appointments, scheduling and changing appointments with psychiatrists, and renewing psychiatric prescriptions through family physicians. Reminders about appointments are sent to the patients without identifying personal details. Visit summaries are not available digitally and are provided only in print. Hospitalization summaries are not available in the system, as the health plan does not operate psychiatric hospitals. An active opt-out mechanism exists, allowing full hiding of mental health information from the patient's online portal. The medical staff were not updated regarding changes in digital accessibility. New patients receive an automated message about the opt-out option.

Summary and Discussion

The findings show that all health plans implemented elements of the circular, thereby expanding digital access to mental health information and services. However, the implementation varied among the plans. Differences were found in the types of services made accessible, the scope of clinical documents available online, the development of opt-out mechanisms, and the level of communication with both staff and patients. Differences also appeared in the timing of implementation: some services were added after the circular was published, some were already available beforehand, and others, such as digital access to clinical documents and fully flexible opt-out mechanisms, have not yet been fully implemented.

Two main issues regarding the circular's implementation emerged from the findings. The first concerns the necessity of an opt-out option in the personal portal, which is accessible only to the patient. The second concerns whether the health plans should proactively update mental health service users about the new digital services. While such communication could increase awareness, it may also underscore the sensitivity of the topic rather than normalize mental health as part of routine digital health services.

Regarding the circular's goals of expanding digital access, improving continuity of care, and empowering patients, progress has been made, yet several guidelines remain only partly implemented, and the pace of implementation varies among health plans.