



State Comptroller | Annual Report 71B | 2021

Israel Defense Forces

The IDF's Mental Health Services

Follow-up Audit



The IDF's Mental Health Services – Follow-up Audit

Background

The IDF's Mental Health Department, which is subordinate to the Chief Medical Officer, functions as a principal professional mental health authority in the IDF. Pursuant to its organizational ordinance, its mandates are, inter alia, to provide medical-psychological therapy to soldiers, to strengthen their mental resilience and to improve mental health in the IDF.

Key figures

260

professionals in the Mental Health Department: 90% are mental health officers and 10% are psychiatrists

24%

of soldiers in compulsory service meet with mental health officers and psychiatrists (including one-time meetings); between 140,000 – 148,000 such meetings were held each year between 2017 and 2019

3%

of soldiers in compulsory service have a medical profile diagnosing a psychological deficiency

6.8%

of all soldiers were exempted from IDF compulsory service for psychological reasons (profile 21). Among lone soldiers, the ratio is 7.7% and among new immigrant soldiers, the ratio is 6.9%

26%

of soldiers wait at least three weeks for an appointment with a psychiatrist, and 8% of soldiers wait at least three weeks for an appointment with a mental health officer¹

14%

of the referrals for a psychiatric evaluation issued to soldiers were not used

24%

increase in the ratio of recipients of a psychological exemption from IDF service among conscripts in the national education system born in 2001– compared to 1999

2,000

fewer soldiers are forecasted to serve in the coming decade due to an increase in the ratio of psychological exemptions among IDF conscripts

¹ Cases defined as emergencies are not included in these data.



Audit Actions



In May 2017, the State Comptroller published a report entitled "The IDF Mental Health Services"² ("the Previous Audit"). From November 2019 to May 2020, the Office of the State Comptroller performed a follow-up audit on the mode of rectification of the deficiencies found in the Previous Audit. The audit was performed in the IDF: in the Manpower Directorate and in the Mental Health Department.

Key findings

Extent that the deficiencies reported in the Previous Audit have been rectified



Waiting time criterion for an appointment with a mental health officer – The Previous Audit found that the Mental Health Department has no criterion for deciding a soldier's maximum waiting time for an appointment with a mental health officer. The current audit found that **the deficiency has been slightly rectified**: the Chief Medical Officer has revised his directive in this regard, but has not yet published it. It was further found that the Mental Health Department did not perform staff work analyzing maximum waiting times for an appointment with a mental health officer with the objective of minimizing potential exacerbation of psychological and personal problems during the waiting period.



The Mental Health Department's initiation of mental health checkups – The Previous Audit found that mental health checkups were not initiated by the Mental Health Department for about 11% of the soldiers (checkup initiated by a mental health officer or psychiatrist with a soldier receiving therapy as part of a series of meetings intended to follow up on his mental state). The current audit found that **the deficiency has been slightly rectified**: Between 2017 and 2019, the Mental Health Department did not initiate a first mental health checkup for about 22% of the soldiers by 90 days after the date that a checkup was deemed necessary. It should be noted that the IDF's response to the audit findings was that by the time soldiers are discharged the Mental Health Department does not initiate a checkup for only 1% of the soldiers.



Medicines prescribed by psychiatrists – The Previous Audit found that only about 47% of the prescriptions for psychiatric medicines were dispensed to soldiers. The

² The State Comptroller, **Annual Report 67B** (2017), pp. 1683 – 1713.



current audit found that **the deficiency has been slightly rectified**: Approximately 58% of the prescriptions for these medicines were dispensed.

Additional findings during the current audit



Waiting time criterion for an appointment with a psychiatrist – The Chief Medical Officer did not define a criterion for the duration of the waiting time for an appointment with a psychiatrist.



Utilization of referrals to a psychiatrist – About 24% of the referrals for a psychiatric evaluation that were issued by military physicians and about 13% of the referrals for a psychiatric evaluation that were issued by mental health officers between January 2017 and July 2019 were not utilized. Mental Health Department staff did not check why these referrals were not utilized and, in any case, they are not addressing the causes of this phenomenon.



Follow-up on taking medicine – There is no computerized follow-up on soldiers' accounts on taking medicine. The Mental Health Department's request to the Ground Force's IT Systems Department to add a field in the system for entering data about taking medicine was not implemented and has not been prioritized.



Mental resilience – About two years ago, the Mental Health Department established a Mental Resilience Branch, which is tasked with strengthening the mental resilience of all IDF soldiers and preventing psychological morbidity.

Mental health officers' recommendations – The Previous Audit found that more than 50% of the recommendations submitted by mental health officers to commanders included a recommendation "that commanders provide emotional support to soldiers," without defining the format for doing so, without providing commanders with any practical training or guidance or explanations about how to provide such support. The current audit found that **the deficiency has been rectified**: The Mental Health Department removed the said recommendation from the computerized system in order to enable the provision of focused recommendations.

Key recommendations



It is advisable that the Mental Health Department should define the criterion for deciding the maximum waiting time for an appointment with a mental health officer after performing staff work that takes into account that soldiers' psychological distress may be exacerbated as a result of a prolonged wait. It is also advisable that the Chief



Medical Officer's staff, in collaboration with the Mental Health Department, should define the criterion for deciding the waiting time for an appointment with a psychiatrist.



It is recommended that the Mental Health Department should analyze the possibility of mental health officers informing commanders if their soldiers failed to report to a scheduled therapy session (subject to privacy protection), for the purpose of increasing commanders' awareness and follow-up on soldiers who were referred to psychological therapy but who did not show up.



It is recommended that the Mental Health Department should analyze the reasons why soldiers are refraining from using referrals to a psychiatrist, and take measures to make sure that soldiers who receive referrals will indeed meet with a psychiatrist. It is also recommended that the Mental Health Department should consider instituting a computerized process for monitoring non-utilized referrals in order to minimize this phenomenon.



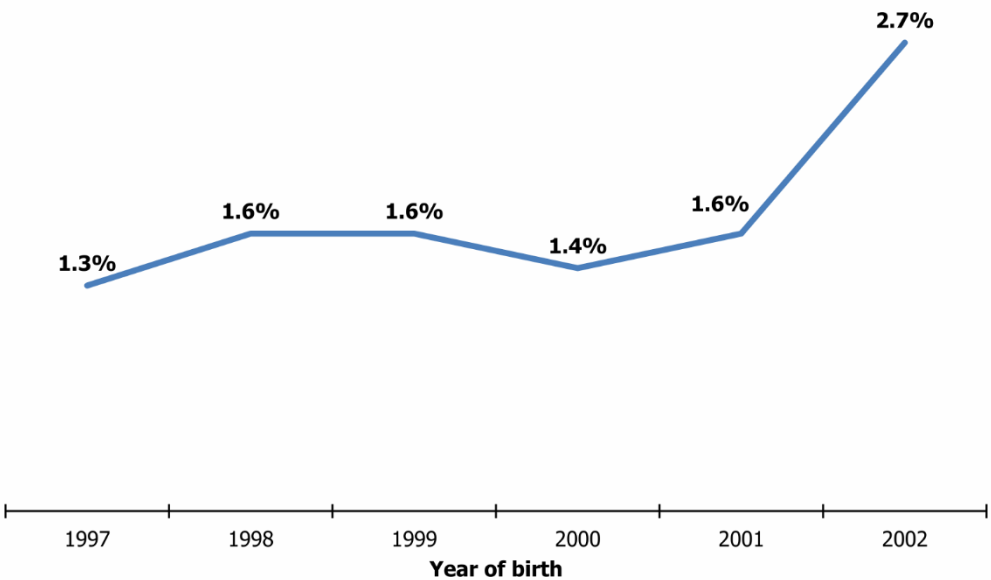
It is recommended that the Mental Health Department should investigate the reasons for the Mental Health Department's high ratio of failures in initiating mental health checkups and should incorporate controls to routinely verify that the Mental Health Department initiates and provides checkups. It is also recommended that the Mental Health Department should analyze why 42% of the prescriptions are not being dispensed and should consider incorporating computerized mechanisms for monitoring soldiers' medication adherence.



It is advisable that the Manpower Directorate and the Mental Health Department should perform an audit on the implementation of all measures instituted to reduce the ratio of IDF conscripts who receive a psychological exemption from military service, considering the forecasted reduction of about 2,000 soldiers in the coming decade due to the rise in this ratio.



Ratio of psychological exemptions to conscripts at the age of 17 and 4 months³



³ Data from the Manpower Directorate, processed by the Office of the State Comptroller.



Summary

The mental health services that the IDF provides to soldiers are a crucial component of the IDF's array of medical services. The quality and availability of these services are essential to ensuring soldiers' mental health and resiliency. Therefore, the IDF should focus on those areas needing improvement as specified in this report and pay special attention to the phenomenon of the rise in the ratio of conscripts receiving a psychological exemption from military service, a phenomenon with national and strategic implications due to its influence on the IDF's force design.

IDF Mental Health Services – Key Findings of the Follow-up Audit					
Audit section	Deficiency found during the Previous Audit	Extent of rectification found during the follow-up audit			
		Not rectified	Slightly rectified	Largely rectified	Fully rectified
Waiting time criterion for an appointment with a mental health officer	The Mental Health Department has no criterion for deciding a soldier's maximum waiting time for an appointment with a mental health officer				
Mental Health Department initiating mental health checkups	Mental health checkups were not initiated for about 11% of the soldiers				
Medicines prescribed by psychiatrists	47% of the prescriptions for psychiatric medicines were dispensed to soldiers				
Mental health officers' recommendations to commanders	More than 50% of the recommendations submitted by mental health officers to commanders included a recommendation "that commanders provide emotional support to soldiers"				