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Local Government Audit Division

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# **Local Authorities Preparations to Deal with Anxiety Victims in Emergencies**





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### Background

Anxiety victims are people present at a traumatic incident during which they experienced the real danger of physical or mental injury or life, and react physically and mentally to the event. Treatment of anxiety victims is essential to restore their ability to handle the situation when the reaction does not pass, and they cannot return to their routine. It is also to prevent long-lasting and more severe disturbances.


The Ministry of Health Director General (DG) Circular 14/2018, "Operating a psychological response for the population in emergencies," from November 2018, defines the concept and operation of emergency services for stressful events affecting the civilian population and specifies five circles of treatment for anxiety victims: The first is preliminary first aid at the scene, and the four other circles include mental health treatment at dedicated clinics run by the Health Maintenance Organizations (HMO) and the Ministry of Health, at Resilience ("Hosen") Centers (where they exist), and at stress treatment sites in general hospitals.



### Key Figures






<b>about 14,000</b>	<b>about 4700</b>	<b>about NIS 14 million</b>	<b>50</b>
anxiety victims treated at designated sites 2017–2019	anxiety victims treated under the National Insurance Institute anxiety procedure 2017–2019	National Insurance payments for treatment of anxiety victims 2017–2019	mental health clinics run by HMOs to treat anxiety victims in emergencies nationwide
<b>11</b>	<b>about NIS 18m</b>	<b>451</b>	<b>1,037</b>
number of Hosen Centers nationwide	total Hosen Centers budget in 2019	pupils suffered from anxiety who were treated by the Educational Psychological Service (EPS) in the Gaza perimeter area in 2020	treatment hours for pupils suffered from anxiety given by the EPS in the Gaza perimeter area in 2020

## Audit Actions




 From May to November 2020, the State Comptroller's Office examined local authorities' preparations to deal with anxiety victims in emergencies in 2017–2019. The examination was conducted in 12 local authorities, the Ministry of Health, and its northern, Haifa, and south districts. Supplementary audits were carried out in the Educational Psychological Service of the Ministry of Education; in the Ministry of Labor, Welfare & Social Services; in the National Insurance Institute; in the Prime Minister's Office; in the Ministry of Social Equality; in the Ministry of Immigration & Absorption; in the Ministry of Defense and the National Emergency Authority; in 4 HMOs; and in four hospitals – Barzilai, Ziv, Soroka, Rambam. The audit also included public participation through focus groups.



## Key Findings

-  **National Strategy to Strengthen Social Resilience** – a lack of a national strategy to strengthen resilience is evident, and two central government initiatives have not been pursued, despite considerable work invested in them: a round table on “Connecting to Hosen in Emergencies” led by the Prime Minister’s Office (2016–2017); and “The National Plan for Nationwide Deployment of Hosen Centers,” discussed by the Hosen Centers Supreme Steering Committee led by the Ministry of Health (since 2019).
-  **HMOs Deployment of Mental Health Clinics in Emergencies** – the Ministry of Health DG’s Circular from 2018 on “Operating a psychological response for the population in emergencies” reduced the number of designated treatment sites by a third, from 75 to 50 clinics, in 30 local authorities out of a total of 257, and there is concern that the remaining 227 local authorities cannot provide a suitable response for anxiety victims in emergencies. It was raised that there is no correlation between the size of the local authority and the number of clinics in its jurisdiction, thus, in the northern and Haifa districts, with a population of about 2.2 million, there are 11 emergency clinics. In contrast, in the southern district, with 1.4 million people, there are 7 emergency clinics. Moreover, in 50 emergency clinics, a shortage of therapists was found, particularly psychiatrists. This was also discussed in the focus groups.
-  **Hosen Centers and Their budgets** – by the audit completion, the Hosen Centers’ budget of about NIS 18 million in 2019 had not been entered into the base budget of the ministries participating in their funding, and in 2017–2019 it was necessary to pool the annual budget of the ministries to operate them. This creates uncertainty in its operation and budget management and even raises concerns about its closure.
-  **Treatments at Hosen Centers** – it was found that most treatments at the Hosen Center in Eshkol Regional Council were given as family and group therapy. In contrast, most treatments in the Sderot Hosen Center are given to children, youths, and adults. In 2018–2019, the Centers treated between 5% and 8% of the local population.
-  **Supervision and Review of Hosen Centers** – the Ministry of Health occasionally conducts audits in Hosen Centers, although it has no reports of these audits. It was found that the annual audit summaries were not submitted to the Supreme Steering Committee as required by the Hosen Centers Procedure. The Committee did not define success and control metrics in the areas handled by the Hosen Centers, despite the decision to do so. These metrics are essential for effective supervision and control over the Hosen Centers function.



-  **Matriculation Exams in Communities the Gaza Perimeter Area** – despite the increase in medically-based requests submitted to the Exceptions Committee at the Ministry of Education on medical grounds resulting from emotional stress, the Ministry of Education only gave specific easements. Given the ongoing security tension in the area, it did not prepare a comprehensive outline regarding matriculation exams for pupils studying in Communities in the Gaza perimeter area.
-  **Sharing Information Between Various Treatment Entities** – failure to share data about anxiety victims between the various treatment providers – Hosen Centers, HMOs, and hospitals – and the local authorities, causing difficulties in providing treatment to the anxiety victims in the local authorities. Failure to pass on data from Hosen Centers to the Educational Psychology Service could also lead to double treatment for pupils and their families.
-  **Response for Victims in the Northern Region** – there is insufficient emergency response for anxiety victims living in the northern region, and therefore some local authorities try to provide local solutions, including operating designated treatment sites in their areas. This is also the case in some of the large audited cities.




**The Establishment of the Bedouin Hosen Center** – following the previous report, a Bedouin Hosen Center was opened in 2015 to contend with the unique needs of residents of Bedouin local authorities. However, in 2019 only about 100 people were treated at the Center, out of over 250,000 people.

**The Establishment of Two Hosen Centers in the Northern region** – the Conflict Line Forum took the initiative to set up two Hosen Centers in the northern region based on the budget allocated by the Ministry of Defense.








**Opening a Community Hosen Center in the Golan Regional Council** – the initiative of the Golan Regional Council in opening this Center, funded by the Ministry of Welfare to assist the Council's readiness for emergencies, is commended.

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## Key Recommendations

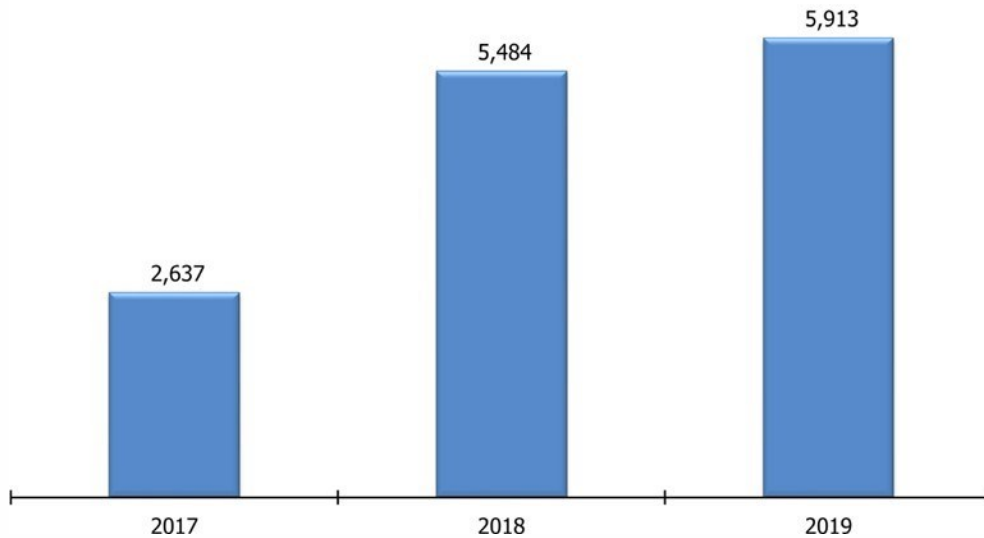
-  The Prime Minister's Office, the Ministry of Defense, and the Ministry of Health should promote the cross-sector plans for resilience in emergencies, and the Supreme Steering Committee should promote the national plan for nationwide deployment of Hosen Centers until it is fully implemented.



-  The Ministry of Health, in collaboration with the HMOs, should review the deployment of emergency mental health clinics and adjust it to the size of the local population and its geographic spread to provide an adequate response for anxiety victims and recruit the skilled personnel required to staff these clinics in emergencies.
-  The Ministry of Finance should define an annual budget framework for all Hosen Centers, embodied in the budgetary basis of one of the government ministries relevant to the Center's activities. Moreover, it should define a mechanism for updating the basic budget. The Ministry of Health should define control and success indicators to provide effective supervision over the Hosen Centers.
-  The Hosen Centers should maintain interfaces and feedback procedures for the population in general, and treated victims in particular, to examine their treatment methods, waiting times, the number of treatments offered, and their diversity, to optimize the treatment. The Hosen Centers should also examine the response to the need for long-term, family and group therapies in relevant cases.
-  The EPS in Sderot, Eshkol, and Ashkelon should increase awareness among pupils of the EPS open-line services and examine the most suitable type of treatment for each case.
-  The Bedouin Hosen Center should consider expanding its activity to more patients among the Bedouin population, and the Ministry of Health and the Supreme Steering Committee should form the Center's response for long-term treatment for anxiety victims' residents in the Bedouin local authority areas.
-  The Ministry of Health and the Supreme Steering Committee should map the needs of the local authorities in southern conflict regions that do not have Hosen Center, consider solutions, and collaborate with the local authorities to provide treatment for anxiety victims in their areas.
-  Given the expected scenarios regarding the security situation in the northern region, and the fact that two Hosen Centers are being established in the north, the Ministry of Health and the Supreme Steering Committee should find a total solution for treating anxiety victims, adjusted to the needs of the northern region, in collaboration with all relevant entities.



### Number of Anxiety Victims Treated at Designated Treatment Sites, 2017–2019



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## Summary

Optimal preparations for treating anxiety victims during emergencies rely on a national strategy to reinforce social resilience and reduce the number of people requiring treatment. Therefore, government initiatives should be implemented and promoted. Simultaneously, the Ministry of Health should cooperate with local authorities to arrange a comprehensive response for anxiety victims in an emergency, adapted to the needs of each local authority. Under the effects of the global Covid-19 pandemic, there is even greater need to consider strengthening treatment options and implementing the necessary adjustments to treat at-risk population groups, using the experience acquired from treating anxiety victims to provide a broader psychological response.