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Mental Health Care Following the October 7th Attack and the Iron Swords War



Abstract

On the Simchat Torah (Jewish holy day) on Saturday, October 7th, 2023, the Hamas terror organization attacked the State of Israel with extensive missile and rocket bombardments and the infiltration of thousands of terrorists into IDF bases and towns in the western Negev and the Gaza Strip, the terrorists also attacked multi participants parties held near the Gaza Strip. The thousands of terrorists who infiltrated Israel committed horrible and extreme acts of cruelty. They murdered hundreds of soldiers and about 1,000 civilians and foreigners and committed horrific crimes against women, men, the elderly, children, babies, and soldiers. In addition, they injured thousands of people, severely sexually abused the victims and abducted into the territory of the Gaza Strip 251 women, men and children. The terrorists also damaged property, destroyed, and burned houses in communities and factories and other equipment and property. During the fighting in the communities, many residents were forced to hide for many hours in protected areas and in hiding places, fearing for their lives and acknowledging the horrors that happen to family, relatives, neighbors and friends, and they even witnessed the events (the October 7th events). Many others saw the horrific events live in the media and on social media.

The Iron Swords War, which broke out following these attacks, is marked by the launching of thousands of rockets at Israeli population centers, raising concern over a protracted multi-front conflict, compared to Israel's recent wars. These extreme events may have an impact on the mental health of Israel's population, which raises the need for providing widespread mental health treatment to help the population return to normal functioning and mitigate the development of severe chronic psychological symptoms, which could cause prolonged suffering for individuals and their families, as well as health and even economic damage due to the difficulty of working.

Studies show that post-trauma¹, depression², and anxiety³ are common outcomes of exposure to extreme stress events, such as military attacks, life-threatening situations, captivity, and torture. The recommended primary treatment for these conditions is psychotherapy. The window of opportunity for post-trauma treatment, in an effort

1 A disorder that may develop when an individual is personally affected by stressful events, witnesses events happening to someone else, or learns that these events happened to a close family member or friend, or when the exposure to extreme and recurring stress events is ongoing. Post-trauma is characterized by symptoms of four types: reliving the traumatic events, avoidance of stimuli related to the traumatic events, negative perceptions of oneself, others, and the world, and overexcitability, with a tendency towards irritability and anger.

2 A significant mood disorder characterized by persistent feelings of sadness, hopelessness, and loss of interest in activities that were previously enjoyed.

3 Excessive preoccupation with everyday events, characterized by difficulty controlling worries, a sense of tension, restlessness, difficulty focusing, a tendency to become irritated, and sleep disorders.

to prevent it from becoming chronic, is three to six months, and treatment may also be beneficial up to nine months to a year after the relevant events. Failure to receive treatment during this period may lead to chronic illness, accompanied by impaired functioning. This means that in addition to the significant suffering that may be caused by the lack of timely treatment, there could also be substantial economic consequences, including the need for disability benefits from the National Insurance Institute.

The National Health Insurance Law, 1994, stipulates that every resident of Israel is entitled to receive health services according to the basket of services stipulated by the Law, through one of the four HMO health funds (Clalit, Maccabi, Meuhedet, and Leumit), during periods of calm as well as in times of emergency. In May 2012, a government resolution transferred full insurance responsibility in the field of mental health from the state to the HMOs. Anxiety victims who experienced hostile attacks, such as participants in the dance parties⁴ or residents of local authorities infiltrated by terrorists, as well as other citizens who survived encounters with terrorists or other wartime events, such as missile strikes across the country, are entitled to mental health treatment funded by the National Insurance Institute (NII) and the Ministry of Health through regional Resilience Centers or the National Resilience Center⁵. This is to enable treatment for victims close to the traumatic events and minimize the development of mental health problems in the future.

In a letter to the Prime Minister dated November 13, 2023, the State Comptroller presented the current situation and the main failures and gaps in the treatment of the civilian home front, as revealed from his tours of the frontline communities in the south and north of the country immediately following the October 7th attack. The State Comptroller noted in his letter that from visits to the hotels that accommodated evacuees from the southern communities, it was found that "the public-governmental mental health system failed in treating the evacuees, as it was largely based on volunteers". The mental health system "operated without an organized approach, alongside local volunteer initiatives, and without maintaining continuity of treatment or documentation"⁶.

4 The multiparticipant dance parties that took place near the Gaza Strip – the Nova and Psyduck parties – and the preparatory meeting for the Midburn event.

5 A regional resilience center helps local authorities prepare during times of calm to provide emotional support to their residents in times of emergency. During the war, the Ministry of Health established a National Resilience Center that also provides support to those who do not live within the jurisdiction of local authorities that have Resilience Centers, such as many of the survivors of the dance parties.

6 Office of the State Comptroller and Ombudsman, "The 'Iron Swords' War – Key Failures and Gaps in Handling the Civilian Home Front – A Situational Overview from the State Comptroller and Ombudsman's Tours" (November 13, 2023).

The report, examines the activity of the mental health system shortly before the October 7th attack and in the following months, focusing on the system's organization to provide treatment for those in need from amongst the entire population, including the evacuees, with an emphasis on the broadest possible group of those who may exhibit symptoms of emotional trauma, anxiety, and depression.

The Minister of Health during the audit period was MK Uriel Menachem Buso, and the Director-General of the Ministry of Health was Mr. Moshe Bar Siman Tov.



Be'eri residents in a hotel near the Dead Sea, where they were evacuated to following the terror attack, 20.10.23

Photo: Yossi Zamir, Flash 90

Key Figures

38%

of respondents to the State Comptroller survey (April 2024) reported moderate or severe post-traumatic stress disorder, depression, or anxiety symptoms, or a combination thereof. About 3 million people among the country's adult population, of whom about 580,000 people may suffer from at least one symptom at a severe level

900,000

estimated number of people reporting moderate or severe post-traumatic stress disorder, depression, anxiety, or a combination thereof, who have not sought treatment since October 7th, but intend to seek treatment in some form; according to the Ministry of Health, 680,000 people will require assistance in the public mental health system

less than 1% compared to 38%

the mental health patients rate from the Israeli population (about 60,000 out of about 9.5 million) added since October 7th, compared to the rate of those reporting moderate or severe post-traumatic stress disorder, depression, anxiety, or a combination thereof in the general population, according to the State Comptroller survey

11%

of evacuees received mental health care from HMOs and Resilience Centers in the six months following October 7th, compared to the rate of those reporting moderate and severe symptoms in the general population – 38%; among those who themselves or someone close to them were present at the October 7th attack, the rate of reporting such symptoms was found to be 11 to 17 percentage points higher

about 6.5 months

the average waiting time in March and April 2024 for receiving mental health care in the HMOs, including a diagnosis by a psychiatrist and the start of treatment by an appropriate professional

only about 440

of about 10,500 children from Sderot who were evacuated (about 4%) received mental health treatment from HMOs and Resilience Centers in the six months following the October 7th attack. This is despite the fact that a mapping conducted by the Ministry of Education regarding children in Sderot raised that many parents (39%) believe that their children are experiencing particularly high levels of anxiety and stress that require immediate therapeutic response

only 24%

of the dance parties' survivors, who experienced severe psychological trauma, received and completed treatment at the Resilience Center and HMOs, even though the survey indicated that the prevalence of mental symptoms reported by individuals present at the October 7th attack was nearly double that of those who were not present at the attack (for example, regarding post-traumatic stress disorder: 54% compared to 27%)

only 3%

the rate of health declarations out of all applications for a firearms license and for its renewal, which the Ministry of National Security forwarded to the Ministry of Health for the assessment of the applicant's mental fitness post-October 7th, compared to 4% to 10% in the years prior to that, notwithstanding the detrimental impact on the population's mental health

only 1% and 13%

of ZAKA⁷ (Disaster Victim Identification) Tel Aviv and ZAKA Israel volunteers during the October 7th events and in the weeks that followed and experienced, severe psychological trauma, received treatment from HMOs or the National Resilience Center



Photo: State Comptroller's Office

7 Volunteer organizations that assist the Israel Police and search and rescue forces at disaster scenes in identifying victims and bringing their bodies for burial. During the October 7th events, volunteers from ZAKA (Disaster Victim Identification) organizations located the bodies of victims in the Gaza Envelope and at the dance parties and brought them to a casualty collection station.

Audit Actions

From November 2023 to June 2024, the State Comptroller's Office examined mental health care following the October 7th attack and the Iron Swords War. The audit included the following areas: the development of a national plan for the mental health system in response to the October 7th attack and the Iron Swords War; the formation of policy and an action plan for providing mental health services in times of emergency, particularly for evacuees, according to the sectoral reference scenario for the health system; estimation of the scope of the population reporting symptoms that may indicate psychological harm resulting from the October 7th attack and the war, and the treatment provided; mental health care for evacuees in hotels, for survivors of the multiparticipant dance parties held near the Gaza Strip, and for ZAKA volunteers; granting and renewing firearm licenses for people exhibiting mental symptoms; the national economic consequences of the lack of treatment; and the additional budget allocated for mental health following the October 7th attack and the Iron Swords War. The audit was conducted at the Ministry of Health: in the Mental Health Department and the Emergency Department, and in the mental health units of the four HMOs (Health Maintenance Organizations). Supplementary examinations were conducted in the National Insurance Institute, the National Resilience Center, the Jerusalem Mental Health Center, the Shalvata Mental Health Center, and the Ministry of National Security.

The audit included a survey carried out by the Office of the State Comptroller in April 2024, about six months after October 7th, with the participation of 1,010 individuals aged 18 and older, from a representative sample of the adult population in Israel; data on all mental health patients treated by the HMOs and Resilience Centers between October 7th, 2023, and March 31, 2024; data received from HMOs on the expected waiting time for mental health treatment for those who sought help in March and April 2024; data on evacuees between October 7th, 2023, and January 7th, 2024; data on all survivors of the parties collected by the NII; and data on all ZAKA volunteers who were active during and after the October 7th attack. The survey's questionnaires indicate when an individual suffers from post-trauma symptoms, depression, or anxiety, and these serve as a tool for professionals; however, they are not a substitute for clinical diagnosis. It should be emphasized that traumatic events, like those of October 7th, naturally provoke strong emotional reactions. The mental health symptoms reported in the surveys, such as anxiety, depression, or post-trauma, do not necessarily indicate clinical pathology requiring professional treatment, as some of these symptoms may naturally subside over time with the support of personal, family, and community mechanisms. Therefore, the survey should be seen as presenting a snapshot of mental distress signs within the adult population in Israel as of April 2024. Additionally, it is important to note that to assess long-term

trends in mental health and make estimates, such surveys should be conducted at multiple points over time.

Key Findings



Estimation of the Population at Risk for Post-Trauma, Depression, and Anxiety Following the October 7th Attack and the War

According to the State Comptroller's survey (April 2024), the current situation is as follows: About one-third of survey participants reported moderate to severe symptoms of post-trauma or depression (34% and 32%, respectively), and around one-fifth (21%) reported symptoms of anxiety. 38% of the participants reported at least one symptom at a moderate or severe level. It should be emphasized that to assess trends in mental health and create long-term estimates, regular surveys should be conducted.

Seeking Treatment

A large majority (90%) of the participants in the State Comptroller's survey (April 2024) did not seek treatment, including the majority of those who were present at the October 7th attack or close to a location where a missile or terror attack occurred (77% and 90%, respectively). The predominant reason for not seeking treatment was the waiting time for appointments with the HMOs – cited by 38% of respondents. The next most common reason (23%) was a lack of awareness of the possibility of receiving treatment. A significant additional reason was lack of trust in the therapists or the healthcare system – 19% reported not trusting the therapists at the HMOs, and 17% reported fears concerning confidentiality. 5% reported that no suitable therapist was available for them. About 16% of participants who did not seek treatment, but reported moderate or severe symptoms of one or more conditions, indicated that they plan to seek treatment. According to the audit team's estimate and based on the fact that this is a representative sample of the entire population, it is estimated that about 900,000 individuals may have moderate to severe post-trauma, depression, anxiety, or a combination of these symptoms and have not sought treatment since October 7th, but intend to seek treatment in some form. According to estimates from the Ministry of Health, the number of individuals in need of mental health system response to prevent post-traumatic stress disorder with significant functional impairment ensuing from the October 7th attack and wartime events is about 340,000. Consequently, the Ministry anticipates that the total number of patients in treatment could double to 680,000. Both estimates point to large numbers, which, even if only

partially realized, could significantly elevate the overall proportion of individuals requiring mental health services

📌 Mental Health Care by HMOs and Resilience Centers

In the six months following the October 7th attack, HMOs and Resilience Centers provided treatment to less than one percent (0.6%) of the Israeli population⁸; this is despite the fact that, according to the State Comptroller survey (April 2024), 38% of the population reports moderate or severe symptoms of post-traumatic stress disorder, depression, anxiety, or a combination thereof. The lack of treatment for such a large number of people reporting symptoms, without denying their need for treatment, places many people at risk of their symptoms becoming permanent over time and impairing their functioning.

📌 Waiting Times for Receiving Mental Health Care in the HMOs

The right to health care, including the right to mental health care, is derived from the constitutional right to human dignity, as well as from the constitutional right to life and protection of the human body, and it has long been recognized in rulings of the High Court of Justice as “one of the basic and essential rights of a person”. The realization of the right to health is also related to the period of time within which medical treatment is provided. A long wait for medical treatment sometimes involves not only discomfort and harm to the quality of life, but also to health itself⁹. The 2020 State Comptroller’s report on the topic of “Reform for the Transfer of Responsibility for Insurance in Regard to Mental Health¹⁰” noted that the Ministry of Health does not measure waiting times for mental health care in the HMOs and does not monitor them, and that the average waiting time for psychotherapy treatment in 2018 was long and was about five months. This report, published four years before the war, already highlighted the great shortage of mental health professionals at the time, including therapists and psychiatrists. Regarding the waiting time for a psychiatrist, another report, which dealt with community health services, found that the waiting time for such an appointment in 2022 was about a month and a half¹¹. Despite the time that has passed since the publication of the 2020 report and despite the traumatic attack of October 7th and the war, according to the HMOs’ data, the average waiting

8 This percentage only includes those who both sought treatment and received it after October 7th.

9 See in this regard: **HCJ 6733/21 “Justice for Children” Association v. Minister of Health, paragraphs 37 and 38 of the ruling of Justice Barak Erez (published in a computerized database, May 8, 2024).**

10 State Comptroller, **Annual Report 70B** (2020), “Reform for the Transfer of Responsibility for Insurance in Regard to Mental Health”, pp. 771–844.

11 State Comptroller, “Waiting Times for Specialist Medical Services – Special Report” (2024), pp. 1–76. This figure is based on data received from the Maccabi and Leumit Health Funds and processed by the Office of the State Comptroller.

time in March and April 2024 for receiving treatment from the HMOs, including diagnosis and commencement of treatment, has not shortened and is about six and a half months. The delay in treatment in cases that require it may lead to the fixation of psychological symptoms, continued mental distress and even severe and ongoing damage to social, family and occupational functioning.

📌 Preparation for Mental Health Care for Evacuees

The audit raised that the Ministry of Health did not prepare in advance for the provision of mental health services to evacuee populations and to self-evacuating people: in 2001, the Ministry issued a sectoral reference scenario for the health system; however, it has not been revised in the intervening 23 years. Additionally, the Ministry failed to update the Director General's circular pertaining to the mental health system's preparedness for emergencies, as outlined in the National Emergency Authority (NEMA) reference scenario, specifically regarding responses necessitated by population evacuation. Furthermore, the Ministry did not develop a comprehensive work plan to address the scenarios described in NEMA's reference scenario, which included the potential for population evacuation. The Supreme Authority for Emergency Hospitalization and Health¹² did not recognize the imperative for the health system to prepare for the provision of mental health services during emergencies, despite NEMA's scenario predicting a potential evacuation or self-evacuation of about 300,000 individuals. Consequently, the system was ill-equipped to deliver the requisite mental health care following the October 7th attack and to maintain continuity in mental health care. These deficiencies were prevalent before to October 7th and, as the audit indicated, resulted in delays in the provision of treatments and impaired their effective management.

📌 Mental Health Care Provided by Volunteers to Evacuees in the First Week of the War

The Ministry of Health is responsible for the provision of mental health services through HMOs and Resilience Centers; however, it was unprepared to offer these services to the evacuated population in the initial week following their relocation to hotels. Instead, these services were provided by volunteers. The Ministry did not incorporate the management of volunteer pools into its emergency preparedness protocols, nor did it assign HMOs and Resilience Centers to oversee such pools.

12 A designated authority that is part of the Emergency Economy Body ("Melah"); The authority operates the health system in times of emergency; The chairman of the authority is the Director General of the Ministry of Health, and its members include the Director General of Clalit Health Services and the Chief Medical Officer in the IDF (CMO).

Furthermore, regarding the numerous volunteers who arrived at the hotels during the preliminary weeks, it was established that the Ministry of Health lacked pertinent information regarding their identity, training, and professional backgrounds. The Ministry also failed to supervise their professional activities and did not maintain a comprehensive record of these individuals, the patients, the dates and nature of the treatment provided, or the ongoing treatment needs. Consequently, it is impossible to ascertain whether the volunteer therapists were suitably qualified professionals and whether they delivered treatment to trauma victims in a manner that was both professional and aligned with the patients' needs. Moreover, the Ministry of Health, along with caregivers from HMOs and Resilience Centers, did not consistently receive complete information from volunteer caregivers concerning the patients' conditions and the treatments administered. As a result, the continuity of care for the patients was compromised.

📌 Care Provided to Evacuees by Psychiatric Hospitals After the First Week for About Four Weeks

Between October 16, 2023, and November 10, 2023, the Ministry of Health assigned psychiatric hospitals the duty of delivering psychological assistance to evacuees based on geographic clusters of hotels. In many instances, the therapists who provided treatment to evacuees in hotels on behalf of psychiatric hospitals lacked access to the medical records of the individuals they treated, which are maintained within the HMOs' information systems. Consequently, these therapists did not possess qualified and comprehensive information regarding the mental and treatment history of their patients, which is essential for ensuring continuity of care. This includes diagnostic information related to post-traumatic conditions, depression, anxiety, and details concerning the medications being administered. Given the critical nature of this information for accurate diagnosis and effective treatment of mental health conditions, concerns arise regarding the potential difficulties in ensuring the quality of mental health care rendered by psychiatric hospitals to evacuees during this period due to restricted access to patients' medical files. Furthermore, despite legal obligations to maintain medical records, as stipulated in the Patient Rights Law, 1996 and further outlined in the relevant circulars issued by the Director General of the Ministry of Health, many psychiatric hospitals did not document crucial information arising from diagnoses and treatments, including medication details, for numerous evacuees. The absence of important medical information concerning the treatment received could adversely affect the continuity of care for these individuals. Additionally, the lack of comprehensive documentation regarding the treatment received by evacuees and their mental health conditions may impede their rights in the future, particularly when seeking to exercise entitlements with the NII or other relevant bodies. The Ministry of Health has not effectively monitored adherence to its guidelines concerning the

registration and documentation of therapeutic interventions in crisis and trauma situations.

📌 Care Provided to Evacuees by HMOs and Resilience Centers¹³

On November 11, 2023, the Ministry of Health delegated the responsibility for the treatment of the evacuee population residing in hotels to the HMOs, supported by therapists from Resilience Centers and psychiatric hospitals. In the six months after the October 7th attack, specifically from October 7th, 2023, to March 31, 2024, only about 11% of all evacuees from southern and northern communities, about 23,000 out of a total of 210,000 adults and children evacuees, received mental health care from HMOs and Resilience Centers. Among evacuees from southern communities, including communities around the Gaza Strip, despite exposure to extreme traumatic events and an increased risk of moderate to severe post-traumatic stress symptoms, only 8% received mental health care from HMOs and Resilience Centers. Furthermore, a mapping conducted by the Ministry of Education concerning children in Sderot raised that a significant proportion of parents (39%) believe their children are experiencing heightened levels of anxiety and stress that necessitate immediate therapeutic intervention. Despite the critical importance of mental resilience for the healthy development of children, by the end of March 2024, HMOs and Resilience Centers had extended mental health care to only about 440 out of 10,500 evacuee children from Sderot, representing only about 4% of the evacuee children from that area.

📌 Providing Mental Health Care to Survivors of the Dance Parties

On October 7th, three events were held near the Gaza Strip area, attended by about 4,500 individuals¹⁴. The estimated number of fatalities at these gatherings was about 400, predominantly from the "Nova" party, with thousands more sustaining physical and psychological injuries. Additionally, 44 attendees were kidnapped. The assault on the participants persisted for several hours, involving brutal and grievous sexual assaults, some of which were committed in the presence of survivors. Given the extreme traumatic experiences endured by the attendees, the Ministry of Health recognized the imperative to provide emotional support to the victims to mitigate the risk of developing post-traumatic stress disorder. According to a specialized anxiety intervention procedure designed for wartime contexts by the Ministry of Health and the NII in 2023, victims are entitled to a series of 12 to 36 psychological treatments to address stress and anxiety reactions. Furthermore, they are eligible for

13 It is possible they received treatment through other entities, including therapists in the private sector.

14 The "Nova" party, which was attended by about 4,300 people, the "Psyduck" party, which was attended by about 100 people, and a preparatory meeting for the "Midburn" festival, attended by about 90 people.

psychological support through the HMOs, in accordance with the basket of service established by the Health Insurance Law. It was found that the Ministry of Health and the HMOs failed to proactively reach out to at least one-fifth of the survivors or establish contact to facilitate psychological assistance; consequently, they were unable to identify these survivors and ascertain their conditions. In the six months following October 7th, over half of the party survivors (52%, about 1,900 individuals) did not receive psychological care at Resilience Centers or HMOs. In a focus group conducted by the audit team with survivors of the "Nova" party in March 2024, one survivor remarked, "From the first day, no one contacted me except Lahav 443 (Israel Police)..., for two months I was completely alone; I spoke to no one". Additionally, only about a quarter (24%) of the party survivors received and completed treatment at the Resilience Center and HMOs that were examined. Notably, 98% of the party survivors did not complete the maximum number of treatment sessions prescribed in the 2015 "Treatment Procedure for Anxiety Victims" by the National Insurance Institute – 36 sessions¹⁵. There is considerable concern that this lack of access to adequate treatment may hinder the party survivors' recovery from the profound trauma they experienced and impede their ability to resume normal functioning.

Mental Treatment of ZAKA Volunteers¹⁶

In the course of their activities, volunteers from ZAKA organizations are often confronted with distressing scenes that can adversely impact their psychological well-being. The attack of October 7th serve as a particularly stark example of this phenomenon. Consequently, there is an elevated risk of developing post-traumatic symptoms, particularly among individuals who have previously encountered traumatic experiences, such as the Mount Meron disaster. Nonetheless, only 1% of ZAKA Tel Aviv volunteers and 13% of ZAKA Israel volunteers, during October 7th events and after, have received treatment from HMOs or the National Resilience Center. Furthermore, the Ministry of Health has not regulated the mental health care of all volunteers, including those from ZAKA. It is noteworthy that during the war, the Ministry of Health allocated a series of mental health treatments specifically for ZAKA Tel Aviv volunteers, and the NII allocated about NIS 0.5 million for their mental health care. Additionally, the NII dedicated about NIS 1.7 million for the mental health care of ZAKA Israel volunteers during the war.

15 It is possible they received treatment though other entities, including therapists in the private sector.

16 It is possible that ZAKA volunteers received treatment though other entities, including therapists in the private sector.

🔗 Control Over the Granting and Renewal of Licenses to Possess Private Firearms for People with Mental Symptoms

Between 2020 and 2022, the number of applications for firearms licenses increased, rising from about 9,000 applications in 2020 to about 43,500 applications in 2022. This increase became even more pronounced following the October 7th attack, resulting in about 350,000 applications submitted within the 12-month period from October 8, 2023, to October 7th, 2024. This figure represents more than an eight-fold rise compared to the corresponding period preceding October 7th, 2023 (about 42,500 applications from October 8, 2022, to October 7th, 2023). In the process of acquiring and renewing a firearms license, applicants are mandated to submit a health declaration that includes questions pertaining to their general medical and mental fitness. The audit raised a decline in the rate of health declarations sent by the Ministry of National Security to the Ministry of Health for the assessment of the mental fitness of license applicants, decreasing from about 10% in 2020 to merely 3% in 2023–2024, despite a significant increase in the population's mental health needs. This raises concerns regarding potential underreporting of the mental health status of applicants for new licenses. The report from the Committee to Examine the Firearms License Procedure, published in 2019, recommended that the Ministry of Health incorporate a question regarding applicants' suicidal tendencies into the health declaration. Consequently, since 2021, the Ministry of Health has engaged in discussions with the Ministry of National Security to revise the health declaration to include inquiries concerning suicidal and aggressive thoughts, as well as past suicide attempts. Although the audit indicated that the Ministry of Health submitted its updated proposal to the Ministry of National Security in November 2023, by January 2025, over a year later, the Ministry of National Security had not yet implemented the revised declaration. Furthermore, it has become evident that both the Ministry of National Security and the Ministry of Health have not enacted necessary adjustments to enhance oversight and regulation regarding the issuance of licenses, despite a marked increase in the demand for mental health care compared to the pre-war period.

🔗 Summary of Additional Budget in the Mental Health and Criteria Set for the Distribution of Support Funds

Following the beginning of the war, in January 2024, the Ministry of Health and the Ministry of Finance executed a budgetary agreement that allocated an additional NIS 2.3 billion to the mental health sector for the fiscal years 2024–2025. This additional budget to address the pronounced mental health needs that have escalated significantly due to the October 7th attack. Concurrently, the Ministry released "Tests for the Distribution of Funds for the Ministry of Health's Support to HMOs in Mental Health". This support was intended, among other objectives, to reduce the extended waiting periods for mental health care within HMOs, particularly emphasizing psychotherapy treatment wait times. It was found that, while the Ministries of Finance and Health

did incorporate in these tests indicators to measure added resources or inputs from HMOs for provision of treatment, they did not impose an obligation upon the HMOs to report on wait times for mental health services, nor did they establish specified wait times which the HMOs were expected to adhere to¹⁷. Consequently, the Ministry of Health does not measure or monitor the waiting times for these treatments in HMOs, rendering it incapable of evaluating the efficacy of the provided support. Furthermore, as of the audit end date in June 2024, the Ministry of Health lacked data regarding the actual budget implementation, indicating that during this critical period for mental health care, the Ministry was not undertaking proper budgetary oversight. Moreover, despite the signing of a memorandum of understanding concerning salary for psychologists in the public service in August 2024, and notwithstanding the escalating needs within the mental health following the October 7th attack and the subsequent war, as well as the protracted waiting times for professional responses, the agreement on salaries for psychologists in the public service remained unsigned as of January 2025.



The Mobilization of Psychiatric Hospitals and Their Staff to Provide Mental Health Care in the Hotels

The State Comptroller's Office commends the swift mobilization of psychiatric hospitals and their personnel, their extensive deployment in the hotels housing evacuees nationwide, and the provision of therapeutic support to the numerous evacuees in need.

17 Regarding the waiting periods for receiving medical services in the field of mental health in HMOs, HCJ 6733/21 "**Justice for Children" Association v. Minister of Health**, (May 8, 2024) ruled that the Minister of Health and the Ministry of Health (who may be assisted by the HMOs) must act to collect the required data by May 8, 2025.

Key Recommendations

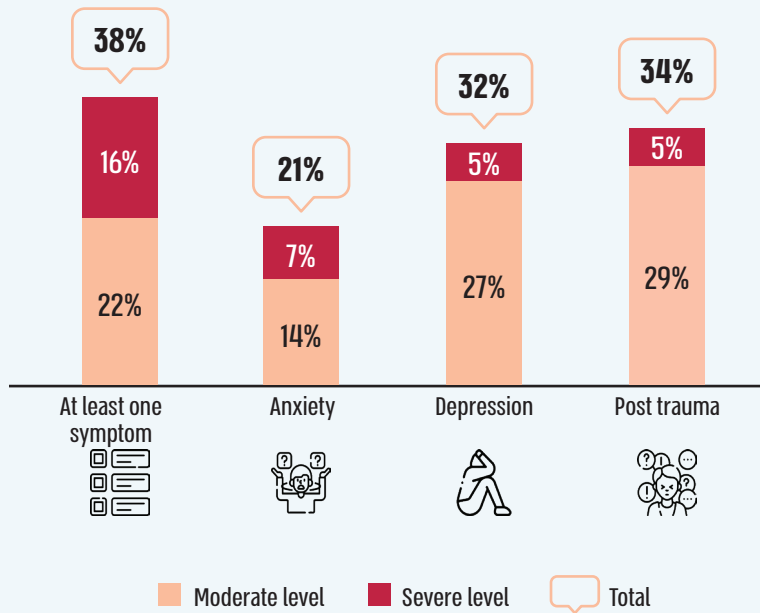
- It is recommended that the Ministry of Health conduct its own surveys and instruct the HMOs to carry out surveys among the population to establish a database for the appropriate planning of the mental health services offered. Specifically, the Ministry of Health should survey special populations, including families of the hostages, evacuees, and families of reserve and regular service members.
- To ensure the functional continuity of the health system in various emergency situations, the Supreme Authority for Emergency Hospitalization and Health, led by the Director General of the Ministry of Health, should formulate a policy for the provision of mental health services during emergencies, particularly for the evacuee population. Additionally, an up-to-date reference scenario for the mental health sector must be prepared, which would also address scenarios of population evacuation. A comprehensive work plan for emergency situations must be developed, detailing the method for providing mental health services, with periodic discussions regarding all aspects of preparing for mental health service provision during emergencies. The emergency guidelines issued by the Ministry of Health must address the management of volunteer pools in the mental health sector and provide guidance for HMOs and Resilience Centers accordingly. Furthermore, it is essential that all parties providing care document the services provided under the Patient Rights Law. The Ministry of Health should systematically draw lessons from the management of mental health services for evacuees in hotels, which should be integrated into a procedure. This includes defining the responsibilities of bodies responding to emergencies, with particular emphasis on situations involving population evacuation, and detailing the requirements for said bodies.
- Given that many individuals in need of treatment do not contact aid agencies to receive it, the Ministry of Health should immediately through the HMOs and Resilience Centers seek out those requiring treatment. Prioritization is essential, particularly for children, individuals who were present at the October 7th attack, those in areas affected by missile strikes, and evacuees from low socio-economic communities. The Ministry of Health should initiate contact with individuals identified on the priority list, especially participants in all relevant events, to assess their mental health needs. Additionally, periodic proactive assessments should be conducted to reach those who were unavailable at the time, ensuring their needs are addressed effectively. A proactive mental health hotline should also be established by the Ministry of Health to operate during emergencies, staffed by trained professionals.

- Given the substantial number of individuals suspected of exhibiting symptoms of post-traumatic stress disorder (PTSD) whether moderate (estimated at 2.5 million adults) or severe (estimated at 500,000 individuals), alongside depression and anxiety, it is imperative to acknowledge that delays in receiving necessary treatment may result in the persistence of mental health symptoms, ongoing distress, and significant impairment in social, familial, and occupational functioning. Consequently, the Ministry of Health and the HMOs must ensure that their actions effectively reduce waiting times for mental health care in both the short and medium term, particularly in urgent cases requiring immediate intervention, as well as for populations at heightened risk. It is recommended that the Ministry of Health, in collaboration with the HMOs, adapt the national mental health system plan, which was in development before the October 7th attack, to accommodate the increased demand for services following these attacks. Such a plan should ensure the provision of comprehensive treatment within appropriate timeframes and establish measurable short-term and long-term objectives and priorities for care, placing particular emphasis on at-risk populations. Given the broader implications of a national plan beyond health considerations, the Ministry of Health should consult with other governmental ministries, including the Ministries of Welfare, Education, and Finance, to form a designated body to lead the initiative, appropriately budget according to its objectives, and monitor implementation. It is further recommended that the plan be submitted to the government for approval as a national initiative, and that the Ministers of Health, Education, Welfare, and Finance ensure its successful execution. Given the escalating demands in mental health services and the protracted waiting periods for professional intervention, the Ministry of Finance and the Ministry of Health should expedite the development of an agreement concerning the remuneration of psychologists in the public sector to promote the swift recruitment of qualified personnel.
- Given the prevalence of moderate and severe symptoms of post-traumatic stress (34%), depression (32%), and anxiety (21%) as reported in the State Comptroller's survey, and particularly considering that the manifestation of these symptoms at moderate or severe levels heightens the risk of suicidal ideation, it is imperative that the Ministry of National Security and the Ministry of Health collaborate to incorporate an updated health declaration into the application process for firearms licenses. This approach may mitigate instances in which firearms are utilized for unintended purposes. Furthermore, the Ministry of National Security, in collaboration with the Ministry of Health, should investigate the decline in reported instances of abnormal mental states among license applicants, assessing whether underreporting exists despite the observable deterioration in mental health. Additionally, the Ministry of Health, in conjunction with the Ministry of National Security, should reinforce

the mechanisms for monitoring and evaluating the mental fitness of individuals possessing a firearms license.

- The Ministry of Health should align the national mental health plan it develops with the framework of the budgetary agreement to ensure that the budget is effectively utilized in addressing the growing mental health needs. Furthermore, the Ministry should supervise the allocation and utilization of funds. The Ministry should periodically assess whether the budget has been allocated in a way that meets the stipulated objectives in mental health and to evaluate the plan's impact. It should also survey to assess the mental well-being of the entire population and to measure the plan's effectiveness in reducing wait times for mental health appointments. The Ministry of Finance should facilitate the allocation of budgets in accordance with the established plan.

Those Reporting Moderate to Severe Post-Traumatic Stress, Depression, and Anxiety Symptoms Six Months After the October 7th attack

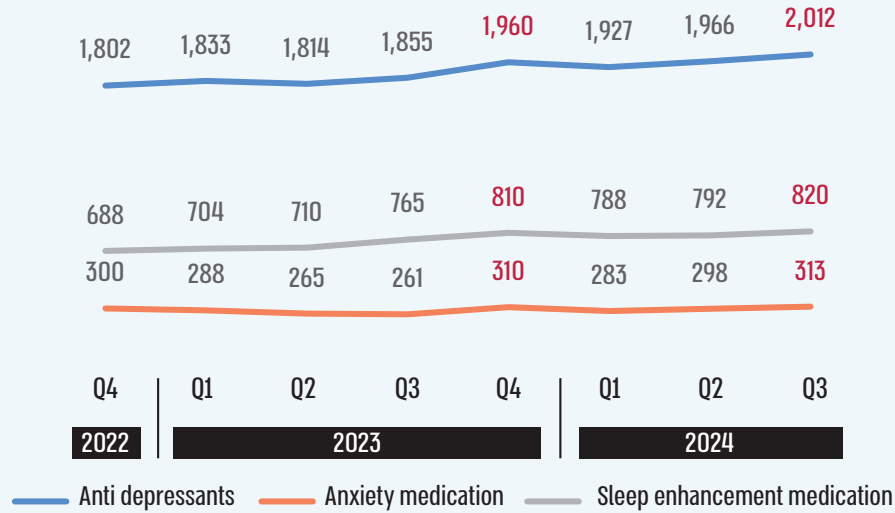


Source: State Comptroller survey (April 2024).

There are many people who cannot leave their homes, and some were not approached by anyone nor given a kind caress.

Source: Focus group with survivors of the "Nova" party (March 2024).

Monthly Average of Psychiatric Drug Doses per 1,000 Residents According to Quarter, 2022–2024



Based on Ministry of Health data, processed by the Office of the State Comptroller.

Summary

The Ministry of Health is tasked with providing mental health services to residents during both routine and emergency situations through HMOs and Resilience Centers. Before the October 7th attack and the subsequent protracted war, waiting times for diagnosis and treatment in mental health were already extensively lengthy, averaging between one to three months for an initial psychiatric evaluation, and six months or longer for psychotherapy. The attacks exacerbated the demand for mental health care across various demographic groups, including individuals present during the incidents, those evacuated from their residences, attendees of the dance parties, rescue personnel and volunteers, individuals situated in proximity to missile or terrorist attacks, those with loved ones affected by the attacks and the ongoing war, as well as the broader population exposed to the distressing events through the media.

Though the up-to-date reference scenario provided by the National Emergency Authority (NEMA) included large-scale evacuation of the population, including to the Dead Sea and Eilat regions, as a potential response during times of emergency, the audit raised that the Ministry of Health was inadequately prepared to deliver mental health services to both evacuated and self-evacuated populations. In the week following October 7th, assistance to evacuees was rendered by volunteers rather than by authorized treatment agencies, whose responsibility it is to provide such services. Furthermore, the Ministry of Health lacked information regarding the identity, training, and professional qualifications of these volunteers, some of whom were found to lack the requisite knowledge and training to address trauma effectively. In mid-October 2023, the Ministry of Health delegated the responsibility for the treatment of evacuees to mental health hospitals for a period of one month. It was found that therapists during this timeframe documented their treatment efforts in respect of only a small fraction of the evacuees treated, specifically about 330 out of an estimated 20,000 evacuees in the hotels complex at the Dead Sea and Jerusalem, and about 1,430 out of an estimated 22,000 evacuees in Eilat. Consequently, concerns arise regarding the potential absence of critical medical information concerning the treatment provided to numerous patients, which may impede the maintenance of continuity of care where ongoing treatment is necessary.

The State Comptroller's Office noted to the Supreme Authority for Emergency Hospitalization and Health for not ensuring that the health system operated according to the updated scenario and for not being adequately prepared to provide the necessary mental health care in the aftermath of emergency events. Furthermore, the State Comptroller's office has brought to the attention of the Ministry of Health and its Director General, who supervises both the Ministry and the Supreme Authority for Emergency Hospitalization and Health, that the reference scenario has not been updated to prepare the mental health system for wartime and other traumatic circumstances.

Additionally, it has been noted that a dedicated work plan of mental health for emergencies, particularly in scenarios requiring mass population evacuations, has not been formulated.

Furthermore, the State Comptroller's Office noted to the Ministry of Health and the Budget Division of the Ministry of Finance for their failure to measure and monitor waiting times for mental health treatments within HMOs. Consequently, this lack of supervision impaired the evaluation of the effectiveness of the budget allocated to mental health, as per the budgetary agreement and the support extended to HMOs.

Additionally, the State Comptroller's Office noted to the Minister of Health, who bears responsibility for the activities within his Ministry, for not ensuring that the Ministry is adequately prepared in accordance with the sectoral reference scenario, particularly in matters pertaining to the mental health system.

The findings of the State Comptroller's survey (April 2024) indicate that a significant portion of the population experiences moderate to severe symptoms of post-traumatic stress disorder (35%), depression (32%), and anxiety (21%). Additionally, about 38% of participants reported exhibiting moderate or severe symptoms associated with a combination of these conditions. This data suggests that the prevalence of such symptoms among the adult population in Israel may reach 3 million individuals, with an estimated 580,000 individuals potentially suffering from post-traumatic stress disorder, depression, anxiety, or a combination thereof at a severe level. The survey further raised that a majority of participants (90%) did not pursue treatment, mainly due to prolonged waiting times, with the average waiting time for mental health care within HMOs being about six and a half months.

In contrast to the substantial rate of individuals reporting moderate to severe post-traumatic stress, depression, and anxiety symptoms in the survey, it was found that only 10% of all evacuees sought mental health treatment from HMOs or Resilience Centers in the period from October 7th, 2023 to March 31, 2024. Specifically, only about 19% of residents in communities around the Gaza Strip, about 3% of Sderot residents, and about 4% of children in Sderot sought treatment, despite 39% of parents in Sderot reporting elevated anxiety and stress levels in their children that required immediate intervention. Furthermore, only around 13% of evacuees from northern regions received treatment, a minority of ZAKA volunteers (ranging from 1% to 13%), and less than half of survivors of the dance parties (48%, equating to about 1,770 individuals) sought mental health support. It should be noted that certain population groups may have accessed treatment from alternative sources; however, the Ministry of Health and the HMOs lack comprehensive data on this matter. The prevailing concern is that numerous individuals are likely experiencing post-traumatic symptoms, depression, or anxiety, yet have not received treatment within three months to one year following the traumatic events, thus increasing the risk of chronic

symptomatology. Another associated concern is that, in the absence of adequate resources within the mental health system, providing a sufficiently scaled response will prove extraordinarily challenging.

The Ministry of Health, in collaboration with the HMOs, should ensure the adaptation of the national mental health system plan, the formulation of which it commenced before the October 7th attack, to address the increased demand for services that has emerged in their aftermath. This plan should enable the provision of comprehensive treatments within designated timeframes, set measurable short-term and long-term objectives, as well as set priorities for the provision of treatments, with particular attention to populations at heightened risk, alongside periodic evaluation of budget allocations to fulfill the mental health objectives. To effectively formulate this plan, it is recommended that the Ministry of Health consult with other governmental bodies, including the Ministry of Welfare, the Ministry of Education, and the Ministry of Finance, to establish an entity to integrate and supervise the plan's implementation, along with budget allocations aligned with its objectives. It is further recommended that the plan be presented to the government for consideration as a national initiative, and that the Ministers of Health, Education, Welfare, and Finance ensure its successful execution. It is further recommended that, to form the plan, consideration be given to establishing a Mental Rehabilitation Administration in collaboration with the Ministry of Health, the Ministry of Welfare, the Ministry of Education, and the NII. Such an administrative body could provide a comprehensive treatment package for individuals affected by mental health injuries resulting from the October 7th attack, thereby facilitating their reintegration into daily life.

The Minister of Health should ensure that his Ministry is adequately prepared to provide mental health services during states of emergency, as outlined in the reference scenario for this sector.