

## Foreign report

### Psychiatry in Israel

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Seven years of ecstasy and agony have been enjoyed and endured in Israel, and from the calm of my sabbatical back in the UK, I welcome this opportunity to look in on Israeli psychiatry. The setting is a dramatic one. Israel's recent history is characterised by a hard-won statehood in 1948, massive waves of immigration, a clash of oriental and occidental cultures, and repeated wars. In the face of this rapid and traumatic change, Israelis have exhibited an exaggerated faith in the powers of the state. By denial of emotional and mental problems, a somewhat brittle stability has been achieved, not enhanced by almost uniformly negative attitudes to mental disorder. Understandably Israeli psychiatry has also been characterised by the fight for survival. The professional scene is made up of fierce, creative, one could almost say 'true grit' individualists and powerful professional cliques. Israeli psychiatry was literally forged on the battlefields of the Independence War and has retained an Old Testament character of war-like struggle up until the present day. It is to the credit of Israeli psychiatrists that they have succeeded at the highest level in dealing with routine psychiatric problems alongside the awesome consequences of this continuous stress and trauma.

Founded in 1912, the Israel Medical Association has to this day been responsible for psychiatric accreditation and certification. Pre-state psychiatric care was provided by either the Sick Fund of the Labour Federation (Kupat Cholim) or by private charity organisations. The Institute of Psychoanalysis, founded in 1934, forged the predominantly psychodynamic orientation in psychiatry. After the War of Independence, the Psychiatric Division of the Israel Defence Forces took the initiative in providing and shaping the country's rapidly expanding psychiatric services. In the mid-50s the Ministry of Health (MOH) assumed overall responsibility and divided the country into about six administrative districts, and some 20 separate catchment areas. Each district is under the jurisdiction of a psychiatrist who is answerable to the representative at the MOH. They are responsible for fiscal and legal matters, ranging from allocation of funds to individual psychiatric facilities, to treatment-orders. This has inevitably

given a somewhat provincial flavour to policy making, which will probably change as the Israeli Psychiatric Association becomes more developed and involved. A stab was taken at community psychiatry in the mid to late 1960s, but the profession today is still primarily clinic and hospital based.

Out of some 7,500 Israeli physicians, of whom two thirds are immigrants from Russia, Latin America and Anglo-Saxon countries, 350 are trained psychiatrists. This is still a small enough group for most psychiatrists to know one another. Almost all work in the public service, with private practice taking less than 10% of consultation time. The Psychiatric Association is less than a quarter of a century old and has more the character of an informal professional club than of a chartered college. It has tended to focus its activities at both local and national level in professional symposia, and on the annual scientific meeting. It publishes the *Israel Journal of Psychiatry* with an international editorial board under Professor Edelstein.

Israelis take their lead from American psychiatry. That magisterial opus DSM-III is just as much a quasi-biblical nosology for the Israeli psychiatrist as it is for his US counterpart. Treatment is mainly a combination of biological therapies and the psychodynamic approach, but all schools of therapy are openly tried. Despite tremendous service pressures, the natural Israeli competitive spirit imbues psychiatrists with the research bug. Local funds are non-existent and there is vigorous application for overseas grants, particularly from the US and Germany. Contributions from visiting professors are welcomed, but fuller integration of qualified immigrants is much less easily achieved. For the successful, the tenure system applies. Even though this assures one's professional future, few sit on their laurels. The urge for self-improvement is reflected in the annual Psychiatric Association meeting which is invariably deluged with papers from across the country. Most are accepted, giving an uneven standard but a remarkable glimpse of the industry and talent on the Israeli psychiatric scene.

The jewel in the crown of Israeli psychiatry is the Department at Hadassah University Hospital,

Jerusalem. The Director, Professor Kaplan De Nour, has written extensively on the psychiatry of renal disorders. For five years I was based in Hadassah running a psychiatric training programme funded by one of the largest Jewish charity organisations. My trainees, some 20 in number, were equally divided between local graduates and new immigrants like myself. For three years I lectured and supervised in my native English. It took me all this time to master Hebrew, and just as long to realise how little my trainees understood my mother tongue! In Israel, training in psychiatry is a five year ordeal. To commend it, however, is the requirement that trainees systematically pass through acute, chronic, inpatient, out-patient and specialist services. They have to complete and write up two cases of psychotherapy and an original research project.

Jerusalem is more than Hadassah, and the mountain air and international atmosphere attract many fine minds. There are four other catchment area hospitals (Jerusalem Mental Health Centre, Eitanim, Talbieh and Kfar Shaul). In the early 1980s the Freud chair was created at the Hebrew University and its first incumbent was a British psychoanalyst, Professor Sandler. Israel's leading centre for biological psychiatry was until recently at the Jerusalem Mental Health Centre. Under Professor Belmaker an international path was forged in the genetics and psychopharmacology of depression and schizophrenia. Many students were trained in this department, which also hosted several international conferences of psychopharmacology. Professor Belmaker transferred south to another university centre, Beersheva, where he occupies the Hoffer Chair of Orthomolecular Psychiatry. This was inaugurated in 1987 by Nobel Laureate, Linus Pauling. Beersheva is a biblical town which hosts a fine medical school, an innovative repertory theatre, a symphony orchestra, and a bedouin market.

If Jerusalem and Beersheva have a somewhat professorial air, Tel-Aviv is the nerve and business centre of Israeli psychiatry. Psychotherapy thrives here in both the public and private sectors. The country's principal psychotherapy course is run from Tel-Aviv Medical School. Located off the north shore is the Kibbutz family and child psychiatric treatment complex, while in town are a number of recognised private training and treatment centres. These range through Adlerian, Jungian, Neuro-linguistic Programming and many other orientations – you name it, it exists! Dr Kleinhaus presides over the Israel Society of Hypnosis in Tel-Aviv. He recently assisted in the drafting and implementation of state legislation requiring licensing of hypnotherapists.

A short drive from Tel-Aviv, in the sunny garden suburb of Ramat Chen, is the country's most important out-patient clinic. It was led by the analyst Fried

and philosopher Agassi, who set the existentialist tone for its somewhat laid-back Laingian orientation. Further south off the Tel-Aviv Jerusalem highway in Rehovot, Israel's Weizmann Institute of Science and neighbouring Kaplan Hospital have conducted a number of fruitful joint ventures. Recent work has focused on psychiatric immunology, and nuclear imaging in the psychoses. The northern region of Israel is represented by Professor Heffez at the Rambam University Hospital, Haifa. Specialist work includes cases of psychological trauma flown in direct from the Lebanese border and the battle zone.

Israeli psychiatry is dominated by the investigation and treatment of stress. Professor Leiblich of the Hebrew University has written a sad and moving book on the impact of war, called *Tin Soldiers on Jerusalem Beach*. It is based on open interviews with battle-stressed soldiers. The main focus for work on psychiatric trauma is in the Israeli Defence Force. The Israeli army is made up of conscripts, regular soldiers, and reservists drawn from almost the entire adult male population. There are a number of army psychiatric clinics and hospitals staffed by the rising stars of psychology and psychiatry. Battle-shock and its treatment is extensively researched, and connects with the no less important concern with the impact of war and terrorism on civilians. The extremely rapid evacuation of two whole border towns (Yamit and Ophira) in the early 1980s, the continued shelling and terrorist incursions in the north, and bomb attacks and violent demonstrations in Israel's towns, has produced an unceasing catalogue of psychiatric casualties. Independent of this, Israeli psychiatric services are freely available to, and frequently used by, Arabs from Israel and the Occupied Territories. At least here the highest standards of psychiatric care are able to proceed irrespectively of race or politics!

War too has had a more sinister, and perhaps less generally expected, result: the influx of both soft and hard drugs from Lebanon. Drug abuse and alcoholism in Israel are increasing at an exponential rate, though at the present time treatment services are just about managing to keep pace.

The stressful impact of immigration and culture-shock, though well recognised, have been more difficult to treat. The social anthropologist Palgi and social psychiatrist Levav have greatly enriched this field. They have helped to explain cultural responses and cultural treatment expectations, and have been instrumental in moulding psychiatric services to meet the special needs of the many immigrant communities, e.g. Ethiopians, Kurds and other African and Asian groups.

Ever present, sometimes in the background, recently in the foreground with the Demjanjuk trial, is the horror of the Holocaust. Psychiatric interest has inevitably begun to shift to second and third

generation survivors. Professor Dasberg currently holds the Elie Wiesel Chair for the Study of the Holocaust at The University of Bar Elan, and Professor Israel Charney runs the Centre for the Studies of Genocide. One of his current projects is on the psychological impact on the children of Nazis.

Psychiatry in Israel thus bears the imprint of stress, shock and horror. But for all that, most daily work is

conducted in areas familiar to British-trained psychiatrists. For example, there are lithium groups, moderate clinics, and community mental health centres operating in Israel as in any other modern psychiatric setting. I might even say that the average Israeli psychiatrist longs to escape from psychological trauma to the bliss of psychiatric routine. He is granted this privilege, though all too infrequently.