Community Psychiatry in Border Settlements in Israel

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Summary. An analysis of our work during two years in a community mental health clinic serving a small town and an agricultural area near the northern border of Israel was presented. The clinic was staffed by a team of psychiatrists, psychologists and social workers who came to the area for one and a half days every week from a university psychiatric hospital in the center of the country. Only the nurse was a resident of the clinic was an attempt to provide a border population with expert psychiatric services which had previously been lacking, while maintaining a close connection with the central psychiatric hospital. All this was done on a relatively low budget. In spite of the difficult working conditions, an ambulatory team, travelling to the place and serving a wide area which was often under emergency conditions, was able to do effective work. A total number of 485 patients was seen during the two years, only 60 of whom were hospitalised, and very few were referred for private psychotherapy.

The success of the clinic's operation can be explained by appropriate initial classification of referrals, concentration on short term therapy, close cooperation between the team members and effective interaction with the relevant agencies in the community. The clinic handled patients from two population groups (the town of Kiryat Shmona and the villages of the area), which differed considerably from demographic, social and therapeutic points of view.

Introduction

Most countries throughout the world are struggling with the problem of how to supply adequate psychiatric services to backward regions situated far away from medical centres, and how mental hospitals can help to solve these problems (Zwerling).

In our country, we are struggling with the same problem. Most psychiatric hospitals are located in the centre of the country, and the settlements on the periphery are at a disadvantage, all the more so since some of them live under the constant threat of enemy action.

These problems impelled us to try to find an appropriate solution. We decided to set up a psychiatric clinic in one of the border towns, which would be staffed by a professional team from one of the main psychiatric hospitals. This team would spend a day and a half each week in the border town clinic. We were thus able to send two teams of professional workers, neither of which would have been available on a full time basis. The central hospital also provided hospitalisation facilities for patients referred by the clinic. All of these services were made available on a very limited budget.

Since the team was not paid for this service, as it was considered part of their job, payment was limited to expenses only. It should be stressed that these professional teams were the only ones available, as there were no psychiatric workers in the area.

The two teams travelled to the clinic by air on alternate weeks. Each team consisted of a psychiatrist, a child psychiatrist, a psychologist, a psychiatric social worker and a qualified nurse who was a resident of the region. The work of the child psychiatrist will not be described in this paper.
Table 1. The population of Kiryat Shmona and the rural district according to sex and age group (1972)

<table>
<thead>
<tr>
<th>Age</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 14</td>
<td>3,127</td>
<td>3,116</td>
<td>6,243</td>
<td>1,244</td>
<td>1,138</td>
<td>2,382</td>
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<tr>
<td>14 - 29</td>
<td>2,077</td>
<td>2,127</td>
<td>4,204</td>
<td>1,522</td>
<td>1,383</td>
<td>2,905</td>
</tr>
<tr>
<td>30 - 44</td>
<td>1,117</td>
<td>1,085</td>
<td>2,202</td>
<td>630</td>
<td>574</td>
<td>1,204</td>
</tr>
<tr>
<td>45 - 64</td>
<td>920</td>
<td>962</td>
<td>1,882</td>
<td>998</td>
<td>981</td>
<td>1,979</td>
</tr>
<tr>
<td>65+</td>
<td>305</td>
<td>262</td>
<td>567</td>
<td>139</td>
<td>171</td>
<td>310</td>
</tr>
<tr>
<td>Total</td>
<td>7,546</td>
<td>7,552</td>
<td>15,098</td>
<td>4,533</td>
<td>4,247</td>
<td>8,780</td>
</tr>
</tbody>
</table>

Grand Total (Kiryat Shmona and Rural) 23,878

The Population for whom the Clinic Services were Provided

The regional population can be divided into two main groups which differ from each other in their ethnic, social and economic structure.

(a) The Population of Kiryat Shmona. Kiryat Shmona is a development town of 15,098 inhabitants, founded in 1950, and constituting an urban centre for the surrounding settlements. About 65% of the inhabitants are immigrants from Asian and African countries, 25% from Roumania and 10% are Israeli born. The latter came to live in the town mainly for reasons of employment, generally in relatively senior administrative or industrial positions.

A considerable proportion of the town's inhabitants are at least partially supported by the welfare services. The remainder are mainly employed either as agricultural workers or in the town's textile factories. The above data refer to the adult population over the age of 20.

Since the founding of Kiryat Shmona, there has been a tendency for people to move away from the town to the more developed centre of the country, which offers far greater opportunities for "getting on in life". People with initiative and a certain amount of education, and those who have completed their army service, have left the town. They have left behind the most problematic and unsuccessful members of their families: the social and economic failures. (For an additional description of Kiryat Shmona see Maoz et al., 1964, and Maoz et al., 1971).

(b) The Rural District. The clinic provided services to 8,780 people. The greater part of this area includes a group of kibbutzim whose population consists of approximately 7,500 people. This includes a group of veteran kibbutzim founded before the establishment of the State (1948), as well as more recently established kibbutzim. This population contains a higher percentage of Israeli-born people and immigrants from Europe and America. It is a population which is socially, economically and educationally on a higher level than that of Kiryat Shmona. It is also relatively more stable, and a smaller percentage of people move away.

The clinic also provided services to about 1,000 people living in agricultural villages other than kibbutzim. There were some differences in the demographic data concerning age groups and sex ratios in the three populations. (See Table 1.)

The Work of the Clinic

The work of the clinic from April 1970 to April 1972 will be described.

Letters of referral to the clinic were first screened by the psychiatric nurse according to their degree of urgency, and were then reviewed by the team as a group. Cases were