

# EMPLOYMENT, WELFARE, AND MENTAL HEALTH

Both in Israel and throughout the entire world, the issues of employment and welfare are intrinsically bound to one another. Implementing proper government employment policies will necessarily decrease the need to allocate government resources toward welfare services. Rather than receiving government handouts and welfare benefits, people will be able to earn a respectable living and escape the cycle of poverty, while simultaneously stimulating economic growth through increased consumption and tax revenue.

Beyond this, within the arena of welfare, health, and social services, it is critical to establish an efficient system that adequately provides for the population sector it seeks to assist. For example, an individual in a state of crisis has two alternatives: One possibility is for him to be overwhelmed by the crisis, wallow in despair, lose his self-confidence, compromise his independence, and ultimately become a burden on his family and society. (Unfortunately, on many occasions, this is the option that the government inadvertently promotes in light of excessive bureaucracy.) The other alternative is diametrically opposed to the first. In the context of a supportive program that helps him before the crisis becomes a disaster, the faltering individual receives support streamlined to his situation and personal needs and continues to progress in a helpful and supportive setting.

Additionally, the Religious Zionist's Party '100 Day Plan' aims to address the issue of mental health head-on. Nowadays, people who struggle with mental health issues comprise the largest subgroup of individuals with disabilities. In Israel today, there are more than a quarter of a million people who struggle with mental health, and their close relatives often bear the brunt of the burden and function as their primary caretakers. This population sector is one of the weakest in Israeli society and suffers

from social stigmas and prejudice. Moreover, the corona crisis caused a dramatic rise in emotional stress and an increase in the number of people who turned to agencies and bodies that provide emotional support. Many businesses were shuttered, people could not support themselves, there was an uptick in domestic violence, and many teens found themselves completely idle and passive, relegated to social isolation for many hours each day.

A healthy and strong society is defined by its attitude toward the weak and needy, and its capacity to help them, embrace them, and provide them with the support they need. In line with the Religious Zionist Party's approach to these issues, we seek to promote several initiatives. The plan presented here does not intend to provide a comprehensive solution for every problem. Our goal is rather to outline a general approach to overcoming crisis through employment initiatives, preventative welfare support, strengthened communal resilience, and health, among other things.

## EMPLOYMENT AND EARNING A LIVELIHOOD

Even before the onset of the corona crisis, the government was active in initiating employment programs primarily geared toward specific sectors of society (such as Haredi men or Arab women), because unemployment rates were low in other population sectors. With the advent of the corona crisis though, hundreds of thousands of Israeli citizens lost their jobs and it became glaringly obvious that the decentralized governmental system was not able to address the scope of the crisis.

Additionally, in the aftermath of the corona crisis, it has become obvious that the job market has shifted dramatically. New businesses opened in

response to the changing needs of employers, leading to a decrease in other types of businesses, which may even disappear entirely. Beyond this, the corona crisis changed and redefined many of the accepted norms in the job market (such as working remotely), and brought many people, both the employed and unemployed, to reconsider their expectations and needs with regard to the job market.

Moreover, as July 2021 quickly approaches and furlough payments will officially be terminated (unless a different government policy is put in place), many citizens will no longer receive unemployment benefits and be forced back into a job market that is not really ready for them. At current, the demand for workers simply does not coincide with the number of potential jobseekers. With that, it is untenable to continue handing out money in the form of monthly unemployment benefits, which has led many unemployed individuals to put off returning to the job market indefinitely.

In light of these issues, our plan will include the following key elements:

## **WHAT WILL WE DO IN THE UPCOMING KNESSET TO ADDRESS EMPLOYMENT NEEDS?**

- In the context of future coalition agreements, we will insist that all government agencies that deal with employment - such as the Employment Division, the Employment Service, and the Employment Administration - will be merged into one body under the auspices of the Ministry of Finance. One specific minister will be assigned responsibility for this area and spearhead the effort to implement policies and strategies, as well as cultivate relationships with employers and employees.
- We will collaborate with employers and professional training institutes to incentivize a wide variety of career tracks through a voucher system that places an emphasis on job placement.

- We will work to implement a negative income tax policy in the post-corona period.
- We will advocate for differential unemployment payments for people on furlough to enable people to slowly make their way back into the job market, including part-time positions.
- We will advocate for important changes in employment law that reflect the new reality (both short term and long term), including amending and regulating existing flaws in order to streamline and improve the job market.

## IMPROVING WELFARE AND SOCIAL SERVICES

At current, every local municipality has its own department of welfare and social services that provides for the residents of the city. The strength of each welfare department is directly dependent on the approach of the local municipality and its resilience. On the whole, strong municipalities have strong welfare departments that provide for local residents in a timely and efficient fashion, while weaker municipalities, (that are statistically more likely to have residents who need welfare services) are not able to provide adequately, and residents must wait an inordinate amount of time to get help.

Providing citizen services is important in every area of governance. This is especially true when it comes to welfare and social services. Entire sectors of the population, such as the elderly, single mothers, families with special needs children, holocaust survivors, and others, need one address to coordinate all the services and benefits offered by the government, both national and municipal government, to ensure that they are getting everything they deserve. This is a sharp departure from the current reality, in which a significant number of services entail a lot of bureaucracy and complex regulations coordinated by different government offices that do not necessarily work in tandem with one another.

## WHAT WILL WE DO IN THE UPCOMING KNESSET TO DECREASE THE BUREAUCRACY IN THE WELFARE DEPARTMENT?

- We will work to strengthen municipal welfare and social services departments and enable them to provide for those who turn to them for help.
- We will ensure that municipal social service providers will be able to interface with other government bodies to guarantee that people receive full government benefits.
- We will work to ensure that data in each government office is incorporated into the database in all government bodies, and thus make it easier to automatically issue benefits.
- We will work to minimize the bureaucracy and make citizen services more efficient.

## MENTAL HEALTH

Mental health is not merely a health issue. It is also a social issue that impacts wide segments of society. According to the World Health Organization, even before corona, one out of every four individuals needed mental health services at some point in his life. In Israel, there are more than a quarter of a million men and women dealing with mental illness. With the advent of the pandemic, the need for emotional resilience became more obvious and the overtaxed mental health system was swamped. Mental health is one of the central issues in the realm of employment and welfare services that we will address in our next candidacy. For the purposes of this plan, we will divide this area in two - treatment and rehabilitation:

Treatment - Mental health issues are treated within psychiatric hospitals, in the context of hospitalization (both voluntary and forced hospitalizations) under the auspices of the Ministry of Health.

Additionally, in light of recent reforms, mental health issues are also treated in outpatient centers, under the auspices of the health funds (kupot holim). Both types of treatment - hospitalizations and outpatient treatments - must be improved.

The situation in psychiatric hospitals is beyond awful. They are dilapidated. They are understaffed. And they are overloaded (average occupancy is 96%). The State Comptroller's report (Report 70b) noted that patients treated at outpatient clinics under the auspices of the health funds are subject to inordinately long wait times. Beyond this, there are not nearly enough outpatient clinics countrywide, and treatment is not regulated by specific treatment standards.

Moreover, outpatient clinics are not equipped to deal with patients suffering from acute mental health crisis. In this situation, the patient's only recourse is hospitalization in a psychiatric institution. And yet, even this possibility is often not realistic, if the patient is unwilling or does not qualify legally for hospitalization. In the absence of treatment in these cases, the patient deteriorates, and it often becomes necessary to call in law enforcement officials, the only governmental body that is just a phone call away and can step in at a moment's notice. Calling the police to deal with a mental health crisis is illogical and intolerable. On many occasions, the police response is harsh and physical and can even endanger someone's life. Instead of providing the patient with a therapeutic response, he is subject to injury and marked as a criminal, without even achieving the objective of criminal proceedings.

Rehabilitation - In the absence of proper rehabilitation, treatment is ineffective, in part because it leads to the 'revolving door syndrome' and often causes the patient to deteriorate and even become homeless. Beyond this, it triggers social and economic damage for both the individual and the general public. The 'Law for Community Based Rehabilitation' improved the situation, but it is far from sufficient. There is a lack of outpatient centers, including primarily a lack of therapeutic shelters for the entire continuum of mental health patients. The law does not apply to children and teens; it only provides for adults

older than 18. Teens who grapple with mental health issues fall through the cracks, since none of the relevant ministries (Ministry of Health, Ministry of Welfare, or Ministry of Education) assume responsibility. They are discriminated against and suffer from an almost total lack of educational and rehabilitative frameworks in society and within the community.

Beyond this, there are additional subgroups within this population, such as people who suffer from multiple handicaps (mental health issues, in addition to disorders/conditions like autism, impaired cognitive functioning, and physical handicaps, among other things), or people who grapple with two different types of issues - such as mental illness and addiction to psychoactive drugs. The number of programs and therapeutic frameworks equipped to address this two-prong problem are even more severely limited.

Mental health is the weak link of the entire public health system and patients who suffer from multiple issues are the weak link of the mental health system. A weak population that suffers extensively and is incredibly needy, is effectively allocated the least amount of funding and resources.

## WHAT WILL WE DO IN THE UPCOMING KNESSET TO ADDRESS MENTAL HEALTH ISSUES?

- We will advance an initiative in the community that trains people who work in volunteer capacities - such as youth groups, national service, and army service - to identify and address mental health issues.
- We will allocate additional funding toward mental health.
- We will work to limit the crowding in psychiatric hospitals. Among other things, we will relocate 920 long-term patients to communal rehabilitation centers (which must be established) and allocate some of the open beds for specific mental health issues,

increase the number of people who work in public health, as well as devise alternatives to hospitalizations, such as halfway houses that operate in conjunction with health funds around the country.

- Allocate funding to health funds to address mental health issues on the basis of performance-based budgeting, in accordance with an annual plan presented by the health funds and specific benchmarks for mental health services.

- We will advocate to include mental health patients who suffer from multiple handicaps/addictions within the government mental health reform, under the jurisdiction of the health funds.

- We will work to advance charters for therapeutic and rehabilitative centers that will provide a comprehensive framework to the entire continuum of mental health patients, including mental health patients who suffer from multiple handicaps or addictions. We will also push for the establishment of the 'Housing First' plan that will provide housing for the homeless.

- We will advance legislation that provides multiple benefits in a variety of areas to youth, in order to help them get back on track and prevent them from deteriorating. We will work to establish educational frameworks that provide for a wide variety of needs.

- We will advance a government decision that allocates an official budget toward acute treatment, which will include, among other things, the implementation of the 2020 inter-ministerial committee report on the way that security officials and law enforcement officials deal with people with disabilities, conduct home visits for specific populations to prevent mental health deterioration, establish regional teams to deal with crises, like they have in other places in the world. Teams will work to prevent immediate escalation that can endanger someone's life or lead to non-optimum solutions like forced hospitalization or being labeled as a criminal.

- We will work to include people who grapple with mental health issues within the list of those who qualify for public housing or housing subsidies to enable them to have a roof over their heads.
- We will advocate for the development of educational programs and publicity initiatives within the community that increase awareness of people who grapple with mental health, break stigmas, and train people who work in volunteer settings (youth groups, national service, and military service) to identify people who are struggling with mental health issues and provide emotional 'first-aid'.