**Orygen-Enosh Youth Mental Health Covid-19 Recovery Project**

1. **Background for the contribution**

The proposed Orygen- Enosh Youth Mental Health Covid-19 Recovery Project

involves three main activities:

1. Extension of the on-line training program for Enosh clinicians (which was piloted in 2021 ( with the generous support of the Besen Family Foundation.

2. Development of a youth mental health Covid-19 Recovery Plan

3. Development of new Enosh training resources

The project will improve the preparedness of Enosh’s clinical workforce for addressing mental health difficulties encountered by young people during the covid-19 pandemic.

This document aims to summarize the ways in which the financial contribution was utilized. It also outlines the accompanying process of development which will enable the establishment of a designated training program for working with youth, adolescents, and their families, based on the materials made available by the Origen website.

1. **Background on the state of youth and children in Israel after Covid-19**

The mental health and well-being of youth and adolescents are issues that concern healthcare systems worldwide. Currently, approximately 10%-20% of children and youth in the world experience mental difficulties (WHO [World Health Organization], 2021). The data shows that the highest frequency of these difficulties appears during youth and early adolescence, among people aged 12-25 years of age (Girolamo et al., 2012). An updated study on the burden of global disease shows that depressive disorders are the fifth most prevalent disease among people aged 10-24 years of age (Vos et al., 2020). Furthermore, according to the World Health Organization (WHO, 2021), one out of seven people aged 10-19 years experienced mental difficulty, with this accounting for 13% of the burden of disease for this age group.

In Israel, children and youth who deal with emotional and mental difficulties, as well as their families, receive services from the healthcare system, welfare, and educational system. This is through both their communities and in outpatient settings, for example, psychiatric hospitalization and post-hospitalization boarding schools (Weissblei, 2012).

Even before the Covid-19 pandemic and its effect on the mental health of children, youth, and adolescents, researchers expected mental health to be one of the central challenges for global healthcare systems in the future. This is a challenge that requires planning, resources, and suitable manpower (Falissard and Baranne, 2018). Early intervention in cases of mental difficulties has a great impact on preventing the distress or difficulty from developing into a chronic, ongoing mental state (Hoter-Yishai, 2019; Poli-Fusar, 2019; Hetric et al., 2019; Settipani et al., 2019). In fact, the literature refers to early diagnosis and intervention as an irreversible “window of opportunity” for treating mental and emotional difficulties among youth and adolescents (Poli-Fusar, 2019).

The global Covid-19 pandemic that reached Israel in March 2020, and its negative effect on people’s routines, work, and education, lead to an increase in mental distress in the population and the need for therapy (Ministry of Health, 2022). The pandemic also saw a significant rise in the mental difficulties experienced by children, youth, and adolescents, such as distress, depression, anxiety, and eating disorders, as well as an increase in their severity. This included risky behaviors that often accompany these mental difficulties (Bilu et al., 2021; Kor and Shoshani, 2022). The burden on healthcare, education, and welfare services for this population increased substantially, and the various offices are incapable of providing a sufficient response for each case. Data from the healthcare services in Israel (*kupot holim*) show that in 2021 there was a 39% increase in the number of adolescents aged 12-17 years of age who were diagnosed with depression. This is an increase of approximately 33% in adolescents diagnosed with anxiety, which is an increase of about 20% in adolescents diagnosed with stress and emotional disorders. Furthermore, there was a dramatic increase of about 56% in adolescents diagnosed with eating disorders, as compared to those recorded in 2019 (Bilu et al., 2022).

Beyond the rise in distress during the Covid-19 crisis itself, this period also had a negative long-term effect on the mental health and emotional well-being of children and adolescents. Meaning, even after the direct confrontation with the pandemic, including lockdowns, quarantines, and distance learning had ended, their impact persists (Kor and Shoshani, 2021). Interviews show that professionals and researchers expect the effects of the crisis to continue in the upcoming years. Additionally, these interviews refer to the difficult emotional and mental states of children and adolescents resulting from Covid-19 as the “pandemic after the pandemic.”

1. **Data on the organization**

Enosh – The Israeli Mental Health Association, the largest mental health organization in Israel, promotes the recovery, social inclusion, and rights of people with psychosocial disabilities and their families since 1978. We provide quality professional rehabilitation services in the community, pioneer new services in mental health care, raise social awareness, and promote the rights of people with psychosocial disabilities through advocacy.

Enosh is supported by the Israeli ministry of health and private donations

. Our mission:

1. To provide quality and professional community-based mental health services for people with psychosocial disabilities and to support their families

2. To increase awareness around mental health and fight society's stigmas towards people with psychosocial disabilities

3. To promote the rights of people with psychosocial disabilities and their family members.

**Our programs**

Enosh services are based in the community and provide various scalable services to ‎support people in different life events and mental health situations. Our services ‎guided by the values of equality, independence, person-centered approach, and ‎ evidence-based practice. We provide culturally sensitive services and tailor ‎personalized services to our different communities.

1. **Mental Health Recovery Services in the Community** ‎- our primary expertise is our holistic recovery model for people with psychosocial disabilities which includes:
* Supportive **housing** scalable programs that support independent living
* Supportive **employment** scalable programs which support inclusion of people with psychosocial disabilities in the free labor market
* **Social, recreation, sports** and wellness centers in the community
* Counseling and support **centers for families**
1. **Prevention and Early intervention** ‎ **programs:**
* NAVIGATE - first episode prevention two year program of holistic care in the community.
* **HEADSPACE** - early intervention centers for youth based on the Australian integrative model of headspace centers.
1. **Gome -** respite home in the community which provide an alternative to hospitalizationthrough a pioneer model of support in a mental health crisis.
2. **Innovative programs:**
* SEEDS training for mental health professionals on sexual trauma and mental health
* Meaningful Occupation - Employment program for the elderly with mental health disability.
1. **Substance Use and Mental Health** – new services to people who experience both mental health problems and addiction. Our model provide scalable rehabilitation support to people who wish to go through a recovery process.

**Cultural sensitivity** Our teams are specialized in different mental health intersections: ‎

**D. Data on the organization’s development of responses to youth and adolescents during Covid-19**

During Covid-19, Enosh continued to provide assistance according to the Ministry of Health’s guidelines (both online and in person, when possible). Housing services, employment services, recreational services, and services for families were also operational.

The organization placed a strong emphasis on the rehabilitation-therapy continuum. Our social centers continued to operate and provide online social services for those in need throughout the country. This included online communal sports activities, social content for various hostels and welfare housing, creating a daily schedule, meditation, quizzes, cooking, initiating open discussion groups on various topics, as well as a selection of online lectures. In addition, therapeutic services for youth and adolescents continued to function in full force.

**The HEADSPACE** **Centers** provided short-term treatment for youth and adolescents aged 12-25 years of age. These centers continued to function, and the professional staff continued to provide frontal and group services online. Moreover, it is important to note that during Covid-19 we opened a designated hotline for parents, youth, and adolescents.

**The NAVIGATE Center** provides a unique therapy program for youth who are experiencing their first psychotic episode, in order to help them return to their daily routines despite the crisis. During Covid-19 this center continued to function, providing guidance and therapy for the youth and their families, in an online environment.

**E. Outputs from the contribution as an organizational process**

**1. The employees’ learning process:**

The contribution we received to increase the knowledge base of our professionals and purchasing tools for the treatment and rehabilitation of youth, adolescents, and their families following the Covid-19 pandemic enabled us to recruit 17 professionals who specialize in rehabilitation (such as housing, employment, and social activities) and within **families**. These professionals ran an online continuing education program using 6 modules provided by the “ORYGEN” organization. The modules included:

1. Trauma.
2. Self harm and suicide prevent
3. Trans and gender diverse young people
4. Working with young people with high risk for psychosis
5. Home based care and outreach in early psychosis
6. Crisis intervention and risk managment

Every employee chose 4 modules and learned them independently. When the learning period was over, we reconvened to summarize and focus on the outputs with the goal of integrating them into the organization.

The process of summarizing the training program yielded a discussion on several levels:

1. Concerning the work methods and their importance for the various contents.
2. Concerning the categorical work on the topics of crisis, risk, suicide, gender, trauma, and more.
3. The importance of coordinating the work completed by the various staff members.
4. The importance of using psycho-educational tools as part of the therapeutic and intervention process.

During the summary process, we chose various tools and models for working with youth and adolescents as well as their families. Additionally, we constructed an information database that is organized according to the topics of the various continuing education programs used. For example:

\*The three key foci of the EPPIC family work approach

  \* the four phases of family needs

 Common early warning signs checklist

Quotes from employees who completed the continuing education program:

“The material that I read raised my awareness of the importance of making the information accessible, as well as the importance of mediating between the family and the world of the person in crisis, broadening the therapeutic responses that sometimes focus more on the emotional stances and family dynamics instead of deepening knowledge about mental health and understanding the diseases and disorders that people are dealing with.”

“The way in which coping with difficulties is explained through the use of video clips and texts enabled us to be aware of the situation and thereby attain tools for coping, consequently decreasing stress and anxiety for the entire family.”

**2. The process of integrating the outputs into the organization and establishing intervention programs for youth and adolescents**:

The idea of integration will focus on two workshops that will take place with training staff for rehabilitation and therapy workers in youth centers. This is to provide training for employees of the families of youth and adolescents.

We will adapt the relevant material from the continuing education program, and the staff will base an intervention program that uses the various tools for promoting the recovery processes among youth and adolescents in addition to their families.

The materials will be saved in the organization’s database and will continue to serve both new and seasoned employees.