**CURRICULUM VITAE**

**Gad Lubin**

**1. PERSONAL INFORMATION**

Date of Birth: 12th December, 1961

Country of Birth: Israel

\*Photograph

Date of Immigration: N/A

ID number: 057258436

Nationality: Israeli

Permanent address: 26 Tavor Street, Shoham 73142, Israel

Cell: +972-506243499

Home Tel: +972-39793332

Work Tel: +972-506243499

E-Mail: [gadi.l@moh.gov.il](mailto:gadi.l@moh.gov.il); [gad.lubin@gmail.com](mailto:gad.lubin@gmail.com)

**2. HIGHER EDUCATION**

1984 – 1991 M.D., Technion, Haifa Medical School.

2001 – 2002 Medical Administration M.A. Course, Ben-Gurion University.

2002 – 2003 Forensic Psychiatry, Certification Studies, Sackler Faculty of Medicine, Tel Aviv University, School of Continuing Medical Education.

2004 – 2005 *Mifneh* Program for Senior Command Management and Leadership, Israel Defense Forces (IDF).

2017 Wexner Israel Fellowship, Harvard Kennedy School Executive Public Leadership Certificate.

**3. OCCUPATION**

1991 – 1992 Internship, Beilinson Hospital, Petach Tikva.

1992 – 1997 Residency, Geha Psychiatric Hospital, Petach Tikva and the IDF Medical Corps, Mental Health Department.

1995 – 1997 IDF outpatient clinic

1997 – 1998 Chief Psychiatrist, Israeli Air Force

1998 – 1999 Chief Psychiatric Section, Mental Health Department, IDF

1999 – 2000 International Program Fellow, The Menninger Clinic, Kansas, USA

2000 – 2004 Chief, Clinical Branch, Mental Health Department, and IDF District Psychiatrist.

2004 – 2005 Senior Psychiatrist, Mental Health Division, Sheba Medical Center.

2005 – 2010 Head of Mental Health Department, Medical Corps, IDF Military Rank: Colonel

2010 – 2014 Head of Mental Health Services, Ministry of Health

2014 – present **Director of the Jerusalem Mental Health Center**, affiliated with the Hebrew University, Hadassah School of Medicine, Jerusalem, Israel, at the Kfar Shaul and Eitanimcampuses

**4. APPOINTMENTS AT THE HEBREW UNIVERSITY**

2014 – present **Director of the Jerusalem Mental Health Center**, affiliated with the Hebrew University, Hadassah School of Medicine, Jerusalem, Israel, at the Kfar Shaul and Eitanimcampuses. This center provides training to students at the Hebrew University Medical School in the field of psychiatry.

**5. ADDITIONAL FUNCTIONS/TASKS AT THE HEBREW UNIVERSITY**

**6. SERVICE IN OTHER ACADEMIC AND RESEARCH INSTITUTIONS**

Guest Lecturer at the Faculty of Medicine, Tel Aviv University, Department of Forensic Psychiatry.

Guest Lecturer at Ben Gurion University, School of Medicine.

Currently: Guest Lecturer at Haifa Technion, Faculty of Medicine, Department of Forensic Psychiatry.

**7. OTHER ACTIVITY**

2000 – 2004 Chairman of IDF Suicide Prevention Program Committee

2000 – 2004 Member of IDF Medical Corps, Independent Regulatory Board (IRB)

2000 – 2016 Member of the Israel Inter-Ministerial Committee for Suicide Prevention

2002 – 2010 Member of IDF Medical Corps Ethics Committee

2005 – present Member of the Israel National Mental Health Council

2010 – 2014 Member of the Israel National Mental Health Rehabilitation Council

2013 – present Member of the National Suicide Prevention Council

**8. PRIZES AND AWARDS**

**9. RESEARCH GRANTS**

*Apply template: Grant source, Grant name, Year, amount, PI COPI? Amount your part*

Brain & Behavior Research Foundation, National Alliance for Research on Schizophrenia & Depression (NARSAD), Grant for Suicide Prevention, 2010, $40,000

**10. PHARMA SUPPORTED GRANTS**

**11. TEACHING at HUJI**

**Supervisor or co-supervisor of master and doctoral degree students in the last five years**

I have been involved in academia through my work as Director of the Jerusalem Mental Health Center, which is affiliated with the Hebrew University, Hadassah School of Medicine, Jerusalem, Israel, and through my research, as evidenced in the numerous publications detailed below. I have not directly supervised doctoral or master’s degree candidates.

## Doctoral (PhD) degree students:

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## Master's degree students:

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## M.D. Thesis

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| **Years (period)** | **Name of Student** | **Subject** | **Academic Institute** | **Article Number** |
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## Basic science residents' supervision

## For the past five years, I have taught groups of medical students during their fifth-year psychiatry rotation at the Hebrew University, Hadassah School of Medicine, Eitanim and Kfar Shaul campuses.

## Post-doctoral Visitors

## Courses taught in the last 5 years

## Bachelor's degree courses

## Master's degree courses

## Other

**LIST OF PUBLICATIONS**

**DOCTORAL DISSERTATION**

**BOOKS**

**Subsequent to last promotion------------------------------------------------------------------**

**BOOKS EDITED**

**Subsequent to last promotion------------------------------------------------------------------**

**CHAPTERS IN COLLECTIONS**

**Subsequent to last promotion-------------------------------------------------------------------**

**ARTICLES**

1. Lubin G, Glasser S, Boyko V, Barell V. (2001). Epidemiology of suicide in Israel: A nationwide population study. Soc Psychiatry Psychiatr Epidemiol. 36:123–27.
2. Lubin G, Weitzman A, Shmushkevich M, Valevski A (2002). Short-term treatment of post-traumatic stress disorder with Naltrexone: An open label preliminary study.Hum Psychopharmacol. 17:181–185.
3. Weinberg I, Lubin G, Shmushkevich M, Kaplan Z*.* (2002). Elevated suicide rates on the first work day: A replication in Israel. Death Stud. 26: 681–88.
4. Weinberg I, Shmushkevich M, Barash I, Lubin G, Kaplan Z. (2003). “I am nobody”: A case study of suicidal dynamics in pedophilia. Arch Suicide Res. 7:375–87.
5. Weiser M, Reichenberg A, Grotto I, Yasvitzky R, Rabinowitz J, **Lubin G**, Nahon D, Knobler HY, Davidson M (2004). [Higher rates of cigarette smoking in male adolescents before the onset of schizophrenia: a historical-prospective cohort study.](http://www.ncbi.nlm.nih.gov/pubmed/15229054)Am J Psychiatry. 161(7):1219**–**23.
6. Ostfeld I, Sides H, Lubin G, Zangvil E, Knobler H. (2004). Acute stress reactions in combat exposures with multiple casualties. J Isr Milit Med. 1:59–61. (Hebrew).
7. Weiser M, Knobler H, **Lubin G**, Nahon D, Kravitz E, Caspi A, Noy S, Knobler HY, Davidson M. (2004). [Body mass index and future schizophrenia in Israeli male adolescents.](http://www.ncbi.nlm.nih.gov/pubmed/15554770) J Clin Psychiatry. 65(11):1546**–**9.
8. Weiser M, Reichenberg A, Rabinowitz J, Knobler HY, **Lubin G**, Yazvitzky R, Nahon D, Gur RC, Davidson M. (2004). [Cognitive performance of male adolescents is lower than controls across psychiatric disorders: a population-based study.](http://www.ncbi.nlm.nih.gov/pubmed/15521833) Acta Psychiatr Scand. 110(6):471**–**5.
9. Reichenberg A, Weiser M, Rapp MA, Rabinowitz J, Caspi A, Schmeidler J, Knobler HY, **Lubin G**, Nahon D, Harvey PD, Davidson M. (2005). [Elaboration on premorbid intellectual performance in schizophrenia: Premorbid intellectual decline and risk for schizophrenia.](http://www.ncbi.nlm.nih.gov/pubmed/16330717) Arch Gen Psychiatry. 62(12):1297**–**304.
10. Galil T, Goviansky J, Barash I, Shmushkevich M, Lubin G. (2006). The mental health classification in IDF recruiting centers] J Isr Milit Med. 3(1):25–27. (Hebrew).
11. Reichenberg A, Weiser M, Caspi A, Knobler HY, **Lubin G**, Harvey PD, Rabinowitz J, Davidson M. (2006). [Premorbid intellectual functioning and risk of schizophrenia and spectrum disorders.](http://www.ncbi.nlm.nih.gov/pubmed/16484093) JClin Exp Neuropsychol. (2):193**–**207.
12. Kolevzon A, Weiser M, Gross R, **Lubin G**, Knobler HY, Schmeidler J, Silverman JM, Reichenberg A. (2006). [Effects of season of birth on autism spectrum disorders: Fact or fiction?](http://www.ncbi.nlm.nih.gov/pubmed/16816239) Am J Psychiatry. 163(7):1288**–**90.
13. Reichenberg A, Weiser M, Rapp MA, Rabinowitz J, Caspi A, Schmeidler J, Knobler HY, **Lubin G**, Nahon D, Harvey PD, Davidson M. (2006). [Premorbid intra-individual variability in intellectual performance and risk for schizophrenia: A population-based study.](http://www.ncbi.nlm.nih.gov/pubmed/16626941) Schizophr Res. 85(1-3):49**–**57.
14. [Barash I, Shmushkevich M, Lubin G.](http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=16953005&query_hl=1&itool=pubmed_docsum) (2006). [Forensic psychiatry in the Israeli Defense Force]. J Isr Milit Med. 3(3):138–42. (Hebrew).
15. Reichenberg A, Gross R, Weiser M, Bresnahan M, Silverman J, Harlap S, Rabinowitz J, Shulman C, Malaspina D, **Lubin G**, Knobler HY, Davidson M, Susser E. (2006). [Advancing paternal age and autism.](http://www.ncbi.nlm.nih.gov/pubmed/16953005) Arch Gen Psychiatry. 63(9):1026**–**32.
16. Weiser M, Reichenberg A, Silverman JM, Caspi A, **Lubin G**, Shmushkevitch M, Harvey PD, Greenberg DA, Davidson M. (2006) Intellectual functioning in schizophrenia patients, their unaffected parents, siblings, and controls: A population-based study. Neuropsychopharmacol. 31:S15**–**S15.
17. Friedman T, Wohl Y, Knobler HY, **Lubin G**, Brenner S, Levi Y, Barak Y. (2006) Increased use of mental health services related to isotretinoin treatment: A 5-year analysis. Eur Neuropsychopharmacol*.* 16(6):413**–**6.
18. Davidson M, Reichenberg A, Kravitz E, **Lubin G**, Shmoshkevich M, Rabinowitz J, Noy S, Weiser M. (2006) Risk factors for schizophrenia: Are they specific for mental illness or for undesirable events in general? Neuropsychopharmacol. 31:S184**–**S185.
19. **Lubin G**, Sids C, Vishne T, Shochat T, Ostfield Y, Shmushkevitz M. (2007). Acute stress disorder and post-traumatic stress disorder among medical personnel in Judea and Samaria areas in the years 2000-2003. Mil Med. 172(4):376**–**8.
20. Garji T, Lubin G, Peretz G, Levi Y (2007). Activity of the mental health department during the Second Lebanon War. J Isr Mil Med. 4(1):20–22. (Hebrew).

1. Magnezi R, Zrihen I, Ashkenazi I, Lubin G. (2007). The cost of preventing stigma by hospitalizing soldiers in a general hospital instead of psychiatric hospital. Mil Med. 172(7):686–9.
2. Caspi A, Reichenberg A, Weiser M, Rabinowitz J, Shmushkevich M,   
   **Lubin G**, Nahon D, Vishne T, Davidson M. (2007). [Premorbid behavioral and intellectual functioning in schizophrenia patients with poor response to treatment with antipsychotic drugs.](http://www.ncbi.nlm.nih.gov/pubmed/17544633) Schizophr Res. 94(1**–**3):45**–**9.
3. Orbach I, Gilboa-Schechtman E, Ofek H, Lubin G, Mark M, Bodner E, Cohen D, King R. (2007). A chronological perspective on suicide: The last days of life. Death Stud. 31(10):909–32.
4. Weiser M, van Os J, Reichenberg A, Rabinowitz J, Nahon D, Kravitz E, **Lubin G**, Shmushkevitz M, Knobler HY, Noy S, Davidson M. (2007). [Social and cognitive functioning, urbanicity and risk for schizophrenia.](http://www.ncbi.nlm.nih.gov/pubmed/17906242) Br J Psychiatry. 191:320**–**4.
5. Weiser M, Reichenberg A, Rabinowitz J, Nahon D, Kravitz E, **Lubin G**, Knobler HY, Davidson M, Noy S. (2007). [Impaired reading comprehension and mathematical abilities in male adolescents with average or above general intellectual abilities are associated with comorbid and future psychopathology.](http://www.ncbi.nlm.nih.gov/pubmed/18000449) J Nerv Ment Dis. 195(11):883**–**90.
6. Brill N, Reichenberg A, Rabinowitz J, Harary E, **Lubin G**, Davidson M, Weiser M. (2007). [Accuracy of self-reported premorbid functioning in schizophrenia.](http://www.ncbi.nlm.nih.gov/pubmed/17628432) Schizophr Res. 97(1**–**3):103**–**8.
7. Weiser M, Livny-Ezer A, Reichenberg A, **Lubin G**, Shmushkevich M, Peretz G, Chason M, Davidson M. (2007) Is it possible to identify impending psychosis before the first psychotic episode? A population-based study. Biol Psychiatry*.* 61(8):101S**–**101S.
8. **Lubin G**, Werbeloff N, Zarka S, Shmushkevitch M. (2007) Association between cigarette smoking and post-traumatic stress disorder. Romanian J Psychopharmacology. 7(3):98
9. Weiser, M., A. Reichenberg, E. Kravitz, **G. Lubin**, M. Shmushkevich, J. Rabinowitz, S. Noy, and M. Davidson. (2007) Risk factors for schizophrenia: Are they specific for mental illness or for undesirable events in general? Schizophr Bull. 33(2): 250.
10. Weiser M, Reichenberg A, Werbeloff N, Kravitz E, Halperin D, **Lubin G**, Shmushkevitch M, Yoffe R, Addington J, Davidson M. (2008). [Self-report of family functioning and risk for psychotic disorders in male adolescents with behavioural disturbances.](http://www.ncbi.nlm.nih.gov/pubmed/18241305) Acta Psychiatr Scand. 117(3):225**–**31.
11. Weiser M, Reichenberg A, Kravitz E, **Lubin G**, Shmushkevich M, Glahn DC, Gross R, Rabinowitz J, Noy S, Davidson M. (2008). [Subtle cognitive dysfunction in nonaffected siblings of individuals affected by nonpsychotic disorders.](http://www.ncbi.nlm.nih.gov/pubmed/17825797) Biol Psychiatry. 15;63(6):602**–**8.

1. Weiser M, **Lubin G**, Caspi A, Rabinowitz J, Shmushkevitz M, Yoffe R, Werbeloff N, Halperin D, Davidson M. (2008). [Dysthymia in male adolescents is associated with increased risk of later hospitalization for psychotic disorders: A historical-prospective cohort study.](http://www.ncbi.nlm.nih.gov/pubmed/21352135) Early Interv Psychiatry. 2(2):67**–**72.
2. Ben-Yehuda Y, Kfir M, Barak Y, **Lubin G**, Knobler H.Y. (2008). Combat PTSD among medics: A pilot study. J Isr Milit Med. 4:115. (Hebrew).
3. Weiser M, Werbeloff N, Vishna T, Yoffe R, **Lubin G**, Shmushkevitch M, Davidson M. (2008). [Elaboration on immigration and risk for schizophrenia.](http://www.ncbi.nlm.nih.gov/pubmed/17988415) Psychol Med. 38(8):1113**–**9.

1. Weiser M, Reichenberg A, Werbeloff N, Kleinhaus K, **Lubin G,** Shmushkevitch M, Caspi A, Malaspina D, Davidson M. (2008). [Advanced parental age at birth is associated with poorer social functioning in adolescent males: Shedding light on a core symptom of schizophrenia and autism.](http://www.ncbi.nlm.nih.gov/pubmed/18796466) Schizophr Bull. 34(6):1042**–**6.
2. Reichenberg A, Caspi A, Glahn D, Weiser M, **Lubin G,** Kravitz E, Rabinowitz J, David A, Murray R, Davidson M. (2008) Premorbid intellectual functioning and social adjustment and risk of developing schizophrenia, psychotic or non-psychotic bipolar disorder: A population longitudinal study. Schizophr Res. 102(1):168**–**9.
3. Reichenberg A, Taylor A, Weiser M, Silverman JM, Greenberg DA, **Lubin G**, David AS, Murray RM, Davidson M. (2008) Genetic and environmental influences on the overlap between premorbid IQ, premorbid social adjustment and schizophrenia: A population-based twin and sibling study. Biol Psychiatry. 63(7):38S**–**38S.
4. Caspi A, Vishne T, Reichenberg A, Weiser M, Dishon A, **Lubin G,** Shmushkevitz M, Mandel Y, Noy S, Davidson M. (2009). [Refractive errors and schizophrenia.](http://www.ncbi.nlm.nih.gov/pubmed/19019632) Schizophr Res. 107(2-3):238**–**41.
5. Admon R, **Lubin G**, Stern O, Rosenberg K, Sela L, Ben-Ami H, Hendler T (2009).Human vulnerability to stress depends on amygdala's predisposition and hippocampal plasticity. Proc Natl Acad Sci USA. 106(33):14120**–**5.
6. Brill N, Levine SZ, Reichenberg A, **Lubin G**, Weiser M, Rabinowitz J. (2009). [Pathways to functional outcomes in schizophrenia: The role of premorbid functioning, negative symptoms and intelligence.](http://www.ncbi.nlm.nih.gov/pubmed/19297133) Schizophr Res. 110(1-3):40**–**6.
7. **Lubin G.** (2009). Relation between evading, motivation and mental disorders.Maarachot. 424:58**–**63. (In Hebrew).
8. **Lubin G**, Zdaka C, Marom A. (2009). Invisible Wounds - Mental Health support doctrine implementation in "cast lead" operation. J Isr Milit Med. 6(3):115**–**8. (Hebrew).
9. **Lubin G** (2009). Israeli Defense Force Mental Health Department: Future directions. Medicine – Psychiatria.13:40**–**43. (Hebrew)
10. Melamed Y, Shmushkevits M, Barash I, Finkel B, Lubin G. (2009). Re integration in active military service after exemption due to mental health causa) J Isr Milit Med. 6(1):9–11. (Hebrew
11. Weiser M, Zarka S, Werbeloff N, Kravitz E, **Lubin G**. (2010). [Cognitive test scores in male adolescent cigarette smokers compared to non-smokers: A population-based study.](http://www.ncbi.nlm.nih.gov/pubmed/19919595) Addiction. 105(2):358**–**63.
12. Sides H, Wisne T, Lubin G. (2010). Primary Mental Health Intervention: Three post deadly guerrilla terror attacks interventions and outcomes. J Isr Milit Med. 6(4):133-5. (Hebrew)
13. Levi O, Lubin G. (2010). Patients' evaluation process in the past traumatic stress military medical clinic. J Isr Milit Med. 7(1):14–18. (Hebrew)
14. Garji T, **Lubin G**, Sdaka K. Peretz G. (2010). From Lebanon War I to Lebanon War II – IDF's Mental Health Department coping with combat stress reactions. Sihot – Dialogue Israel J Psychother. 24(3):232**–**9.
15. **Lubin G**, Werbeloff N, Halperin D, Shmushkevitch M, Weiser M, Knobler HY (2010). [Decrease in suicide rates after a change of policy reducing access to firearms in adolescents: A naturalistic epidemiological study.](http://www.ncbi.nlm.nih.gov/pubmed/21034205) Suicide Life Threat Behav. 40(5):421**–**4.
16. Gilbar O., Ben-Zura H., **Lubin G.** (2010). Coping, mastery, stress appraisals, mental preparation, and unit cohesion predicting distress and performance: A longitudinal study of soldiers undertaking evacuation tasks. Anxiety Stress Coping. 23(5):547**–**62.
17. Rubinstein Z, Polakewitz Y, Ben Gershon B, Lubin G, Barr Dayan Y (2010). The treatment of anxiety and acute stress reaction (ASR) in civilian casualties in community stress centers (CSC) in the second Lebanon war. Harefuah. 149(7):427–32.
18. Svetlicky V, Solomon Z, Benbenishty R, Levi O, **Lubin G.** (2010) Combat exposure, posttraumatic stress symptoms and risk-taking behavior in veterans of the Second Lebanon War. Isr J Psychiatry Relat Sci. 47(4):276**–**83.
19. Werbeloff N, Reichenberg A, **Lubin G**, Yoffe R, Caspi A, Davidson M, Weiser M. (2010) Risk for suicide among individuals with schizophrenia. Schizophr Res.117(2):434; 4.569.
20. Wald, I., Lubin G., Holoshitz, Y., Muller, D., Fruchter, E., Pine, D. S., Charney, D. S., & Bar-Haim, Y. (2011). Battlefield-like stress following simulated combat and suppression of attention bias to threat. Psychol Med 41:699.
21. Admon R, Lubin G, Rosenblatt J, Stern O, Kahn I, Assaf M, Hendler T (2013).Imbalanced neural responsivity to risk and reward indicates stress vulnerability in humans. Cereb Cortex. 23(1):284.
22. Admon R, Leykin D, Lubin G, Engert V, Andrews J, Prussner J, Hendler T (2013).Stress-induced reduction in hippocampal volume and connectivity with the ventromedial prefrontal cortex are related to maladaptive responses to stressful military service. Hum Brain Mapp. 34(11):2808–16.
23. Wald, I., Degnan, K.A., Gorodetsky, E., Charney, D.S., Fox, N.A., Fruchter, E., Goldman, D., **Lubin G**., Pine, D.S., Bar-Haim, Y. (2013). Attention to threats and combat-related post-traumatic stress symptoms: Prospective associations and moderation by the serotonin transporter gene. JAMA Psychiatry. 70:401**–**40.
24. Shoval G, Mansbach-Kleinfeld I, Farbstein I, Kanaaneh R**, Lubin G**, Krivoy A, Apter A, Weizman A, Zalsman G. (2013) The use of mental health services by adolescent smokers: A nationwide Israeli study. Eur Psychiatry. 28(5):269**–**75.
25. Shoval G, Mansbach-Kleinfeld I, Farbstein I, Kanaaneh R, **Lubin G**, Apter A, Weizman A, Zalsman G. (2013) Self versus maternal reports of emotional and behavioral difficulties in suicidal and non-suicidal adolescents: An Israeli nationwide survey. Eur Psychiatry. 28(4):235**–**9.
26. Twig G, Gluzman I, Tirosh A, Gerstein HC, Yaniv G, Afek A, Derazne E, Tzur D, Karasik A, Gordon B, Fruchter E, **Lubin G**, Rudich A, Cukierman-Yaffe T. (2014) Cognitive function and the risk for diabetes among young men. Diabetes Care. 37(11):2982**–**8.
27. Zalsman G, Shoval G, Mansbach-Kleinfeld I, Farbstein I, Kanaaneh R, **Lubin G**, Apter A. (2016) Maternal versus adolescent reports of suicidal behaviors: A nationwide survey in Israel. Eur Child Adolesc Psychiatry. 25(12):1349**–**59.
28. Teitelbaum A, Lahad A, Calfon N, Gun-Usishkin M, **Lubin G**, Tsur A. (2016) Overcrowding in psychiatric wards is associated with increased risk of adverse incidents. Med Care. 54(3):296**–**302.
29. **Lubin G**, Barash I, Levinson D. (2016). Combat experience and mental health in the Israel national health survey. Isr J Psychiatry Relat Sci. 53(3):3**–**8.
30. Argo D, Barash I, **Lubin G**, Abramowitz MZ. (2017) A comparison of decisions to discharge committed psychiatric patients between treating physicians and district psychiatric committees: An outcome study. Isr J Health Policy Res. 6(1):57.
31. Weiser M, Fenchel D, Werbeloff N, Goldberg S, Fruchter E, Reichenberg A, Burshtein S, Large M, Davidson M, **Lubin G**. (2017) The association between premorbid cognitive ability and social functioning and suicide among young men: A historical-prospective cohort study. Eur Neuropsychopharmacol. 27(1):1**–**7.
32. Ofir Levi, **Lubin Gadi. (**2018) Treatment seeking for posttraumatic stress in Israel Defense Forces veterans deployed in the Second Lebanon War (2006) and “Operation Cast Lead” in the Gaza Strip (2009): A comparative study. Anxiety Stress Coping. 31(3):328**–**37.
33. **Lubin G**, Rubinstein K, Burshtein S, Barash I, Afik G, Fruchter E, Weiser M. (2018) Suicide in the Israeli Military: Case-Controlled, Prospective and Retrospective Study. Isr J Psychiatry. 55(3):4**–**11.
34. Segal A, Wald I, **Lubin G**, Fruchter E, Ginat K, Ben Yehuda A, Pine DS, Bar-Haim Y. (2019) Changes in the dynamic network structure of PTSD symptoms pre-to-post combat. Psychol Med. Mar 28:1-8. Doi: 10.1017/S0033291719000539. [Epub ahead of print].
35. Levi O, Lazarov A, Bar-Haim Y, **Lubin G**, Wald I. (2019) Predictors of consent to treatment and premature termination of treatment in a sample of veterans with military-related PTSD. J Nerv Ment Dis. 207(4):300**–**6.
36. Lazarov A, Suarez-Jimenez B, Levy O, Coppersmith DDL, **Lubin G**, Pine DS, Bar-Haim Y, Abend R, Neria Y. (2019) Symptom structure of PTSD and co-morbid depressive symptoms – a network analysis of combat veteran patients. Psychol Med. Aug 27:1-17. Doi: 10.1017/S0033291719002034. (Epub ahead of print).
37. Ginat K, Fruchter E, **Lubin G**, Knobler HY. (2019) Israeli military psychiatry: Challenges and achievements. Harefuah. 158(7):473**–**7. (Hebrew).
38. Argo D, Abramowitz MZ, **Lubin G**, Barash I. The efficacy of the decisions of treating physicians vs. district psychiatric committees in regard to the discharge of committed psychiatric patients: A regional study. Harefuah. 2019 Jul;158(7):427-31. (Hebrew).

**MULTICENTER STUDIES**

**CASE REPORTS**

**LETTERS**

**REVIEWS, COMMENTARIES, HYPOTHESES, EDITORIALS**

1. Lubin G, Vishne T, Kotler M. (2007). Suicide: Clinical and systematic aspects of the self- responsibility dimension. Review. Harefuah. 146(5):364-67, 405.
2. Bleich A, Baruch Y, Hirschmann S, Lubin G, Melamed Y, Zemishlany Z, Kaplan Z. (2011) Management of the suicidal patient in the era of defensive medicine: Focus on suicide risk assessment and boundaries of responsibility. Isr Med Assoc J. 13(11):653-56. Review.

**OTHER PUBLICATIONS (Instruction manuals, online resources, teaching aids etc.)**

**PATENTS**

1.

**CONFERENCES**

**Invited lectures**

**Oral presentations**

## All the following presentations were given at the Jerusalem Mental Health Center, Hebrew University, Hadassah School of Medicine, Jerusalem, Israel, unless otherwise noted.

February, 2010 Exercising Responsibility Toward the Individual vs. Commitment to the Organization: A Picture of the Situation in the Military System

The Society for Psychiatry and Law in Israel.

May 2010 Mental Health: The Relationship between the Individual’s Natural Affinity for the Environment and its Impact on the Organization's Activities.

November 2011 Professional Training: Theoretical and Applied Developments in the World of Mental Health and their Legal Implications.

February 8, 2012 Rehabilitation, Medicine, and Everything In Between

The Academy for Schizophrenia, Be’er-Sheva, Israel.

October, 2012 Home Front Emergencies: National Preparedness

Tel Hai Academic College.

February 2013 Definition of “Physical Risk” within the Meaning of the Law on the Treatment of the Mentally Ill

Conference of the Association of Forensic Psychiatry.

June 9, 2014 Educational Seminar: Health and Welfare.

September 10, 2014 Mental Healthcare Reform

Conference of Psychiatrists of the Israel Ministry of Health.

March 7, 2016 Culture-driven Psychotherapy.

July 10, 2017 Mental Trauma, Recovery and Everything in Between: Perspective of a Military Commander and Therapist.

November 28, 2018 The Law for the Treatment of the Mentally Ill: Reflections and Appeals.

February 6, 2019 Therapeutic Courtyards: Eitanim Hospital.

March 14, 2019 Involuntary Treatment: Reflections and Appeals.

May 30, 2019 Approaches to Suicide Prevention.

May 30, 2019 Involuntary Treatment: A Crossroads?

December 19, 2019 Exposure to Nature: Mental Health and Resilience.

NO DATE Populations in Emergency Situations: Emotional Responses to Stressful Situations: Characteristics, Scope and Principles of Treatment

Ben-Gurion University of the Negev.

NO DATE The Patient Experience: The Patient-Therapist Relationship and Continuity of Treatment.

NO DATE Risk for PTSD: Exposure, Ideals, Motivation and Social Context.

**Posters**

1. Weinberg I, Shmushkevich M, Barash I, Lubin G, Kaplan Z. “I am Nobody”: A Case Study of Suicidal Dynamics in a Pedophilic Patient. The 2nd Aeschi conference “Meeting the Suicidal Person”, 6–9 March 2002. Switzerland.
2. Lubin G, Knobler HY, Nahon D, Reichenberg,A, Hron N, Rabinowitz J, Davidson M, Weiser M. Male adolescents with affective disorders are at increased risk of later hospitalization for schizophrenia: a historical prospective cohort study. American Psychiatric Association 156 Annual Meeting May 17–22, 2003. San Fransisco, CA.
3. Melamed Y, Shmushkevich M, Lubin G, Lublinshki E, Finkel B. Department Of Mental Health IDF The 11th National Convention of the Israeli Psychiatry Union. Reserve Duty Soldiers Recovering From A First Episode of Psychosis?

**SCIENTIFIC BIOGRAPHY**

**1. PAST GOALS**

1. Studying Stress-Related Disorders

One of my early goals was to conduct research on stress-related disorders. Like many citizens and military personnel in Israel, I have witnessed numerous traumatic episodes, including during my service as an officer in the paratroop units (4 years of duty military service and 10 years in the reserve military forces), and my participation in the First Lebanon War (1982). While serving in the IDF mental health system, I helped cope with major traumatic events, including massive terror attacks during the Second Intifada, the preparations for and implementation of the evacuation of the Hevel Katif settlements in the Gaza Strip, the Second Lebanon War, and recurrent violent events in the Gaza Strip. Each traumatic event created a need for planning unique mental health support for both the civilian and military populations.

1. Studying Suicides in the IDF

Given that every suicide event in the IDF is followed by a thorough investigation, I participated in many “psychological post-mortem” investigations during my service in the IDF. These investigations collected a wide range of personal data from the recruiting office, families, friends, and commanders, providing details of all the suicidal episodes in the IDF from 1998 to 2010. Using this database, I studied the epidemiology of suicide in Israel (see published journal articles nos. 1, 49), various risk factors for suicide (see published journal articles nos. 3, 53, 61, 65, 67 and review no. 1), and the psychological basis of suicide in the IDF (see published journal articles nos. 4, 23, 59).

1. Collaborative Studies on Stress-Related Disorders

Given that stress-related disorders are not confined to the military arena, I have sought to work together with researchers and experts outside the IDF, initiating a number of collaborative studies between the IDF mental health units and academic researchers in the field of stress-related disorders. These neuropsychological studies have become milestones in the prevention of stress-related disorders. The most significant studies were carried out in collaboration with Prof. Yair Bar Haim (Tel Aviv University (see published journal articles nos. 54, 57, 68, 70) and Prof. Thalma Hendler (Institute of Computerized Imaging at the Ichilov Hospital, see published journal articles no. 39, 55, 56). One of our collaborative studies was first to provide empirical evidence of prior susceptibility of the amygdala as a risk factor for the development of post-traumatic stress disorder. Other research projects examined the short- and long-term outcomes of stressful events (see published journal articles nos. 6, 19, 20, 42, 46, 48, 52, 66).

1. Identifying Prognostic Risk Factors for Suicide

One of my goals in collecting mental health data while working with the IDF and during a special fellowship period at the Sheba Hospital (2004**–**2005), was to identify prognostic risk factors for suicide. I initiated major data-based studies using the military cohort in Israel, collecting mental data from the recruitment process at the IDF. With this study group, we identified prognostic risk factors and indices of the psychotic spectrum (see published journal articles nos. 5, 7, 8, 9, 11, 13, 16, 18, 22, 24, 25, 26, 27, 29, 30, 32, 34, 36, 37, 38, 40) and autistic spectrum disorders (see publications nos. 12, 15, 35). More epidemiological studies are cited in other works (see publications nos. 33, 63, 69).

**2. PRESENT ACHIEVEMENTS**

Suicide-Prevention Program

Based on my research work, in 2006 I established a novel military program for the prevention of suicides. This program was adopted by the headquarters of the IDF (headed by then Chief of Staff, Dan Halutz) and implemented in the IDF. The program included: a reduction in the availability of ammunition during the weekends; establishment of treatment rules for soldiers at a time of crisis; an initiative for the soldiers while transitioning between various frameworks; an increase in the availability of clinicians and mental therapists; and monitoring of the plan. The annual average of suicide cases in the IDF before my program was introduced was 30. After the program was implemented, the suicide rate decreased by 30-50%, and these numbers have remained stable over the past decade. I feel that the suicide prevention program is the most significant process that I have initiated during my professional career.

**3. FUTURE GOALS**

Evaluating Deep Brain Stimulation for Negative Symptoms of Schizophrenia

One of the planned joint studies in which I will be collaborating with Dr. Ranana Eitan and the Jerusalem Mental Health Center will be the first in the world to evaluate deep brain stimulation (DBS) for negative symptoms of schizophrenia. Schizophrenia is a prevalent and devastating disorder, with an incidence rate of about 0.7% of the population. It creates a heavy economic burden, attributable primarily to unemployment, productivity loss due to care-giving, and direct healthcare costs. Negative symptoms of schizophrenia include affective flattening, decreased motivation, diminished speech output, decreased ability to experience or anticipate pleasure, and asociality. Although negative symptoms account for a considerable portion of the morbidity associated with schizophrenia and are more related to prognosis and functioning that are positive symptoms, currently there is no effective treatment. In the proposed study, schizophrenia patients (n=5) with prominent negative symptoms will be implanted with the novel DBS implantable system that allows for long-term functional electrophysiological recordings throughout the course of the disease, during both exacerbation and remission episodes. We intend to explore the functional electrophysiology of schizophrenia patients undergoing this pilot clinical DBS experimental treatment.

This study will evaluate DBS for schizophrenia, providing an innovative treatment opportunity for schizophrenic patients. Effective treatment of negative symptoms of schizophrenia could change the course of the disease, enable rehabilitation of mental and cognitive functions and reduce stigma. The long-term electrophysiological recordings will help define neural signatures of schizophrenia which could be used in the future as the input to the emotional adaptive DBS system. Successful DBS for negative symptoms of schizophrenia would pioneer treatment for other mental disorders that share similar negative symptoms, such as autism and dementia.

In addition to its extraordinary effect on care for the mentally ill, this study has the potential of positioning the Jerusalem Mental Health Center and the Hebrew University as the leading sites in the world of advanced mental care and brain research.

**EDUCATIONAL BIOGRAPHY**

**1. PAST GOALS**

Clearly, as reflected in my academic record, my primary goal has always been to contribute to the field of psychiatry, and, within this field, to focus on suicide and suicide prevention. To these ends, after graduating from the Technion Faculty of Medicine in 1991, I trained at the Geha Mental Health Hospital to become a psychiatrist under the mentorship of Prof. Hanan Munitz. Also interested in studying and treating post-traumatic stress disorders, I received training in that field at The Menninger Clinic in Kansas, USA, under the mentorship of Prof. Glen Gabbard (1999**–**2000). My training in research on suicide was under the mentorship of Prof. Israel Orbach and the Department of Psychology, Bar-Ilan University (2000**–**2003). These areas of interest led me to seek further knowledge in the epidemiology of mental illnesses, in which I received training under the mentorship of Prof. Mark Weiser during an 18 month-long fellowship at the Sheba Hospital, Tel Aviv University (2004**–**2005). My subsequent research and implementation of suicide prevention programs, which was of utmost importance to me, was conducted under consultation with Prof. John Mann (Columbia University, NY, USA, 2006).

**2. PRESENT ACHIEVEMENTS**

**Clinical achievements**

I served in the IDF medical corps for fifteen years. During the last five years of that period, I served as the Director of the Mental Healthcare System, with the rank of colonel. In the IDF Medical Corps, I served at the main IDF mental health outpatient clinic from 1995**–**1997. I then served as the Head Of Psychiatric Branch in the Israel Air Force from 1997**–**1998 before becoming Director of the Psychiatric Division (1998-1999), and then the Director Of The Clinical Division (2000-2004). In 2005, I became the Director of the IDF Mental Healthcare System, which I served until 2010.

As a director of the Psychiatric Division, I had professional responsibility for the entire psychiatric system in the IDF. As a Director of the Clinical Division, I worked on military mental health classifications, and support for and oversight of the psychiatric hospitalizations of soldiers. I also served as a representative in the Interdisciplinary Government Committee for the Prevention of Suicides. While in this position, I became an expert in legal psychiatry and began analyzing large databases relevant to the IDF mental health system. My primary clinical and research fields in mental health, and in which I have made significant contributions, particularly in the military, are: (i) prevention of suicide; (ii) prevention and treatment of stress-related disorders (acute and chronic post-traumatic stress disorder and adjustment disorders); and (iii) epidemiology of mental disorders in Israel. As a research-clinician in the IFD and later in the Ministry of Health, my research activity has led to the development of new prevention and treatment protocols in Israel, some of which were later adopted by other countries.

**Educational achievements**

Today, I continue studying epidemiologic and legal aspects of civilian psychiatry (see publications nos. 64, 66, 74). As the Director of the Jerusalem Center for Mental Health, which provides most of the training to the students at the Hebrew University Medical School in the field of psychiatry, I have developed educational resources and ongoing courses. For the past five years, I have taught groups of medical students in their fifth-year psychiatry rotation at the Eitanim and Kfar Shaul campuses. I have also instructed several scientific seminars for BA medical students.

As the Director of the Jerusalem Mental Health Center, I recently established a new research unit there, led by Dr. Ranana Eitan. Under the mentorship of Dr. Eitan, new research groups of young research physicians have been established in many innovative fields of psychiatry: electrophysiology prediction of mental disorders and treatment effectiveness; pharmaco-genetics biomarkers for major mental disorders; development of virtual reality platforms for identification and treatment of mental disorders; abnormal sleep patterns in psychiatric disorders; and more.

In my earlier professional positions, I participated in a number of important projects. In 2006, as **Head of the Mental Health System in the IDF,** I initiated a project sponsored by the Jerusalem Centre for Ethics for the drafting of a code of ethics for mental health officers (including psychiatrists) in the IDF, who are leaders in the field in terms of overall responsibilities and authority over multidisciplinary teams. I coordinated and was an active participant in all the discussions of a longstanding team, whose members included the Director of the Jerusalem Center for Ethics, Mr. Danny Milo, Prof. Asa Kasher, and Prof. Gabi Scheffler. Even before the Code of Ethics was issued about two years later, a significant number of mental health officers were actively involved in reviews and discussions regarding its principles. Therefore, the code had already served as an educational compass for commanders in the IDF mental healthcare system for several years before it was officially adopted. The ethics code contributed to changing the primary role of the superintendent in the field, from merely sorting people into categories, to a truly therapeutic figure who strives to strengthen individuals’ mental health and abilities, along with defining the commitment to patients and the organization’s mission. In practice, during my tenure as Head of the IDF’s Mental Health Division, the code’s principles contributed to two significant achievements:

The first was a significant reduction in the number and rate of suicides in the IDF. This resulted from, among other factors, a significant expansion of the availability of caregivers, and the intensive involvement of an array of service people with specific caregiving skills in training commanders to identify indicators of distress among their soldiers and to provide early and supportive care and attention. This is, in fact, an educational and training operation for commanders carried out by mental healthcare officers at all levels (including my own, at the IDF Command and Staff College), according to the spirit of the Code of Ethics.

The second result was a significant narrowing in the scope of criteria for dismissal from the IDF due to mental distress, reversing a multi-year trend of a significant increase in its rate. It should be emphasized that early dismissal from military service for mental/emotional distress has long-lasting implications in terms of social functioning, community, and self-image, especially for members of disadvantaged populations. Unfortunately, in contrast to the first result mentioned above, this area of improvement eroded after my period of service ended, and the multi-year trend was reversed again. Evidence of this appeared in an article published several years later by *ynet* (a major Israeli news outlet), on the recurrent rise in dismissals from IDF for mental distress, and its implications. The following data, published in the article, are not classified, and therefore I can cite it here (comments in parentheses are mine). The rate of dismissal from the IDF for mental distress among males was 17.3% in 2004 (a year before I took office). This rate began to decrease in 2007 and by 2009 (four years after I took office), it was 13.5%. This decrease lasted about four years. Then it began to rise again in 2012, and by 2014, it had reached 16.5%. Among females in the IDF, the rate of dismissal for mental distress was 10.1% in 2004, then dropped to 6.3% in 2008, and rose to 8.5% in 2014.

Another measure with educational value that I implemented was advancing first treatment in combat situations to the point closest to the front. This policy was put into practice during the Second Lebanon War in 2006, and in several military operations in the Gaza Strip. This was aided by my access to the field as a former paratrooper. While the educational issue may appear secondary here, as the process was led by professional and organizational entities, my belief in the educational and therapeutic dimension of forming a therapeutic alliance at the time and place of the traumatic event (backed by a theoretical professional approach), made the process more efficient and, it turns out, longer lasting.

Subsequently, while serving as the **Head of Mental Health Services at the Ministry of Health,** I led the professional dimension of a process leading to an agreement between Israeli health maintenance organizations (HMOs) and the Ministry of Health regarding the transfer of responsibility for the provision of psychiatric services from the State to the HMOs. This eliminated the systemic distinction between mental healthcare (which had been under the responsibility of special services provided by the state) and general healthcare as provided through HMOs. This process, in addition to its professional and value-related aspects, has an educational dimension related to the problem of social and personal stigmas regarding mental health. An international study conducted at the initiative of the WHO in 2008 with the participation of sixteen countries, revealed that its severity in Israel is approximately twice as high as that typical in developed countries.

One of the factors that leads to stigmas and negative attitudes towards people suffering from mental distress is the distinction between physical illness and mental illness, as expressed in the systemic separation that existed in Israel until the above-mentioned reform was enacted. For this reason, a coalition of organizations working on behalf of human rights and the rights of patients and their families has supported the advancement of this process.

Another project in which I was involved that had educational ramifications was the encouragement and active support for utilizing the medical system for the treatment of patients with suicidal tendencies. Many of these patients are sent for psychiatric hospitalization, but do not agree to it. Sometimes this refusal is legitimate and logical, given the absence of a legal reason for involuntary hospitalization (lack of existence of mental illness within the meaning of the law and relevant rulings). However, in such cases, their mental healthcare needs remain unanswered.

These examples are also connected to the effort of educating therapists to devote time and attention to addressing the cultivation of healthy lifestyles among hospitalized patients, such as giving them opportunities to engage in physical activity and spend time in nature. An expanding body of research indicates the therapeutic potential of exposure to nature, even when this variable is considered in isolation from other components in the more general category of lifestyle.

**3. FUTURE GOALS**

My future educational goals are focused on sharing the knowledge and experience I have acquired in an academic environment, collaborating with the next generation of mental healthcare professionals, and preparing them for the new challenges and opportunities awaiting them. My background, with its unique combination of field and research experience, can provide students and researchers with important insights into the field unattainable elsewhere.

In my opinion, one of the most significant educational challenges facing the world of psychiatry is the preservation of the holistic dimension of the profession as an optimal therapeutic approach. Currently, an approach that views psychiatric illness as a “brain disease” is becoming more prevalent. Treatment options that rely on sophisticated neurobiological knowledge are expanding, such as various brain stimulation treatments, gene-targeted therapies, microsurgery, and more. I fully agree that expanding the therapeutic applications of accumulated scientific knowledge is important, necessary, and often exciting. However, I have noticed among some of my professional colleagues, an erosion in the attention given to a holistic approach and to the important contributions of the interpersonal, humanistic, philosophical, and intellectual dimensions of our field. Conceptualizing a mental disorder as a brain disease, as opposed to a mental or emotional disorder, contributes to some psychiatrists developing an overly concrete perspective of the nature of the phenomenon. This damages the profession’s affinity for the other dimensions mentioned above.

In order to address these trends, it is necessary to strengthen and deepen the full range of existing elements of psychiatric care, such as the neuropsychiatry unit established about three years ago, and the level of training and instruction in psychotherapy (currently done quite successfully). In the future, we must expand our knowledge of and engagement with the world of rehabilitation and the perceptions of “recovery” on which it rests. This covers a realm of content that contains and balances all the dimensions and measures mentioned above.

Similar to the effort of renovating the Eitanim campus, which was completed on my initiative, I intend to oversee the renovation of the program at the Kfar Shaul campus. This campus is located in the buildings from an Arab village, Deir Yassin, whose history in the War of Independence is one of the defining events in the Jewish-Palestinian conflict (historian and scholar Benny Morris titled his latest book *From Deir Yassin to Camp David*). The basics of the proposed program include:

* Establishment of an occupational and rehabilitation residential village named *Yachdav* (Together), which will be available to all residents of Jerusalem. It will be located in the village’s alleys and buildings, which will be carefully renovated and preserved, as required by law.
* Establishment of a gallery for various types and levels of works of art, workshops, cafes, a restaurant, and other initiatives. The services and operation of this venue will be provided by people undergoing mental health rehabilitation, who will be trained and accompanied by mentors (a successful model for this exists in a restaurant in the city of Petah Tikva).
* Another positive and important aspect of this project will be its contribution to strengthening the value of communal life, expressing all the components of the special and fragile mosaic of the population of Jerusalem. The stones of the village serve as a silent testimony to the times when this has failed, and to the unbearable cost of such a failure, for all of us.

Thus, the charm of the place, together with the new life that this program will give to it, will be an anchor for preserving the threatened holistic dimensions of the profession. The challenge of strengthening these dimensions, together with its contributions to promoting the capabilities of advanced research (a neuropsychiatry unit is located in the northern wig of this complex), will serve as an inspiring model for tackling the complex educational challenge mentioned at the beginning of this section. It will provide a tangible example of the holistic approach, which can simultaneously act as a vision and as a tangible reality expressed on the ground.