Chapter 12
Putting It Together: Final Thoughts on Two Decades of Mental Health and Addiction Development Efforts

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12.1 Introduction

Missiles flew and we ran for shelter, not an uncommon experience in Israel, but uncommon for the American editor (Dr. Findley) of this book. The conflict became poignantly real that day. The missiles came from Gaza through the skies to land on the campus of the university. It seemed unfathomable that the stories that are shown so frequently on the evening news unfolded in the bright blue sunny day in Beer Sheva that January day. Gaining understanding of what this meant for the region, what the impact of living with the stress on a daily basis piqued the curiosity of the researchers who contributed to this book. We chose to focus on mental health, addiction, and related resiliency through community supports to offer a barometer of the current, yet remainly hopeful for the future.

The Israeli editor of this text has been working in this field of mental health and addiction for 35 years, mostly in partnership with a Palestinian physician who coauthored chapters of this text. Their partnership, while it exists in the reality of regional conflict, transcends that barrier to focus on the individuals who live on either side to prompt mutual understanding and cooperation for the health and wellbeing of all people. Professor Isralowitz's work has been examining mutual concerns and opportunities in the spirit of collaboration; interpreting theory and applying learning into usable knowledge to advance the field.

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12.2   Theoretical Underpinnings

The work discussed in this book is underpinned in the theory of the social construction of reality (Berger & Luckmann, 1966), customs, common interpretations, and social process. These perspectives can become part of a deeply rooted process with individuals playing roles based on potential misconceptions leading to an institutionalized notion. These notions become embedded and are, therefore, reality that has been embedded in the institutional fabric of society. Reality is therefore said to be socially constructed. These are the entrenched beliefs in the Middle East that present a conundrum for social service and other mental health specialists; the representations of reality are not shared realities of mutual interest. This lack of shared realities leads to conflict, war, and violence. These are some of the causes of stress this book highlights.

12.3   Coping and Resilience

Dr. Findley's interest in resilience and conflict mitigation became the cornerstone of the second half of the book. This led to the work with psychological first aid as a means to address conflict mitigation between Israeli and Palestinian mental health workers along with other colleagues from the United States and Israel. Studies have reported that psychological first aid does bolster resilience (Uhernik & Husson, 2009), yet the use of it across populations in conflict such as Israelis and Palestinians may be a first. By bringing these two groups of individuals together for a common dialogue around psychological first aid and the meaning of disaster response, they were able to challenge some of the specific narratives (Oren, Nets-Zehngut, & Bar-Tal, 2015) around support and intervention that the Israelis and Palestinians held to develop a more collective narrative over the meaning of mutual aid. Details of those efforts are found in Findley, Halpern, Rodriguez, and Vermeulen (2016).

It is clear that conflict in the social and political environments over the years have impacted those in the Middle East (Quouta & el-Sarra, 2002). It is also known that the response is varied by culture, depending on how the individuals construct their reality as well as how they experience their cultures. These differences need to be attended to in how we create interventions and provide services for these individuals. The groups may seem homogeneous to outsiders, but the Middle East is comprised of multiple countries, with many people, old and new, all in social and cultural transition. This was articulated in the chapter by Isralowitz, Afifi, Reznik, and Sussman (2016) noting stress factors including living conditions and adjustment among Palestinian and Israeli youth.

We also note that stress in the region is limited not only to the youth but also to mothers. Murphy (2016) addressed a parent and self-care intervention for substance-abusing mothers among women who were Israeli and Palestinian, with the study focusing on mothers with chronic illnesses such as diabetes, high blood pressure,

obesity, and other infectious diseases while living in the ongoing conflict. The use of IMAGE (Improving Mothers' parenting Abilities, Growth , and Effectiveness), Murphy's intervention has been shown to result in improvements in the parent–child relationship and in parent–child communication. Pilot work with mothers in the Middle East found this to be an approach that would be highly promising.

12.4   Substance Abuse and Mental Health

Overall, drug use and abuse has increased worldwide despite religious and cultural beliefs that might have averted it (Degenhardt & Hall, 2012), which contributes to the global burden of disease. Specifically, substance abuse among mothers has captured attention in Israel with outcomes in children shown to be violent (Maker, Shah, & Agha, 2005), and parental substance abuse can lead to children becoming substance abusers themselves (Arria, Mericle, Meyers, & Winters, 2012). Yehudai, Sarid, Reznik, Findley, and Isralowitz (2016) reported in this text a contradictory finding that mothers who use opiates had lower levels of stress compared to mothers who did not. Furthermore, they found that mothers who did abuse substances reported higher levels of suicidal thought or attempts, showed increased parental disappointment about the child, felt rejection by the child, and had difficulties in parental–child interactions. These researchers noted the importance of focusing on a gap in the literature—studies that focus on children under the age of 5 years old. Both parents, and not the mothers alone, need to be considered for intervention. Finally, they pointed to a high relapse rate that should also be addressed by any future studies, with an emphasis on ensuring that the intervention is culturally relevant (Yehudai et al., 2016).

Despite all that occur on a daily basis in the Middle East, resilience among these people has been shown to be remarkable. There are efforts to enhance the social safety nets of the Middle East and Northern Africa for the poor and the vulnerable. The goals of such enhancements to the social safety nets (SSNs) are to promote inclusion, livelihood, and resilience (Silva, Levin, & Morgandi, 2013). The impact of social contacts has been shown to mitigate the development of PTSD (post traumatic stress disorder) symptoms among general community members who have been exposed to traumatic events. For example, (Besser, Zeigler-Hill, Weinberg, Pincus, & Neria, 2015) point out in their study that individuals with low levels of intrapersonal resilience reported more PTSD symptoms over those with high levels of intrapersonal resilience in geographic areas exposed to low and high levels of rocket and missile fire.

The stress is also felt by immigrants in the Middle East. Acculturation of immigrants has been explored in this text through the lens of addiction treatment procedures (Resnik & Isralowitz, 2016), particularly those from the former Soviet Union. It is interesting to note that findings discussed in that chapter pointed toward segregation of the immigrants, at one time, for addiction services to overcome barriers

such as language and fears of marginalization within a mainstreamed group, but acculturation efforts in general should not be overlooked to enhance the individuals' transition to life in Israel.

The ongoing nature of the terrorism in the Middle East involves challenges for individuals' resilience but also how to manage as a unified community. The response to terrorism and mental health issues requires community involvement in solutions. The role of community in disaster relief efforts by mental health professionals was highlighted by Alvarez and Findley (2016), a chapter within this book. The authors note the role that media has played in more recent years has contributed to a shared sense of national crisis since the images are usually graphic and shown repeatedly, an issue identified by Bleich, Gelkopf, Melamed, and Solomon (2006). Collective trauma, such as large-scale violence and trauma, should be studied with an interdisciplinary approach (Robben & Su'arez-Orozco, 2000). This continued exposure impacts on the psychological level but also on the way people construct their realities and how they are shared as a community, as noted earlier. Robben and Su'arez-Orozco (2000) state that the care provided to survivors of the collective trauma should be interdisciplinary because the trauma occurs in a complex environment that interlocks psychic, social, political, economic, and cultural aspects.

The perspective of the interconnectedness of the influences on the individual gave rise to the chapter in this text on collaborative care (Findley, 2016). It has been well documented in the literature that integrated care took root in the United Kingdom in the 1980s to address financial issues in health care, but more recently collaborative care models have been shown to be effective with individuals with mental illness (Thota et al., 2012). However, the chapter indicates that at the present, more collaborative care needs to be provided, especially for those with mental health and addiction care needs in the Middle East, as it is also lacking in many other regions.

12.5   Conclusion and Future Directions

This chapter started off with the mention of a missile attack and the need for Israelis and visiting foreign scholars to run for safety. We gathered in a secure stairwell at the university awaiting a message of "all clear"—which came as cell phones began to ring again with worried family members finally being able to get through to see how loved ones were doing. People began to emerge from the stairwell, and the Israeli colleagues turned to the American visitors to ask if this would be a good time for lunch. A meal was the farthest thing from the visitors' minds, yet the question alone gave us insight in how many Israelis cope . They cope through maintaining routine and forward movement. This is clearly part of resilience, although, perspective is another component of this coping. Later that same afternoon when the group had moved into a classroom to provide a lecture ironically on disaster preparedness, one of the Israeli students pulled an American faculty member aside to ask, "Aren't you afraid?" After a moment of thinking and exhaling a deep breath, the faculty

member said, "No, I am much more comfortable with you all in the classroom, getting into a familiar routine." The student looked puzzled with the response and then said, "No, I mean you live so close to New York. How do you live knowing you may be shot any day on the street?" It clearly is a matter of perspective, isn't it?

No one knows what will happen in the Middle East in the years to come. The work discussed in this book discusses a single mission to address stresses that affect the mental health and addiction processes of the people of the Middle East: a human mission to create a better world for our future and those who come after us. A shared reality of cooperation is one hope to reduce the stress and conflict in the Middle East.

References

Alvarez, R., & Findley, P. A. (2016). Disaster relief mental health resources: Community based interventions and implications for the Middle East. In R. Isralowitz & P. A. Findley (Eds.), *Mental health and addiction care in the Middle East* (pp. 125–153). New York: Springer.

Arria, A. M., Mericle, A. A., Meyers, K., & Winters, K. C. (2012). Parental substance use impairment, parenting and substance use disorder risk. *Journal of Substance Abuse Treatment, 43*(1), 114–122.

Berger, P. L., & Luckmann, T. (1966). *The social construction of reality*. Garden City: Doubleday.

Besser, A., Zeigler-Hill, V., Weinberg, M., Pincus, A. L., & Neria, Y. (2015). Intrapersonal resilience moderates the association between exposure-severity and PTSD symptoms among civilians exposed to the 2014 Israel–Gaza conflict. *Self and Identity, 14*(1), 1–15.

Bleich, A., Gelkopf, M., Melamed, Y., & Solomon, Z. (2006). Mental health and resiliency following 44 months of terrorism: A survey of an Israeli national representative sample. *BMC Medicine, 4*(1), 21. doi:10.1186/1741-7015-4-21

Degenhardt, L., & Hall, W. (2012). Extent of illicit drug use and dependence, and their contribution to the global burden of disease. *The Lancet, 379*(9810), 55–70.

Findley, P. A. (2016). Collaborative approaches to addressing mental health and addiction care in the Middle East. In R. Isralowitz & P. A. Findley (Eds.), *Mental health and addiction care in the Middle East* (pp. 125–153). New York: Springer.

Findley, P. A., Halpern, J., Rodriguez, R., & Vermeulen, K. (2016). Psychological first aid: A tool for mitigating conflict in the Middle East. In R. Isralowitz & P. A. Findley (Eds.), *Mental health and addiction care in the Middle East* (pp. 155–170). New York: Springer.

Isralowitz, R., Afifi, M., Reznik, A., & Sussman, S. (2016). Cigarette smoking among youth: A regional health problem. In R. Isralowitz & P. A. Findley (Eds.), *Mental health and addiction care in the Middle East* (pp. 93–107). New York: Springer.

Maker, A. H., Shah, P. V., & Agha, Z. (2005). Child physical abuse prevalence, characteristics, predictors, and beliefs about parent-child violence in South Asian, Middle Eastern, East Asian, and Latina women in the United States. *Journal of Interpersonal Violence, 20*(11), 1406–1428.

Murphy, D. A. (2016). A parenting and self-care intervention for substance-using mothers: Promoting resilience among Israeli and Palestinian people. In R. Isralowitz & P. A. Findley (Eds.), *Mental health and addiction care in the Middle East* (pp. 59–80). New York: Springer.

Oren, N., Nets-Zehngut, R., & Bar-Tal, D. (2015). Construction of the Israeli-Jewish Conflict-supportive narrative and the struggle over its dominance. *Political Psychology, 36*(2), 215–230.

Quoota, S., & el-Sarra, E. (2002). Community mental health as practiced by the Gaza community mental health programme. In J. De Jong (Ed.), *Trauma, war, and violence public mental health in the socio-cultural context* (pp. 317–336). New York: Kluwer Academic.

Resnik, A., & Isralowitz, R. (2016). Immigration, acculturation, and drug use. In P. A. Findley & R. Isralowitz (Eds.), *Mental health and addiction care in the Middle East* (pp. 109–121). New York: Springer.

Robben, A. C., & Su'arez-Orozco, M. (2000). *Cultures under siege: Collective violence and trauma* (Vol. 11). Cambridge, UK: Cambridge University Press.

Silva, J., Levin, V., & Morgandi, M. (2013). *Inclusion and resilience: The way forward for social safety nets in the Middle East and North Africa*. Washington, DC: World Bank Publications.

Thota, A. B., Sipe, T. A., Byard, G. J., Zometa, C. S., Hahn, R. A., McKnight-Eily, L. R., et al. (2012). Collaborative care to improve the management of depressive disorders: A community guide systematic review and meta-analysis. *American Journal of Preventive Medicine, 42*(5), 525–538.

Uhernik, J. A., & Husson, M. A. (2009). Psychological first aid: An evidence informed approach for acute disaster behavioral health response. In G. R. Walz, J. C. Bleuer, & R. K. Yeps (Eds.), *Compelling counseling interventions: VISTAS 2009* (pp. 271–280). Alexandria, VA: American Counseling Association.

Yehudai, M., Sarid, O., Reznik, A., Findley, P.A., & Isralowitz, R. (2016). Substance abusing mothers: Towards an understanding of parenting and risk behavior. In P. A. Findley & R. Isralowitz (Eds.), *Mental health and addiction care in the Middle East* (pp. 81–91). New York: Springer.