



# When Distance Becomes Closeness: Distance Learning as a Meaningful Learning Opportunity During the COVID-19 Pandemic

Noami Hadas Lidor<sup>1</sup> · Vered Baloush-Kleinman<sup>2</sup> · Yael Mazor<sup>1,3,4</sup> · Orly Oren<sup>1</sup> · Ronit Dudai<sup>2</sup>

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## Abstract

The National School for Mental Health Rehabilitation, Integration, and Recovery in Israel developed responses to academic, pedagogical, and emotional needs that arose during the first wave of the COVID-19 pandemic. Despite reduced activity during the outbreak, the school continued all regular courses remotely and created new online workshops. In this article, we review the school's adjustment from being change agents on the frontal level to change agents on the virtual level, through descriptive and qualitative findings. We use the learning from success approach to examine development and implementation processes. The large number of participants who suddenly had access to distance learning and their highly positive responses indicated the creation of opportunities alongside the challenges we faced. To the best of our knowledge, this is the first description and analysis of the challenges, opportunities, and outcomes of a recovery-oriented online academic facility during a pandemic.

**Keywords** COVID-19 · Distance learning in crisis · Community participation and social inclusion in crisis · Mental health training · Learning from success · The National School for Mental Health Rehabilitation, Integration, and Recovery

## Introduction

The 1970s saw the start of a gradual global expansion of a revolution in perception and practice regarding people coping with mental health difficulties (hereafter “service users;” Ramon et al., 2014). In Israel, the revolution gained momentum in the early 1990s, reaching a turning point in 2000 with the enactment of the Rehabilitation in the Community of Persons with Mental Disabilities Act (hereafter “the Rehabilitation Act”)—a social act, essentially, and among the most progressive in the world (Aviram et al., 2012). Its objective is to promote this population's rehabilitation and

inclusion in the community, with the optimal degree of functional independence and quality of life, while maintaining their dignity in the spirit of the Basic Act of Human Dignity and Liberty (1992). The Rehabilitation Act is designed to facilitate rehabilitation and inclusion in employment, housing, education, professional training, social activities, leisure, and the provision of advice and guidance for families, dental treatment, and case management (Israel Rehabilitation in the Community of Persons with Mental Disabilities Act, 2000; Shershevsky, 2010).

Since its enactment, the Rehabilitation Act has influenced policy and the shaping of practice shaping in the mental health rehabilitation field (Van Houtte, 2009; Wilrycx et al., 2012). Another contributing influence on policy and practice has been a value base of the recovery approach and the model of inclusion in the community that strives to improve quality of life for people coping with severe mental illness, (Lachman & Hadas Lidor, 2003). This mixed approach has imparted knowledge, values, skills, and perceptions that are reflected in and correspond with this conceptualization and worldview.

The recovery approach places individuals in the center. It aims to enhance their ability to identify meaningful personal goals, to work toward those goals and live satisfying, hopeful, lives that contribute both to them and to their

✉ Yael Mazor  
Yael.mazor@gmail.com

Noami Hadas Lidor  
noami.h@gmail.com

<sup>1</sup> National School of Rehabilitation, Integration and Recovery in Mental Health, Ono Academic College, Kiryat Ono, Israel

<sup>2</sup> Division of Medicine, Mental Health Rehabilitation System, Ministry of Health, Jerusalem, Israel

<sup>3</sup> Social Work Department of Sapir Academic College, The Hebrew University, Jerusalem, Israel

<sup>4</sup> AMITIM Programs, IACC, Tel Aviv, Israel

environment, despite limitations posed by their illness. Service users' recovery processes are unique for each person and must be suited to individual needs and ambitions (Anthony et al., 2002; Davidson & Roe, 2007; Roe & Davidson, 2005; Slade, 2009). This approach is the foundation of recovery-oriented thinking and practice and guides professional work in the recovery process and its developmental directions. Service users and their families are becoming increasingly involved in contributing to the development of new initiatives and influencing rehabilitation policy (Anghel et al., 2009; Ramon et al., 2017). This development follows the recognition of their unique contribution as experts by experience acquired from their own coping or a family member's coping with the illness (Davidson et al., 2006; Solomon, 2004). All of these facets need to be expressed in training programs for community mental health professionals.

The research methodology applied in this article is based on the retrospective method of learning from success (LFS) developed initially by Rosenfeld (1997; Shemer & Katz, 2018), in the attempt to advance the reader's learning and reflection. The learning from success methodology rests on the assumption that success is a better learning arena than failure. Rosenfeld (1997) claims that learning from success can stem from three resources: (a) professionals' reflections on their work, (b) reflections of service users who were prone to failure but persevered, and (c) researching the "successful partnerships" between the service users and service providers. The "learning from success" method is structured in eight states that we will implement partially in this article: describing organizational context; finding a success worth learning from; describing the success in terms of "before and after;" identifying negative by-products of the success; asking whether it is indeed a success story; describing the exact measures taken to enable the success; producing a modus operandi, and identifying unresolved issues (Ramon, 2015).

Furthermore, we will describe the organizational context of the National School for Mental Health Rehabilitation, Integration, and Recovery in Israel (hereafter "the School") and will explore the success of the School's distance learning program. Next, we will describe the change made by the School since the outbreak of the COVID-19 pandemic. Finally, we will outline the positive and challenging outcomes of the School's distance-learning solution.

### **The Organizational Context: The Rationale Behind Developing Training Programs in the Field of Mental Health Recovery**

Ongoing professional training is a central component of professional development in creating a dialogue with service users and caretakers. It provides an appropriate body of knowledge that facilitates constant updating of new topics and their implementation in daily work (Hadas Lidor

et al., 2007; Ramon et al., 2009). Such training includes specialization, acquiring operational knowledge, receiving a professional license and authorization, a sense of individual and group autonomy, and commitment to innovation and change in view of developing knowledge and of belonging to a professional peer group. These values and measures are acquired through dedication to values and accepted ethical rules (Macdonald, 1995 in Roe et al., 2011).

Professional training can also lead to a change in attitudes and the adoption of a recovery vision. Thus, professionals can enhance their commitment to recovery processes and increase their self-confidence in the ability to provide service users with ongoing support in their individual recovery processes (Tsai et al., 2011). Indeed, studies show that many of those who are educated and qualified in psychiatric rehabilitation have more positive beliefs and attitudes toward service users (Barrett, 2009; Bingham & O'Brian, 2018; Economou et al., 2020; Gill, 2005; Gill et al., 2005; Roe et al., 2011).

Despite the surge in meaningful activity to improve and develop services in the community (Roe et al., 2011), the professional literature still reports inadequate, non-uniform training of community mental health recovery workforces and the absence of clear, uniform requirements for professional qualification (Gill & Murphy, 2013); hence the clear, continuous call to improve services and workforce training in this field (Bond & Drake, 2017).

### **Skills and Competencies Required of Mental Health Professionals**

Mental health professionals require diverse skills and competencies to advance their service user's' personal rehabilitation, inclusion, and recovery processes (Roe et al., 2011). These interpersonal and professional skills include knowledge of illnesses (including experiential knowledge), treatment methods, medication side effects, service user's' rights and professional ethics; knowledge of recovery-oriented intervention methods, listening competence, interpersonal communication, evaluation, and planning; acquaintance with community resources and person-oriented services for inclusion in the community; cultural sensitivity, and skills for providing ongoing support during recovery processes (Roe et al., 2011).

Therefore, in the last two decades, the development of professional standards in this field has been initiated in the United States and in other countries. The goal was to consolidate recovery-oriented knowledge and interventions into a comprehensive, methodological system focusing on a response to include a specific service-user population in the community (Bond & Drake, 2017; Ramon et al., 2009; Winsper et al., 2020). Similar efforts to develop training programs for psychiatric rehabilitation staff have also been

made in recent years also in Israel (Hadas Lidor et al., 2007). Examples are adapted IMR (Daas-Iraqi et al., 2020), meta-cognitive group intervention (Kaizerman-Dinerman et al., 2018), and family-oriented intervention in mental health recovery (Weiss et al., 2018).

### **Training Programs in the Field of Mental Health Rehabilitation in Israel**

The Rehabilitation Act (2000) expresses the policy that advocates the right and the ability of most people coping with psychiatric illnesses to be included in the community. The Act connected policy and clinical and rehabilitative practice in Israel with psychiatric rehabilitation principles that are applied in various Western countries (Lachman, 1998). The dramatic increase in the number of service users in the community naturally led to the focus on efforts directed toward service development alongside learning from service users' lived experience. At the same time, there was a need for an orderly, methodical, training system for mental health professionals from diverse backgrounds to hold a perspective consistent with the policy (Netzer & Hadas Lidor, 2018; Shershevsky, 2008).

With initial implementation of the Rehabilitation Act, the learning programs in the core professions in most institutions of higher education focused on various fields of disability rehabilitation. However, with the exception of the School of Social Work at the Hebrew University of Jerusalem and the Occupational Therapy Department at Tel Aviv University, no academic interest was expressed in the developing field of mental health rehabilitation. In addition, due to the innovative recovery orientation, higher education institutions had difficulty in containing such initiative and in finding research and teaching staff who had updated knowledge and were prepared to engage with the new approach (Hadas Lidor & Lachman, 2007). Therefore, since 1998, as a first stage training programs in mental health rehabilitation began to develop sporadic outside academic institutions (Shershevsky, 2010).

The community rehabilitation system in Israel, which currently provides services to approximately 36,000 rehabilitation service users and another 10,000 family members, has always incorporated thousands of professionals from numerous disciplines (e.g., art therapists, nurses, occupational therapists, psychologists, psychiatrists, rehabilitation counsellors, and social workers). These services are based on partnership with service users, families, and their multi-disciplinary teams, some of whom (service users) are themselves service providers today. Over the years and with the persistence of stigma against service-users, the need arose to change mental health professionals' attitudes toward provision of socially inclusive services (Hadas Lidor et al., 2007). Such changes would have been impossible without

the development of training programs in the rehabilitation field. These programs were designed to train a diversity of professionals to perform recovery-oriented activity and to promote professionals as change agents in their organizations. Programs were based on the assumption that recovery is relevant to a variety of life domains and that an assortment of occupations can contribute both to practical work and to professional discourse. It is also important to note that many rehabilitation services are based on workers who do not have an academic training background in mental health (Moran, 2018; Naaman, 2007). This large population makes a great contribution drawing on lived experience and motivation (Ramon et al., 2018).

To date, the first and only attempt to create an interdisciplinary department with specific emphasis on psychiatric rehabilitation was at the University of Haifa. It was opened in 2005 as a master's degree program of the Department of Community Mental Health in the Faculty of Social Welfare and Health Sciences (Roe et al., 2011). The Department of Community Mental Health offers grants to people with lived experience of mental illness to participate in the program and encourages them to enroll.

### **Locating Success Worth Learning: The National School for Mental Health Rehabilitation, Integration, and Recovery in Israel**

We shall now describe through the text the development of the School's workshops during the COVID-19 pandemic according to the aforesaid of the stages of learning from success (LFS; Rosenfeld (1997):

1. *The organizational context* As mentioned above, the Rehabilitation Act (2000) was the basis for accelerated development of rehabilitation services for service users in Israel. This was coupled with emphasis on the need for a methodical training system for everyone employed in this field. The aim of the training was to ensure that the participants were sufficiently competent to deliver the new psychiatric rehabilitation services anchored in the Rehabilitation Act. To this end, the National School for Mental Health Rehabilitation, Integration, and Recovery was established in 2011 at Ono Academic College. Its operation is supervised and funded by the Department of Rehabilitation in the Mental Health Division of the Ministry of Health. The School offers courses for various mental health professionals and others involved in the mental health field (including service users and their family members) to promote professional competences and to advance mental health rehabilitation. The School is based on the belief in service users' ability to recover, integrate, and live meaningful lives in the community. This belief is consistent with values of

the recovery approach (Slade et al., 2017), on which the learning is based, and is thus a theme running through all the courses. The rehabilitation training model owes its development and success to a legion of collaborators: workers in the Department of Rehabilitation in the Mental Health Division of the Ministry of Health, academics, rehabilitation workers, many service users and families, and institutions such as the National Insurance Institute and the American Jewish Joint Distribution Committee (JDC) in Israel (Hadas Lidor et al., 2007). The overarching perspective of this specialization draws on an integrative perspective. It emphasizes theoretical and practical links between social policy, medical, and functional aspects and their application in interventions, treatment, and recovery for service users and families. This is alongside constant integration of three focal knowledge domains: academic knowledge, practical knowledge, and personal knowledge from the service users' experiences (Hadas Lidor & Lachman, 2018).

2. The arena of success- The maintenance of studying during the pandemic of COVID-19 as will be described next- The COVID-19 crisis created concurrent fundamental changes in how we perceive our world and conduct ourselves within it (Rajkumar, 2020). Alongside other challenges during this period, it is highly noteworthy that living with a pandemic has taught us and continues to teach us an important lesson about how to touch the human soul and human experience, while keeping appropriate distance (Prestiadi, 2020; World Health Organization, 2020).
3. The 'before' status- At the beginning of March 2020, following the outbreak of the COVID-19 pandemic, the School was forced to reduce its activities significantly in light of Health Ministry guidelines regarding social distancing measures (Israel Prime Minister's Office, 2020). At that period of time, all courses had to be closed since they were frontal courses and there were no applicants- essentially the school was about to be closed. Many of those studying at the School expressed their frustration with the need to stop their learning programs and requested that the sessions continue. The desire to continue with a learning routine, even if fundamentally different from the familiar one, was found to be consistent with the literature and the research regarding the need to find meaning, especially in crisis and emergency situations (Bergstrom et al., 2019; Park & Ai, 2006). The School's willingness to provide a response to this request is also in line with the recognized need to maintain a routine, continuity, and sense of self-efficacy, learned from previous crisis contexts (Lahad, 2020).

## Method

4. The 'after' status according to the learning from success model—Prior to COVID-19 outbreak, the School ran long courses of at least 6 months. Students from all over Israel participated, but mainly from central areas. (Hardly any students from the far South or North were able to attend.) In addition, although the Ministry of Health and participants' organizations subsidized the courses, they were still costly and demanded a considerable amount of the students' time. In addition, many courses were part of a long-term compulsory curriculum, and students had to commit to being physically present at the School at least once a week. However, the pandemic constraints created the opportunity to run short workshops via ZOOM, enabling participation of students from all over the country. This included the remotest locations (the city of Eilat, a 6-h drive from the School); segregated communities whose members would not usually take part in the regular courses (e.g., ultra-Orthodox Jews who would not sit in a mixed-sex classroom could now take the courses via Zoom), and a diverse variety of professionals thanks to the subsidized cost of shorter workshops. Furthermore, the School board's flexible attitude during COVID-19 enabled the creation of workshops that almost immediately addressed issues raised by mental health professionals in the rehabilitation field.

Despite the short timeframe and urgency for action during the pandemic, and before creating each unique workshop, the School's administration invited the lecturers and researchers on the staff to submit a proposal of a workshop in their field, to teach theory and tools for practical use during the current crisis. Following discussion and mapping of needs with workers, family members, and service users, 18 workshops (see Table 1) that met the following criteria were chosen: the topic had to be relevant to needs during the COVID-19 pandemic; the workshop had to include knowledge based on theory and research, as well as exercise components to help the participants acquire new competences and tools for themselves and for the service users. Workshop facilitators were lecturers who had sufficient knowledge of teaching online via ZOOM and other technological platforms. The workshops were open to rehabilitation workers in Israel in all fields, regardless of seniority, role, educational background, or experience. Other participants, inter alia, were service providers, people with lived experience, and family-center workers. In addition, we opened a workshop tailored to the Arab population, as well as three unique workshops for family members. Each online workshop was delivered via ZOOM and included four 4-h meetings. Attendance

**Table 1** Examples of workshops' details

Name of workshop	Number of workshop series	Total number of participants in the workshop	Target audience
Reinvention in the face of uncertainty	2	55 rehabilitation workers	All rehabilitation workers
Coping and growth during the COVID-19 pandemic among rehabilitation workers and service users	2	54 rehabilitation workers	All rehabilitation workers
Mindfulness—developing personal strength and professional self-efficacy in states of uncertainty during the COVID-19 pandemic	2	49 rehabilitation workers	All rehabilitation workers
Designated workshop for Arab society on coping during the COVID-19 pandemic	1	29 rehabilitation workers from Arab society	Rehabilitation workers from Arab society
The integrative model in the family field—opportunity during the COVID-19 crisis	1	24 rehabilitation workers and family members	Rehabilitation workers and family members
A recovery-oriented beginning during the social distancing period	4	88 rehabilitation workers	Novice rehabilitation workers
Issues in mentoring in a changing reality	2	49 rehabilitation workers	Professionals supporting/mentoring rehabilitation workers
From crisis to leadership during the COVID-19 pandemic	1	20 family members	Family members
The individual, the family, and treatment staff during the COVID-19 pandemic	1	20 family members	Rehabilitation workers and family members
Maintaining and strengthening the sense of self-efficacy in crisis situations	2	51 rehabilitation workers	All rehabilitation workers

was full at all workshops ( $n = 25$  participants on average) and, due to excess demand, some workshops took place more than once. The 18 ZOOM workshops were attended by 440 participants from all over Israel and from an array of cultural groups. With ZOOM as the main learning platform, the lecturers used additional technological tools to encourage the participants' learning and involvement through synchronous and asynchronous exercises and the use of Mentimeter, WhatsApp, and Padlet.

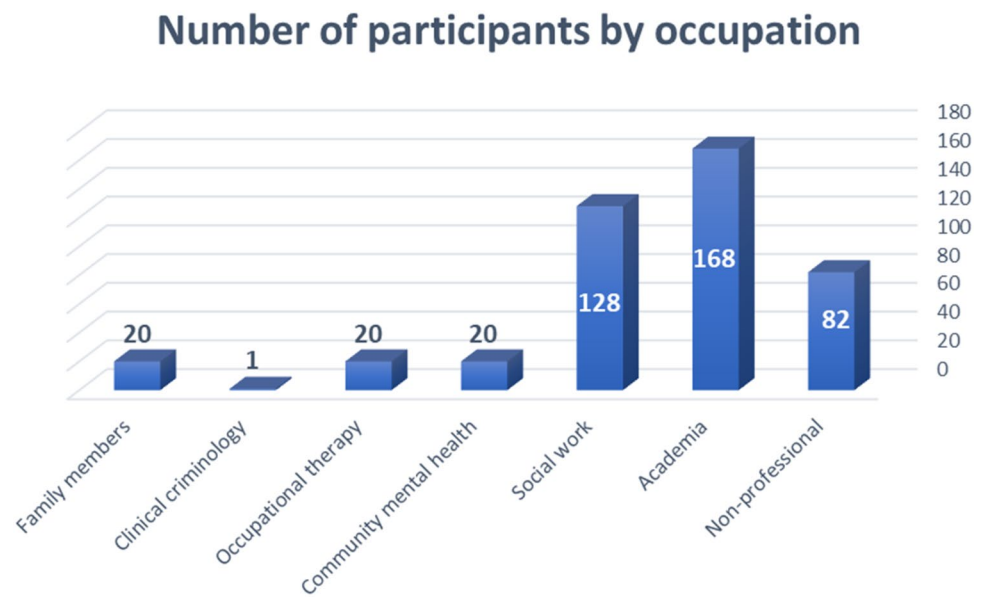
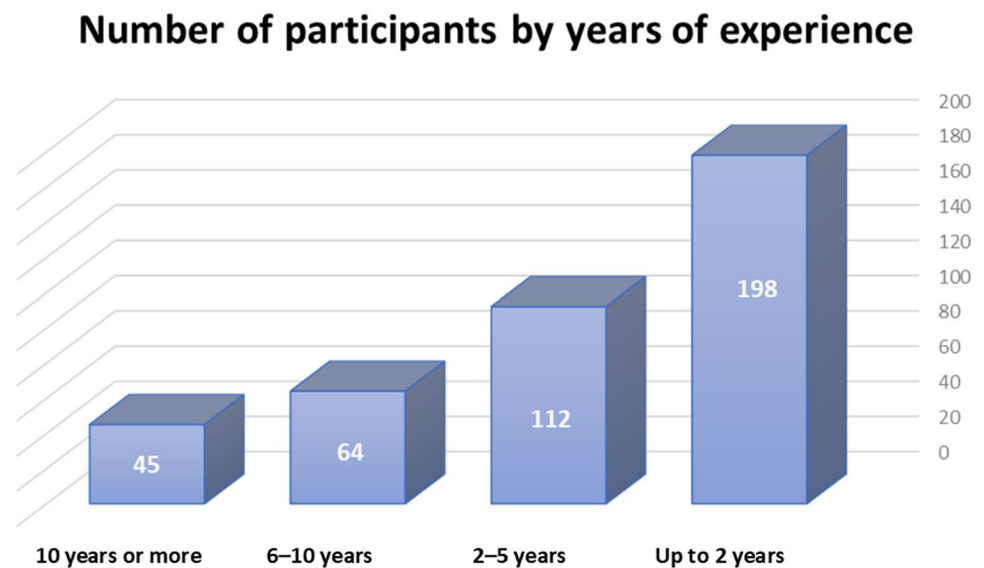
In summation, we created a new learning environment (Schneider & Council, 2020), drawing for the first time on distance learning through technological means (software such as ZOOM, Mentimeter, WhatsApp, and Padlet; Adedoyin & Soykan, 2020). Accordingly, hand in hand with the decision to teach several courses online (some of which are continuing to operate), we designed and developed 18 short online workshops, especially for this crisis period, on diverse topics relating to the COVID-19 pandemic and its manifestation in rehabilitation settings (see Table 1). The Ministry of Health almost completely subsidized the workshops and the aforementioned distance learning software to enable as many of the students as possible to participate in the online learning.

## Procedure

Data were collected through two separate post-workshop anonymous online surveys. The surveys were sent via email to all the workshop participants. The first survey (as presented in Figs. 1, 2, 3, 4, 5) included 221 mental health professionals, family members, and professionals with lived experience. As well as demographic data, this survey included open-ended questions, such as: "Please describe, in your own words, your experience from the workshop. What was done well and what could be improved?" The aim of the survey was to collect qualitative data on participants' experiences in all the workshops.

The second survey was conducted among 90 mental health professionals, family members, and professionals with lived experience. This anonymous survey was sent via email to all the workshop participants. It included 10 closed-ended questions on a scale of 1 (not at all) to 10 (very much) regarding specific technical and emotional aspects of using ZOOM and inviting participants to suggest recommendations for the future. For instance: "What do you feel is the optimal number of people for a ZOOM workshop?" "Would you like a follow-up ZOOM workshop?" "How much did



**Fig. 1** Number of participants by occupation**Fig. 2** Number of participants by years of experience

you enjoy distance learning via ZOOM?” Here too, demographic data were collected.

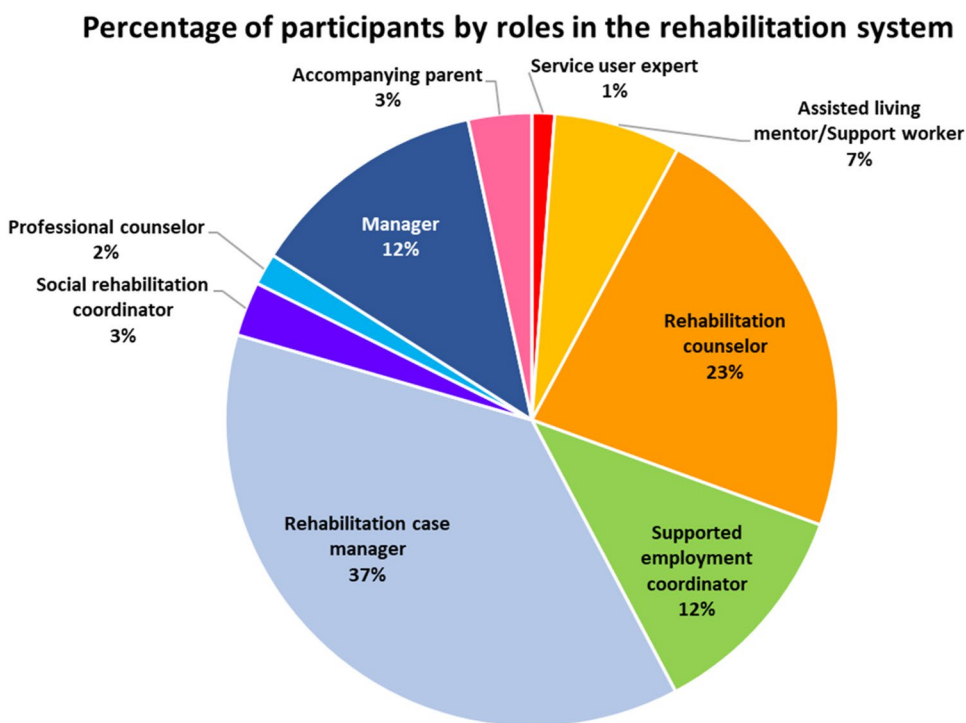
## Measures and Participants

### Survey No. 1

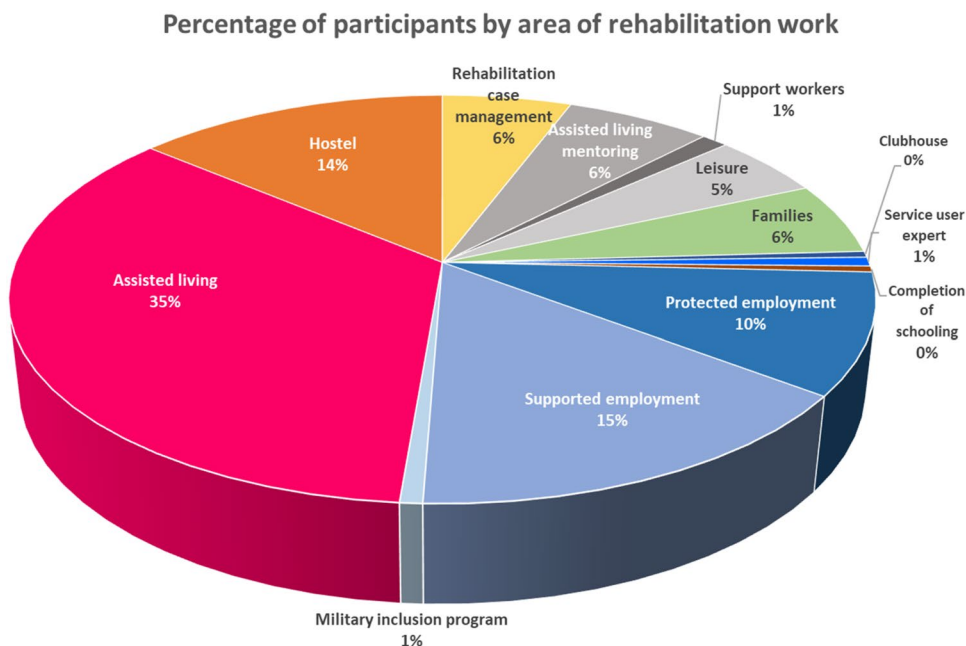
The figures presented below illustrate the broad diversity of online workshop participants. This is in line with the interdisciplinary perception on which learning at the School is based. Figure 1 shows the number of participants in the School’s workshops from April–July 2020 by occupation (the 20 participants for whom there is no data were 20 family members who participated in the workshop “From crisis to

leadership during the COVID-19 pandemic”). Most of the workshop participants were women (84%), from all areas of Israel. As illustrated in Fig. 5, most participants were from the southern (24%) and central-northern (14%) regions and the rest were from Jerusalem (12%) and the North (12%). This finding draws attention to the fact that the online format made participation more readily available to people from outlying areas of Israel—a possibility frequently unavailable to them due to their physical distance from Ono Academic College. Figure 1 also shows that most workshop participants had an academic education (either a bachelor’s degree or a diploma in various subjects), 128 participants were social workers, 20 had qualified from the Department of Community Mental Health, 20 were occupational

**Fig. 3** Percentage of participants by roles in the rehabilitation system



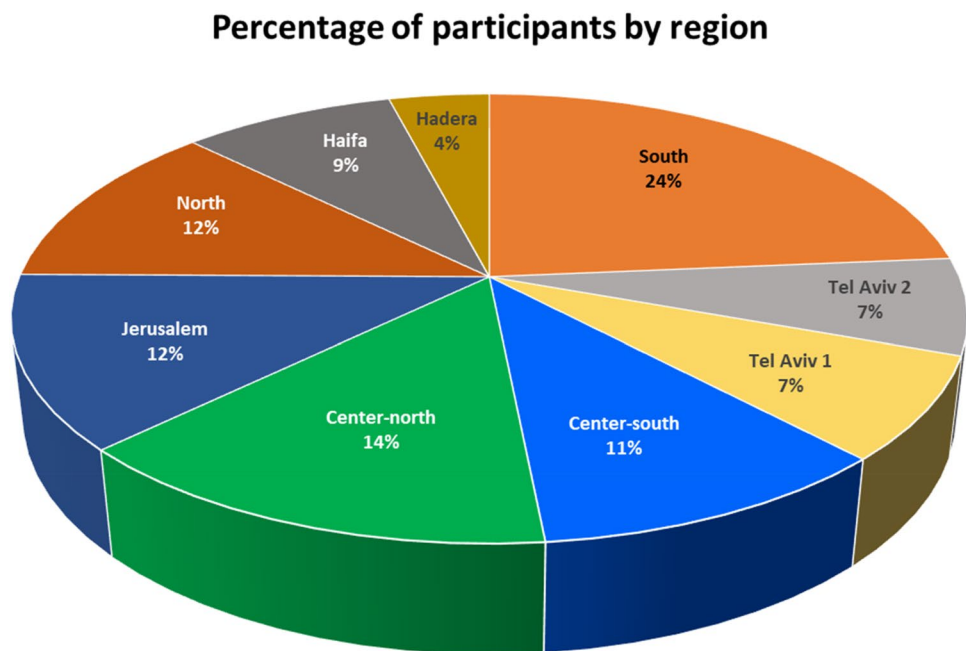
**Fig. 4** Percentage of participants by area of rehabilitation work



therapists, 82 were professional support workers without an academic degree, and 20 were family members. As can be seen in Fig. 2, half of the participants had 2 or more years' experience in the rehabilitation field (n = 221) whereas 198 participants had less than 2 years' experience. Alongside the variance in participants' experience and their previous fields of study, Fig. 3 demonstrates the role diversity in the rehabilitation system: 37% were rehabilitation case managers

and 23% were rehabilitation counselors employed in the rehabilitative housing system (47% from the supportive housing and hostel systems). This finding may be explained by the urgent need for workers in the rehabilitative housing system; they are frontline rehabilitation workers and thus shoulder a tremendous burden in both emergency and routine times. The figure also shows that 12% of participants were managers of rehabilitation frameworks, 12% were

**Fig. 5** Percentage of participants by region



supported employment coordinators, and 7% were assisted living mentors and support workers. These findings highlight the need for workshops among workers in managerial and practical roles in the employment field (24%) and assisted living mentors (7%); although in routine times, they are not always available to participate fully in such a setting. This need may be a result of the impact of social distancing directives, as well as of the necessity to recreate a structure for remote contacts and functioning. Figure 4 presents the percentage of participants according to areas of rehabilitation work, indicating the workers' need for training and support due to their current work overload in various domains. A significant example is the high percentage of participants from the areas of housing (35%) and of protected and supported employment (25%).

In conclusion, it is noteworthy that a large number of workers from all the occupational fields participated in the distance workshops. This is contrary to routine times, when some workers scarcely participate in courses offered by the School. Thus, distance learning may be bringing about a change and may continue to change the learning culture among this population of professionals who, despite their work overload or being part-time workers, may come to recognize the importance of learning and of finding the time for distance learning.

### Survey No. 2

The second post-workshop survey was sent via email to participants. This survey included 10 closed-ended questions aimed to enhance the understanding of Survey no. 1 with more quantitative data. The descriptive data in this

survey indicate that most participants were mental health professionals ( $n = 80$ ) and the rest were family members, service users as providers, and people who did not mention their affiliation. As in the first survey, participants were from all parts of Israel:  $n = 53$  from central Israel,  $n = 23$  from northern Israel, and the rest from the far South. Most participants were secular ( $n = 55$ ), 15 participants were religious Jews, seven were ultra-Orthodox Jews, and 13 were Muslim and Christian Arabs. The rest did not disclose that they were secular or religious. Most participants attended one workshop during the COVID-19 lockdowns (74.4%), while 17.8% attended two workshops, and 7.8% attended three online workshops.

## Results

### Survey No. 1

In survey no. 1 we aimed to identify the elements that enabled participants to take part in the workshops during the first COVID-19 lockdown in Israel. The ability to learn from a distance via ZOOM enabled participants from outlying areas in Israel to take part, such as Eilat in the far South, Kiryat Shmona in the far North, and from Bedouin communities, Israeli Arab society, and ultra-Orthodox Jewish society, whose members usually avoid mixing with the general population:

This was an excellent format for me and was efficient, as I could focus my attention on the discussion, while



being economical with resources such as travel time. It's a software that makes learning available [...] I live in Eilat and have never participated in a School of Rehabilitation course. This time, I attended two workshops and now I understand how important it is [...]

It was fabulous; in a short time, I learned so much, and I'm already using the tools with service users. I will pass on what I have learned to my colleagues in staff meetings [...]

I was very satisfied with all the lectures that gave me tools for myself and for the service users, to get through the COVID crisis.

The possibility of distance learning evidently allowed many people to become closer on emotional and academic levels, and to break down culture and accessibility barriers. In addition to providing a venting outlet, the workshops created a sense of partnership and intimacy among many diverse workers from different regions and population groups and gave them a feeling of belonging to a community. Congruent with the phenomenon of breaking down barriers, another barrier that was removed entailed participation in the workshops of nonprofessional rehabilitation workers, such as assisted living mentors and support workers who, for various reasons, generally refrain from attending courses at the school:

I liked learning together with service users, family members, and professionals. It made for an enriching and varied workshop.

These nonprofessional groups have direct, daily contact with the service users, and their professionalization is a prerequisite for strengthening and advancing high-quality and meaningful recovery processes.

Moreover, the participants' final feedback clarified the extent to which these workshops were meaningful for them, particularly during this complex period. They reported that the workshops had met a need, providing helpful content as well as benefit on the emotional level—adding to their knowledge, expanding their skills that are relevant to the present time, enhancing their sense of belonging and self-efficacy, and strengthening their belief and hope in recovery:

There was a venting component that it so important right now [...] the lecturer gave a fascinating workshop, increasing our self-belief at such a difficult time. The information was clearly explained and there was a sense of new, understandable material that is essential for our work, not only during this difficult period, but it will be useful to us at all times.

The quotes indicate that the workshops allowed participants to acquire new knowledge and provided a setting in which

they could release and express their feelings, giving them a break from day-to-day hardships and helping them focus and find strength.

## Survey No. 2

As mentioned above, the second post-workshop survey was sent via email to participants. This survey included 10 closed-ended questions aimed to enhance the understanding of Survey no. 1 and contained descriptive data, as mentioned above in the “[Measures and Participants](#)” section. This survey examined the emotional as well as the technical experience of distance learning. Results show that most participants (79.9%) indicated that the experience was fairly enjoyable (scores of 7–10 points on a 1–10-point scale) as well as technically feasible (90%, with scores of 7–10 on a 10-point scale). Most participants (72.2%) felt that the use of technical options of ZOOM (such as dividing up into rooms, interactive questionnaires, and other online features), added to the positive experience of the workshops. In addition, 72.3% of the participants indicated their satisfaction with the diversity of students in the workshops. The ideal number of participants in such workshops was rated between 10 to 20 participants (56.7%) or up to 10 participants per workshop (20%). A staggering number of participants indicated their desire to participate in another online workshop (93/3%). Most people would prefer either integrated online and frontal learning (45.6%) or online learning only (32.2%). This might again indicate that online distance learning can be used on a more regular basis, and not just during a pandemic. This type of learning enables people from all over the country, who have various challenges, to take part in numerous workshops, thus improving accessibility. Lastly, when asked to indicate, on a 5-point Likert scale, the extent to which they enjoyed learning online, 70% of the students indicated that they very much enjoyed this type of learning (score of 4–5), whereas 22.2% indicated that distance learning was only fairly enjoyable, and 7.8% did not enjoy it at all.

## Discussion

### Positive Outcomes and Negative By-Products—the 5th Stage of the Learning from Success Model

The COVID-19 crisis produced a new reality in which institutions of higher education, together with the entire education system, had to transition to online distance learning (Schneider & Council, 2020). The online learning strategies forced on us by the COVID-19 distancing acts led, simultaneously, to challenges and opportunities. When activating distance learning, the school faced three central challenges: the need for rapid content development and adaptation to the

emergency situation; systematic instruction methods, and technical support for distance learning for course coordinators, workshop facilitators, lecturers, and students. Technical challenges arose, such as accessibility of Internet infrastructure that some of the students lacked. Emotional and perceptual challenges included the fear of distance learning, which seemingly does not allow discussion, intimacy, sharing, and development of important skills for recovery-oriented practices. This perceptual and emotional challenge in itself had to be learned. However, a new way to create closeness was proved to be possible even from a distance and certainly provides opportunities for a profound discussion that contributes to practical recovery work (Dietrich et al., 2020).

Hand in hand with the challenges, we saw how distance learning and remoteness can genuinely create closeness and intimacy. It is true that nothing can replace the human rapport that can be built instantaneously at a face-to-face meeting. Nonetheless, when confronted with a challenge that demands deep human contact from afar as well, distance learning proved useful for both learning and practice. We saw how, thanks to the online learning platform described in this article, many mental health professionals were able to participate in the School's courses for the first time, and to benefit from recovery-oriented professional learning. Participants joined from outlying areas, such as Eilat in the far South, Kiryat Shmona in the far North, and from Bedouin communities, Israeli Arab society, and ultra-Orthodox Jewish society, whose members usually avoid mixing with the general population.

Indeed, mixing a number of different participants' groups, as a common particle in the School's policy, was common also in the Zoom online courses. It demanded each participant to step out of one's own comfort zone, hear and discuss with sensitivity different perceptions, and the patience for longer discussions and less speaking and sharing time per each participant. Furthermore, creating the intimacy that usually is a part of non-online courses required more time and active participation upon all parts (i.e., participants, lecturers and group supervisors). Likewise, the perceptual and emotional challenges that are common in regular face-to-face learning, were also relevant to the current distance learning, and required from lecturers and group supervisors to explicitly place these challenging themes at the center of discussions, i.e.; different perceptions as to what is recovery de facto, does social inclusiveness means social belonging, what is the range of responsibilities in the recovery process of service users, providers and family members, triggers and so forth. These complexities called for all participants to be even more aware to people who are reluctant to share, have language and culture barriers and so forth.

The possibility of distance learning evidently allowed many people to become close on emotional and academic levels, and to break down culture and accessibility barriers.

In addition to providing a venting outlet, the workshops created a sense of partnership and intimacy among many diverse workers from different regions and population groups and gave them a feeling of belonging to a community. Congruent with the phenomenon of breaking down barriers, another barrier that was removed entailed participation in the workshops of nonprofessional rehabilitation workers. These nonprofessional groups have direct, daily contact with the service users, and their professionalization is a prerequisite for strengthening and advancing high-quality and meaningful recovery processes.

Moreover, the participants' final feedback clarified the extent to which these workshops were meaningful for them, particularly during this complex period. They reported that the workshops had met a need, providing helpful content as well as benefit on the emotional level.

Besides the positive outcomes, some questions remain unresolved, and challenges were noted, such as the need for physical meetings, consultations, and reciprocal learning. In addition, one of the School's characteristics is that the physical meeting is often a source of relief for the loneliness involved in daily rehabilitation work, significantly reducing the sense of burnout—a function that distance learning cannot fulfill. The formation of friendships and professional collaborations are usually natural by-products of the regular courses and are of great benefit to the participants. These aspects were missing in follow-up surveys that we conducted regarding the online workshops.

Finally, workshops in the form of short-term training allow flexibility and availability since they do not demand many months of study and commitment. They are integrated with the participants' need to continue their practical work, while providing an effective response to the sense of burnout and loneliness and to the concrete needs raised in real-time by workers in the field. It is necessary to continue to research the positive changes in online learning habits and responses in the long-term, and to examine whether these changes are maintained over months and years.

### **Summary and Lessons Learned for the Future—the 6th Stage of the Learning from Success Model**

The COVID-19 crisis posed challenges alongside opportunities for the School of Rehabilitation. The extreme, stark change brought about by force of circumstance was a good opportunity to examine fundamental paradigms, preliminary insights, and new directions. Indeed, we are currently engaged with questions regarding which subjects are suitable and unsuitable to continue to be taught via distance learning (Dietrich et al., 2020). Where were the significant learning successes despite, and maybe thanks to, the remote platform? Mainly, what new opportunities can be gleaned from the crisis? These questions, as well as a change in the basic

assumptions, will continue to accompany the School's staff for a long time to come. These questions, by their foundation, also touch on how recovery is provided in practice during the pandemic, in what way remoteness enables human closeness, and when we must accept the distance and recognize its deficiencies.

In actual fact, the School of Rehabilitation successfully continued to operate all of its regular courses in online format. Consequently, it maintained the learning continuum while developing many unique workshops for the current period. The number of participants, the rapid stream of mental health workers who signed up, and the positive feedback received at the end of each workshop indicated that they matched the participants' needs. Reasons for success were accessibility of the learning, its structure and content that was tailored to the period and to practical learning needs, and its contribution to collaboration and information exchange among workers from different regions and cultures without the need either to travel or to enter venues beyond their comfort zones. Questions were also raised, mainly surrounding learning administration such as the School staff's ability to follow up students' attendance, the participants' listening and participation styles (while eating or traveling on public transport during the sessions, turning off the video, joining as the training started, but leaving after a short time throughout the day, etc.), the ways in which end-of-workshop assignments were given (e.g., a graded end of course assignment was given by the lecturer of the course, ungraded case study for group supervision- all aimed for participants' to apply materials learned in the courses onto their day to day work and personal challenges), and ethical aspects (closed versus open cameras, recording of sessions).

We are currently engaged in planning the next academic year while attempting to understand the implications of distance learning. We are striving to identify opportunities to create long-term change in the various workshops and courses while contemplating and assimilating ways of combining distance learning with frontal learning. This type of learning will enable diverse populations including from geographical and social peripheries to study at the School and thus expand their connection with all aspects of the rehabilitation field. Thus, we must consider not only the distance learning reality and its importance, but also how the material is learned and conveyed to the students. In addition, therefore, attention must be paid to various interlocking spheres, such as training the teaching staff, individually tailored learning, and diverse teaching practices.

In light of the above, we are considering the value and the significance of promoting "hybrid learning" or "blended learning" in a model of optimal integration of frontal and virtual learning; a method combining traditional learning with distance learning and its differential adaptation to the diverse courses and workshops offered by the School. The

introduction to distance learning may have been a blessing in disguise, similarly to other opportunities that have arisen during this crisis period. Distance learning may be a growing experience for us, leading to adoption of the online space and assimilation of innovative learning strategies to establish future meaningful learning to be routinely incorporated, until the storm blows over, and beyond.

## Limitations

In this paper, we have portrayed the operating model of the School of Rehabilitation and Recovery in Israel during the COVID-19 crisis through the lenses of two anonymous surveys conducted online. The online and anonymous nature of the surveys significantly compromised our ability to identify the participants in the qualitative sections. In addition, the use of independent surveys in the absence of valid research measures limited our ability to draw firm and general conclusions regarding the current findings. Hence the call for future well-designed research on distance learning in this field, in a professional school environment for recovery-oriented studies.

**Author Contributions** The authors have contributed to this manuscript according to the order of authors in the title page. All authors have agreed on the current version on the manuscript.

## Declarations

**Conflict of interest** The authors declare no conflict of interests.

**Ethical Approval** The current study is anonymous and is based on a survey, in which participants knew that anonymous data may be used for academical reasons.

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