REHABILITATIVE LEARNING: EDUCATION DURING PSCYHIATRIC HOSPITALIZATION

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This article presents a case study of a school designed for youth hospitalized for mental disorders, aiming to reveal the educational approach of such a school, a topic on which nothing has been written so far. The study, which lasted a year, employed qualitative techniques: observations, document collection and interviews. The study has found that the school not only provides education to the hospitalized youth, but also functions as an active factor in expediting their recuperation. This significant educational approach is composed of five main principles: (1) Maintenance of a normative atmosphere, (2) Providing the students with a feeling of personal value, (3) Students' responsibility for recovery, (4) Staff's containment of students, and (5) Flexibility. This approach actually endows new meaning to learning, considering it a rehabilitative process.

Introduction

Charting an educational pathway for a school of youth hospitalized for mental disorders is challenging. Mental disorders are usually disruptive to scholastic performance: naturally, students who suffer from mental disorders such as mood disorders, anxiety disorders, eating disorders or personality disorders, are not emotionally available for learning, and find it difficult to function as students. All the more so when it comes to cases of severe and persistent mental disorders, where hospitalization is required and maximum attention is given to treatment, while education is considered to be less important at this point.

This article aims to reveal the educational approach of a school designed for youth hospitalized for mental disorders. Thus, this article will describe and define the educational concept applied at the Ziv School, which recently won the District Education Award of the Israeli Ministry of Education. Ziv School is situated within the Ziv Medical Center, which is located in the Israeli northern city of Safed. The hospital, a government medical center founded in 1910, currently containing about 300 hospital beds, serves residents of Safed and the surrounding communities. Among a variety of units and wards, there are also mental health in-patient departments and out-patient clinics. Ziv School is designed for youth hospitalized in the in-patient (closed) youth psychiatric department.

Ziv School was founded in 1995, when the youth psychiatric department of Ziv Hospital was opened. The school has a team of forty teachers, including secondary school teachers, special education teachers, therapists and assistants. The number of students, which is constantly changing, ranges from 20 to 30. Most students are aged 12 to 18, although some older, and most students have attended a school before hospitalization, although some have not attended on a regular basis. The students' academic level is very diverse, and period of stay of a student at Ziv School is not predictable – from a few days to many months. Some students are hospitalized against their will, under order of a judge, and sometimes there is only partial contact with students' parents. The school runs six days a week, throughout most of the year. There is no data on number of students who reconnected with previous school successfully following treatment.

The educational approach of schools designed for youth hospitalized for mental disorders is a topic on which nothing has been written. One may hypothesize that this lacuna reflects the insufficient attention given to the question how we can better normalize the inpatient experience, as well as youth's transition from treatment back into the community. This article aspires to contribute to the evolving knowledge in this field.

Background
Mental disorders
What is a mental disorder? Apparently, the answer should be found in the Diagnostic and Statistical Manual of Mental Disorders (DSM) which aims to provide a common language in, and standard criteria for, the area of mental disorders. However, the DSM itself emphasizes the difficulties involved in accurately distinguishing between normality and psychopathology. Different situations call for different definitions, thus the concept of a mental disorder cannot be easily or precisely defined. The DSM-IV (American Psychiatric Association, 2000) defines a mental disorder as a clinically significant behavioral or psychological syndrome or pattern, which is associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. DSM-V (American Psychiatric Association, 2013) defines a mental disorder as a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation or behavior that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning, usually associated with significant distress in social, occupational, or other important activities.

According to the DSM there are hundreds of mental disorders, although some have criticized it for creating too many diagnostic categories (Van-Praag, 2000). The more common types of mental disorders are various types of depression and anxiety, which cause appreciable emotional distress and interfere with daily functioning, though usually not affecting insight or cognition (McManus, Meltzer, Brugha, Bebbington & Jenkins, 2009).

The World Health Organization (World Health Organization, 2000) considers the mental disorder category to be one of the most burdensome of all classes of disease, in part because of its high prevalence: over a third of people in most countries report, at some time in their life, of encountering problems which meet the criteria for the diagnosis of one or more of the common types of mental disorders. In Australia about 45% of adults will experience a mental illness at one stage or another (Australian Bureau of Statistics, 2008), and about half of all USA residents will meet the criteria for a DSM-IV disorder sometime in their lives (Kessler, Berglund, Demler, Jin & Walters, 2005).

Mental disorders among adolescents
Mental health is essential for normal adolescent development, and when the mental health of adolescents is affected, the adolescents themselves, their families, their communities, and society as a whole carry a heavy burden (Kapphahn, Morreale, Rickert & Walker, 2006). Researchers have found that approximately 20% of adolescents across the globe suffer from a disabling mental illness (Belfer, 2008). Depressive symptoms are common in adolescents: over 9% of adolescents in U.S. reported depressive symptoms (Rushton, Forcier & Schectman , 2002), and suicide is the third leading cause of death in adolescents, affecting all ages, races, genders and socioeconomic groups, although some groups seem to have higher rates than others (National Adolescent Health Information Center, 2006).

Mental disorders are often lifelong illnesses that begin in childhood or adolescence. Up to 50% of all adult mental disorders have their onset in adolescence (Belfer, 2008; Kessler, Berglund, Demler, Jin & Walters, 2005). The onset of mental disorders at an early age is one of the reasons the World Health Organization considers mental disorders among the most burdensome of all types of diseases (World Health Organization, 2000).

The prevalence of mental disorders in adolescence has been increasing with each successive generation. A major factor which might explain this is that adolescence is now a longer period of time than it was in the past: puberty has been occurring progressively earlier, particularly in developed countries, and at the other end, full-time work and marriage now occur later in life (Parent et al., 2003). Other changes have also taken place over time in the nature of adolescence, and the environments in which adolescents find themselves may also be responsible for this (Evans et al., 2005).

Hospitalization for mental disorders
A common form of treatment for many mental disorders is psychiatric medication. Psychotherapy is also widely used. In some cases, usually in those of severe and persistent mental disorders, hospitalization is required. Modern mental hospitals have evolved from, and eventually replaced, the old lunatic asylums, where treatment was brutal at times, and focused on containment and restraint (Porter, 2006). Several decades ago, psychiatric patients were often hospitalized for extended periods of time, sometimes even

for many years, while currently people receiving psychiatric treatment are more likely to be seen as outpatients. However, in recent years hospitalization rates among teens in the United States have increased, going from 683 per 100,000 in 1996 to 969 per 100,000 in 2007. During this period of time hospitalization rates among adults have increased at a slower pace, from 921 to 995 per 100,000. Among the elderly the rate has declined, going from 977 to 807 per 100,000 (Blader, 2011).

Focusing on adolescents, James, Clacey, Seagroatt and Goldacre (2010) found that hospitalization rates in England have increased substantially with increasing age, from 20 per 100,000 per year aged 10 years to 220 per 100,000 aged 19 years. In Israel the average number of youths (age 12–17) hospitalized between 1998 and 2007 per year was 620 (of about 700,000), of which 80% were hospitalized voluntarily, while others' hospitalization was compulsory. Of those 620 patients, 330 were males and 290 were females, and the average length of stay was 90 days (Israeli Ministry of Health, 2009).

Hospitalized students' absence from school
Students hospitalized for a long period of time face not only the challenge of their mental health but also an educational challenge, as their extended absence from school usually involves the loss of important educational material and disengagement from the school community. Lindsey (1981) has studied a homeroom teacher's preparations for her pupil's hospitalization, noting that the teacher can help the child enter the hospital by preparing him or her for the anticipated period of absence through coordinating assignments with the hospital teacher, if any, as well as providing support for the parents. Lian and Chan (2003) identified the interruption of the pace of academic study as one of the major concerns of hospitalized children and their parents, and have thus provided recommendations for hospital schoolteachers.

To deal with hospitalized students' absence from school, Nisselle, Green and Scrimshaw (2011) described the learning opportunities that can be fostered within a hospital, highlighting how pedagogy may be apparent in a children's health setting as, for example, by displaying learning artifacts and holding dynamic learning activities on the premises, claiming that out-of-school learning environments such as hospitals provide opportunities for maintaining children's learning identities during absence from school.

Nisselle, Hanns, Green and Jones (2012) also described the use of laptop computers by hospitalized children and young adults, arguing that this technology could provide access to flexible learning and socializing opportunities for inmates. Cashin and Witt (2010) have examined the use of the Starbright World Program in a pediatric hospital. This program is an online social network for teens with life-threatening or chronic medical conditions through which they can connect with each other. The researchers have found that this program can be a beneficial addition to the services provided to pediatric patients, aiming to give them as many normalizing experiences as possible.

Re-entering school
Reintegrating into school after a lengthy absence is not easy. Researchers have engaged in examining this difficulty in various contexts, such as those of juvenile offenders (Goldkind, 2011; Toldson, Woodson, Braithwaite, Holliday & De La Rosa, 2010) or dropouts (Berliner, Barrat, Fong & Shirk, 2009; Brown, 2010; Whannell & Allen, 2011). In our case we are dealing with reintegrating into school after a long period of hospitalization.

Badger (2008) has provided a model which school social workers may use to facilitate the return from hospital to school of elementary school children whose appearances have been significantly altered as a result of illness or injury, by preparing classmates for the pupil's return. Shaw and McCabe (2007) have dealt with children with chronic illness, and noted that traditional plans for smoothing the transition from hospital to school may no longer be effective, since medical services have changed and now tend to reduce long-term hospitalization while instead increasing outpatient care. They describe the needs of the children concerned, as well as current hospital-to-school transition programs suited to the current health care system.

Focused on psychiatric hospitalization, Clemens, Welfare and Williams (2010, 2011) have found that reintegrating into school after discharge from psychiatric hospitalization can be overwhelming for many adolescents. Academic, social and emotional issues emerge as important areas of concern prior to and during the psychiatric-hospital-to-school transition. By interviewing mental health professionals

regarding catalysts and hindrances to successful school reintegration of adolescents after psychiatric hospitalization, they have come up with recommendations for educators and parents.

Ganz and Pao (1978) recommend that students hospitalized for psychiatric disturbances be allowed to re-enter school as soon as the acute illness stage has passed, since leave of absence following hospitalization does not ensure better re-adjustment. Simon and Savina (2010) have examined the role of special education teachers in the process of transition from psychiatric hospitals to schools, and found that the majority of special education teachers reported active involvement in the transition process through contact with parents and hospital personnel. They also presented reports about behavior problems upon children's return to school, and provided implications for research, training and practice.

Education of adolescents hospitalized for mental disorders
To avoid prolonged absence from the educational system of youth hospitalized for mental disorders, and to eliminate to the need for re-integration, youth psychiatric departments sometimes run schools in their proximity. These schools are faced with several significant challenges. The main challenge lies, of course, in the fact that all the students have mental disorders. However, there are additional challenges, such as unusual differences between the students in age, culture, academic level and even language, constant changes in student body composition, and the sometimes-insufficient contact with students' parents. Ways of coping with these and other challenges are varied.

To date, no research has explored schools designed for youth hospitalized in psychiatric departments. The goal of this article is to describe a successful educational approach for such schools through the model of the Ziv School, situated within the youth psychiatric departments of Ziv Medical Center in Safed, Israel. As the approach implemented in this school has been found to work exceptionally well, this study describes, defines and conceptualizes its educational credo.

Method
Data collection
The case study strategy has been chosen for this research as it consists of an intensive analysis of what Stake (2008, p. 120) calls a *bounded system*, typically one of interesting and unusual circumstances, within its real-life context. One might figuratively say that a case study is like a detective story or a puzzle that has to be solved: it describes a situation to be understood by analyzing the information provided within it. Using Thomas' (2011) understanding of the terms 'subject' and 'object', the subject of this case study is Ziv School, through which the study's object, i.e. the educational approach of such a school, could be revealed and explicated.

Case studies usually involve a longitudinal examination of a specific case. The study presented here lasted one year, during which visits were made at the youth psychiatric department of Ziv Hospital at least three times a week, and usually four to six times a week, for at least two hours each time.
Case studies are not always necessarily qualitative; however, in our present case study, qualitative tools and techniques have been employed, due to their ability to provide rich descriptions and deep comprehension of a given phenomenon. As such, this research aimed to provide in-depth explanations of the characteristics of a specific situation, while taking into account its subjective meaning to its participants, being attentive to what they were experiencing at the moment. In qualitative research personal acquaintance with the subject matter is an advantage.

The main tool used here is participant observation, which consists one of the most common methods for collecting qualitative data. The observations' aim was to gain a close and intimate familiarity with a given group of individuals through intense involvement with them over a long period of time. This type of research requires the researcher to immerse him-or-herself in the activities and lives of his or her research subjects, while at the same time maintaining the professional distance necessary for adequate and objective recording of data. In this study the observations included many activities – all activities that comprise the school routine such as lessons, breaks, meetings, discussions, conversations, examinations and ceremonies. Life at the department was also observed as a whole, including components such as therapy meetings, dormitory routines and doctors' visits.

In addition, related documents were read, such as pupils' notebooks, the school's annual work plans, and publications for the internal and the external public, both printed and online. Interviews were held as well: both unstructured interviews, which were informal conversational encounters, and semi-structured interviews with specified themes to be explored, though they were still quite flexibly composed. The

interviewees included school staff members, such as the school principal and teachers; psychiatric department staff members, such as psychiatrists and therapists; and also pupils and their parents.

Data analysis
In this research data analysis has been done through four stages: condensing, coding, categorizing and theorizing. The first stage of data analysis was condensing, as explained Miles, Huberman and Saldaña (2014): *Data condensation is not something separate from analysis. It is a part of analysis. The researcher's decisions – which data chunks to code and which to pull out… are all analytic choices* (p. 12). In this stage portions of data, which in any way reflect the school's educational way, were sought. The second stage of data analysis was coding. In this stage each segment of data was marked with a code – a word or a short phrase that symbolically represented and captured one aspect of the school's educational way it expresses. To obtain intra-coder reliability (Altier, Horgan, & Thoroughgood, 2012), the data were coded at two different occasions, to ensure consistency. The third stage of data analysis was categorizing. After capturing the essence of segments of data in the previous stage, this stage clustered them together according to similarity, in order to generalize their meanings. Segments of data were grouped and regrouped together when their codes had something in common until satisfactory categories emerged. The fourth stage was theorizing, aiming to transcend the categories toward a conceptual construct.

Triangulation is a powerful technique that facilitates validation of data (Bogdan & Biklen, 2007). In this study we used two kinds of triangulation: data triangulation - findings considered as based when they were found in at least three antecedents; and methodological triangulation - using three different qualitative methods to study the research topic: observations documents and interviews were compared to see if similar results are being found. It should be noted, that the goal of the triangulation was not to arrive at consistency across data, because inconsistencies should not be seen as weakening the evidence, but as an opportunity to uncover deeper meaning in the data (Patton, 2002). Moreover, a member check was conducted with all the participants to evaluate the soundness of the data (Holloway & Wheeler, 2010). Transcripts were sent back to a quarter of participants, requesting that they evaluate their responses to the interview questions and, if needed, add or refine their responses. Only two interviewees changed their answers, clarifying their remarks and adding things they forgot to say.

Findings
Data analysis yielded five main principles that compose the educational approach of Ziv School: (1) normative atmosphere, (2) personal value, (3) responsibility for recovery, (4) containment, and (5) flexibility. The subsequent sections will explain and demonstrate each of these principles.

Normative atmosphere
Ziv School believes that inmates' mental health is enhanced by attending school. Hospitalization in a psychiatric department creates an uneasy feeling of being non-normative, and since the act of going to school is an expression of normative behavior, it strengths one's feeling of being normative, which is both relaxing and healing.

In consistence with this belief, one of the major ways in which Ziv School strives to maintain a normative atmosphere is by connecting students to the normal rhythm of life through extra emphasis on preparing for and celebrating holidays. People who are hospitalized are naturally cut off from the outside world, and do not necessarily remember if or which holiday is coming up. Therefore reconnecting them to the large social collective to which they belong by emphasizing holidays and commemorative events means much more to them than to ordinary students or citizens. Thus, in Ziv School much attention is given to preparation for and celebration of holidays (respecting all students' religions) as well as observance of memorial days. These festive occasions are prepared for well in advance with the participation of all students, while medical staff is invited to take part in celebrations or ceremonies.

Along the same lines, the conclusion of the school year is celebrated with all due ceremonial detail, even though many students' entry to and exit from Ziv School do not coincide with this point in time. For most students at Ziv School, the end of the school year has no great significance, as they have joined the school somewhere along the school year, depending on when they were hospitalized, and will not complete the next school year in it. Nonetheless, Ziv School celebrates the end of the school year by holding a big party, includes all that is needed to put together a successful event, such as invitations, guests, rich refreshments and a full-length performance. This too is done with the intention of creating the feeling of a normative framework for the students.

From a broad perspective, Ziv School's goal to create a normative atmosphere is fulfilled predominantly by its emphasis on studying. The natural tendency regarding youth suffering from mental disorders is to reduce demands and pressures which might cause them further distress, and therefore minimize learning requirements until after recovery, while focusing on recreational activities, aiming to relieve boredom and provide fun. Ziv School holds a different and original viewpoint, claiming that studies create a feeling of being normative, thus contributing to inmates' wellbeing much more than various sorts of alternative activities. For this reason Ziv School seeks to maximize students' regular learning. Students' difficulties are to be considered, but it is important to get the students to learn as much as possible.

The subjects taught in Ziv School reflect this approach: not only fun subjects, such as drawing, music and games, but also mathematics, languages, civics, geography, history, Bible and literature are taught, as these are subjects that normative students of this age study. There is also a variety of art lessons, which are given not for their fun value but rather for the healing power of creative activity. Furthermore, Ziv School even encourages its students to take Matriculation Exams, instead of telling them, as one might expect, that due to their mental condition they should not be pressed to do them. This encouragement stems from the same viewpoint stated above, i.e., that if all students of the inmate's age group are engaged in preparations for the matriculation exams, he or she can do so too. The educational staff is composed accordingly: though being a special education school, Ziv school's teachers should seemingly be special education teachers, quite a few of them are not special education teachers but rather teachers who were trained to prepare students for Matriculation Exams, again – in order to promote the notion and feeling of normative progress. Ziv School's students are not generally expected to take the Matriculation Exams, due to their emotional conditions, and many of them actually do not, but the mere fact that there is an option to do so, and that some students do choose this option, reinforces the school's normative atmosphere.

The desired normative atmosphere at Ziv School is maintained not only through the subjects taught in it but also by its overall style of conduct, scrupulously maintaining external and technical elements such as lessons, breaks and classrooms. The state of long-term hospitalization, particularly in youth psychiatric departments, is not normative, so that maintaining a normative atmosphere at least in school increases the student's normative feeling, a feeling which supports recovery.

Personal value
Ziv School aims to facilitate its students' success, believing that the experience of success reinforces self-confidence and self-efficacy, thus supporting the recovery process. Some of Ziv School's students have experienced this feeling here for the first time in their lives, since they were used to being total failures, and having disappointed those around them they were often scolded, punished and rejected.

The most valuable success is that achieved through accomplishing normative tasks: effectively facing tasks faced by all peers creates a good feeling. For this reason, Ziv School seeks, first and foremost, to get its students to succeed in their studies. This is done by adjusting custom-made study programs for each student. There are two study tracks at Ziv – academic and vocational. Each subject may be studied on one of two levels, high or low; and each student enters the appropriate group for him or her, according to his or her level of knowledge and understanding. A teacher appointed to every single student is responsible for arranging that student's weekly schedule according to his or her needs. In addition, there are many thinking development lessons, aimed at measuring students' capabilities as well as enhancing them.

Ziv School enables its students to succeed not only scholastically but also behaviorally: a behavioral program is set for each student, with expectations according to his or her abilities, by means of which he or she can gain points and win prizes. The students make great efforts to behave well, although the prizes, which are purchased by the students themselves during shopping trips in which only well-functioning students participate, are very cheap, since what matters to the students is not the prize itself, but rather the feeling of success, which is new to many of them. The prize-buying budget comes from sales of ornaments that the students create, thus encouraging students to invest time and effort in producing such ornaments.

By employing these methods, the staff at Ziv School expresses its distinctive belief that there is no essential correlation between one's inner world and outer functioning. Even when the student's inner world is stormy or complicated, he or she can function well, win compliments and prizes, and thus

improve his or her mental health.

But this is not all. Ziv School strives to create not only a feeling of success but also a feeling of value. For this purpose, the students engage in contributing to the community. Despite limitations due to their hospitalization in a locked department, the students contribute to the community in which they live through projects such as encouraging visitors to the hospital as well as patients to recycle used materials, or improving the hospital façade. A musical band of girls who suffer from eating disorders voluntarily appears in the hospital's pediatric department every week (without notifying the audience who the performers are, so that their eating disorders remain secret, of course), gaining these girls a feeling of being not only normative and successful but also valuable and significant to others. Thus, projects which are conventional for regular schools are pioneering and innovative when they take place at a school of youth hospitalized for mental disorders.

Responsibility for recovery
Aiming to encourage the inmates to take responsibility for their recovery, Ziv School's educational staff, together with other staff members of Ziv's youth psychiatric department – the medical staff, the nursing staff and the therapy staff – operate the level method, which is a fundamental methodology devised by Ziv's youth psychiatric department. According to this methodology, each inmate is assigned a certain level every week, while the possible levels range from A to E. The level chosen reflects the inmate's degree of functioning in a variety of aspects during the previous week, such as obeying the department rules, maintaining personal hygiene, respecting staff, eating properly, and avoiding violence. The level chosen implies a wide range of permits and limitations during the next week, such as places where the inmate is allowed to be – level A allows presence only in the dormitory, level B in the school as well, level C in the yard too, etc.; as for the degree of supervision required – from level B on, the inmate is allowed to leave the dormitory with only one on one supervision, while at level C the inmate may leave as part of a group too; at level D and H the inmate may go out without any supervision; as for vacations – level A allows no vacations, level B means vacation on Saturday, level C vacations continue on till Saturday night, etc.

The educational staff takes part both in determining the levels and in implementing the rights they imply. A representative of the educational staff takes part in a weekly meeting titled *levels discussion*, assembled to determine which level each inmate should get, and the entire educational staff takes part in implementing the decisions.

The logic of the level method is that the degree at which inmates function defines their degree of risk, and hence the degree of protection they require, resulting in rights such as leaving the dormitory building or being unaccompanied. At the same time, this method aims to reflect to the inmate his or her condition, and more importantly – to encourage improved functioning. The inmates gain from functioning better, and vice versa, which motivates them to take responsibility for their own recovery, because progress is in their own hands. Every week each inmate starts afresh and has a new chance to advance.

The level method actually replaces all dealings with discipline, which are usually quite a dominant part of standard school life. There is no need to preach, scold, punish or send students to the principal; the results of one's inappropriate behavior – such as impudence, vandalism or violence – are known in advance, discouraging inmates from opting for them.

Programs like the level method are used in many places, but using it among youth with mental disorders is probably quite uncommon, because their behavior is a result of their mental condition, and therefore one seemingly could not expect them to take responsibility for it. Ziv staff claims that although recovery from mental disorders does not depend solely on the patients' desire, using the level method does cause patients to take responsibility for their own progress and improve their functioning from week to week, contributing to their recovery process and accelerating it.

Containment
Ziv School's staff constantly works on containment – a psychological term which means broadening one's capacity to contain the feelings and hardships of others. The staff does its best to accept students as they are without any hint of judgment. This is perhaps the most important component in the constant professional development of Ziv School's staff.

A teacher of students with mental disorders can never know what kind of mood the student will come in with at any given time, due to frequent and radical mood swings. The teacher may be very disappointed when, for example, he or she put much effort into preparing a certain student for a Matriculation Exam, just for the student to suddenly arrive in a bad mood and decide not to take it; or when the teacher has helped the student through a long process of creative art work, after which the student abruptly decides to throw it away. To face such challenges, the school staff must not to be judgmental but accept the students as they are.

It should be noted that at Ziv School there is a clear separation between the educational and psychological realms. The teachers know that they are responsible for the learning aspect, and do not engage in discussions with students concerning their inner psychological worlds. When a student brings up a psychological issue in class, directly or indirectly, through a story or a drawing for example, the teacher clarifies that the suitable time for bringing up psychological issues is during psychotherapy meetings. Despite this separation, the teachers understand psychological terms, such as 'containment', for instance, and implement them.

Containment may seem to be a contradiction to the encouragement to function as normatively as possible mentioned above: The question arises: if you really accept the students as they are, how can you expect them to improve? However, Ziv School's staff holds the two seemingly-opposite approaches at the same time, dialectically incorporating the contrast: accept the students without judgment, and yet expect them to function better and better as time goes on.

Flexibility
The educational work of Ziv School is characterized by great flexibility, which is needed due to unceasing changes in both the students' population and their immediate needs. As mentioned above, the student population of Ziv School is constantly changing. Regular schools are usually attended by students for more than one year, whereas at Ziv School students more often than not leave school within less than one year. Moreover, quite a few students join Ziv School and leave it throughout the school year, depending on when they were hospitalized and then released, so that Ziv School's student body has little stability. In addition, each student's needs are constantly changing. The students' level of functioning, their willingness to cooperate, their moods and motivation levels rise and fall, and the educational work must be suited to these fluctuations.

The flexibility of Ziv School's educational work can be seen in the ongoing changes in each student's weekly schedule. In the beginning of each week the educator and student convene to check out the student's weekly schedule, examining which elements within it work and which do not, modifying it as needed. During the week too, the educational staff tailors study programs to students' needs, employing flexibility when necessary.

Flexibility is employed not merely as a solution to the challenge of incessant changes in students' population and needs; it is also a significant therapeutic principle. Mental disorders are often associated with rigidity, and for youth hospitalized for mental disorders it is very important to learn to be more flexible, i.e., to be able to adjust the appropriate tool or way of coping to a given situation, as well as to modify the tool from moment to moment as needed. The staff's flexibility serves as an example for the students, supporting their recovery process.

It is important to note that flexibility is not Ziv School's only guideline in dealing with its students; At certain times the opposite approach is implemented. Ziv School's educational work is thus characterized not only by flexibility but rather by a combination of flexibility and rigidity. Only after the patient has understood the framework and rules of the setting is flexibility possible. Looking deeper into this issue, it should also be pointed out that the educational approach taken towards a student depends on his or her specific condition and needs. Students with eating disorders, for example, usually suffer from excessive rigidity, and therefore need to learn to be more flexible. On the other hand, students who suffer from schizophrenia, for instance, which may experience hallucinations and delusions, need the opposite – not flexibility but rather stability and regularity. In other words, the educational approach appropriate for a student suffering from a certain mental disorder depends on his or her diagnosis.

Conclusion
Ziv School was founded with no clear guidelines from the Ministry of Education regarding the educational work of schools designed for youth hospitalized for mental disorders. There is also no

existing research knowledge on this matter. The natural tendency towards youth suffering from mental disorders is to reduce expectations that might cause them further distress, minimizing learning requirements and focusing instead on recreational activities.

Findings show, that Ziv School's educational approach is composed of five main principles: (1) maintaining a normative atmosphere; (2) providing the students with a feeling of personal value; (3) expanding students' responsibility for recovery; (4) working on staff's containment of students; and (5) taking a flexible approach. Due to this approach, Ziv School not only provides education to youth hospitalized in a psychiatric department but also functions as an active factor, together with the medical and therapeutic aspects provided by the department, in expediting its students' recuperation: thanks to its educational approach, Ziv School is a part of the student's recovery process.

Ziv School's educational approach advocates learning in a proper school as a healing activity for youth hospitalized for psychiatric disorders, an approach actually endowing a new meaning to learning, as it is considered to be a rehabilitative process. This sheds a new light on the treatment that Ziv Youth Psychiatric Department provides for its inmates: it includes not only medication and psychotherapy, but also learning at a proper school. Ziv School is not an attaché of Ziv Youth Psychiatric Department, merely responding to the need for education; in fact, Ziv Youth Psychiatric Department has two branches - the medical-therapeutic one and the educational one, both facilitating the healing process.

This study provides unique data compared to prior research; however, it has several limitations. As a case study it deals with only one school. Thus, it requires further replication elsewhere in the world, in various contexts, in order to substantiate the validity of the conclusions drawn from this particular case. Further research might also compare the educational approaches of schools for youth hospitalized for mental disorders with the educational approaches of schools or educational frameworks for youth in long-term hospitalization for other reasons. Generalization of the findings and further weighing of the most effective educational approaches for such schools may greatly contribute to the evolving knowledge in this field.

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