

MoM-Central MHPSS TF-24

Date	Tuesday 20 September 2016	Venue	WHO Conference Room (-1)
Time	2:00-3:00	Minutes prepared by	Nour Kik

Organizations attending	Caritas Lebanon, Dorcas-MSD, Fundacion Promocion Social de la Cultura, Himaya, IDRAAC, International Organisation for Migrants, International Rescue Committee, MEDAIR, Ministry of Public Health, Ministry of Social Affairs, Sanad, UNHCR, UNICEF, UNRWA
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Agenda

- 1. Presentation of the finalized psychotropic and neurological medication list for humanitarian settings**
- 2. Review of implementation status of 2016 MHPSS TF action plan**
- 3. Brainstorming session for 2017 action plan: challenges and gaps**
- 4. General Updates**

Discussion	Action / Decision / Suggestion
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1. Presentation of the finalized psychotropic and neurological medication list for humanitarian settings

<ul style="list-style-type: none"> ➤ Issue: Different lists of psychotropic and neurological medications were being used by humanitarian actors, some of the latter medication being costly with no evidence of added benefits. This was leading to challenges in the continuum of care and therefore to a need to rationalize the medication list. ➤ The rationalization of the medication list was conducted in line with domain 2 of the “Mental Health and Substance Use Strategy for Lebanon 2015-2020”, specifically with objective 2.3.3 Revise the MoPH list of psychotropic medications for prescriptions by specialists. ➤ Starting points <ul style="list-style-type: none"> - MOPH/YMCA list as a base - Psychotropic and neurological medications used by NGOs/iNGOs - Lebanese National Drug Index 2015 - WHO essential list ➤ Two psychotropic and neurological medication lists were developed: <ol style="list-style-type: none"> 1) For Adults and Children, with recommended line of treatment 2) For Emergency Rooms of Hospitals ➤ 5 categories of psychotropic medications: 1.Antipsychotics, 2.Anxiolytics, 3.Antidepressants, 4.Mood stabilizers, and 5.Antiepileptic drugs ➤ Medications categorized by cost effectiveness (line of treatment) ➤ Eligibility: Lebanese and non-Lebanese in the MOPH primary health care network 	<ul style="list-style-type: none"> ➤ The finalized lists will be shared with the task force.
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<p>➤ To ensure that there is a unified channel of distribution for Lebanese and non-Lebanese, and to maintain a certain level of cost-effectiveness and quality control, the following distribution channel will be set for the added medication (in addition to the regular channel in PHC centres via YMCA for the essential medications) :</p> <ul style="list-style-type: none"> - Via MOPH → 8 community mental health referral centers (1 in each governorate) - Referral from other PHC centres for psychotropic medication will be accepted, with medication periodic review - For advanced medications: first prescription by psychiatrist or neurologist; prescription renewal will be opened soon for mhGAP doctor 	<p>➤ The list of these community mental health referral centers will be share with the task force once they are identified.</p>
<p>1. Review of implementation status of 2016 MHPSS TF action plan</p>	
<p>➤ The implementation status of the 10 objectives on the MHPSS TF 2016 action plan were reviewed.</p> <p>➤ The implementation of all objectives is on track.</p>	
<p>2. Brainstorming session for 2017 action plan: challenges and gaps</p>	
<p>➤ In preparation for the development of the 2017 MHPSS TF action plan, a discussion around challenges and gaps in MHPSS work was held during the meeting.</p> <p>➤ Points brought up by participants:</p> <ul style="list-style-type: none"> - Connections with police officers to sensitize them about mental health are needed. - Hotline is needed for crisis management - Involuntary hospitalisation in extreme cases: procedure needed, particularly in view of the potential harm of involving Internal Security Forces. - Mental Health Law proposal does not address the situation of refugees - Long waiting lists for referring patients to mental health services in organisations (E.g. to psychiatrists, speech therapists, psychomotor therapists) - Lack of mental health services in the North and North Bekaa - Gaps of services outside working hours 	<p>➤ To ensure that all actors have the opportunity to participate in the development of the action plan, an anonymous and short online feedback form (2 questions only) will be shared with the task force to collect feedback on challenges and priorities to be addressed.</p>
<p>3. General Updates</p>	
<p>➤ 4Ws (Who is doing What, Where and until When) mapping exercise was launched. 15 organisations have contributed so far and still expecting some organisations to send their sheets in the coming week.</p>	<p>➤ Organisations that haven't filled it yet are urged to do so as it is critical for a comprehensive and reflective mapping that is timely and useful for everyone.</p>

➤ **Update on the National Mental Health Programme’s current activities in light of the implementation of the “Mental Health and Substance Use Strategy for Lebanon 2015-2020”:**

DOMAIN 1: Leadership and governance

- Finalizing an inter-ministerial substance use response strategy (objective 1.1.3)
- Developing a mental health and substance use strategy for prisons (objective 5.5.1)
- Revising laws and regulations related to mental health and substance use (objective 1.3.1)

DOMAIN 2: Reorientation and scaling-up of mental health services

- Integrating mental health into PHC centres and Social Development Centres (SDCs): mhGAP trainings +support and supervision (Objective 2.1.1)
- Piloting a community-based multidisciplinary mental health team (Objective 2.1.2)
- Contracting with general hospitals for beds in inpatient psychiatric wards (Objective 2.1.3)
- Adapting and piloting an e-mental health guided self-help programme for Lebanon with WHO (Objective 2.1.7)
- Developing accreditation standards for mental health/substance use institutions/organizations taking into consideration the special needs of children, children with disabilities and other vulnerable groups (Objective 2.4.1)
- Developing a code of ethics for mental health/substance use service providers (Objective 2.4.2)

Domain 3: Promotion and Prevention

- Starting discussions with MEHE and MOSA to work towards: integrating evidence-based mental health promotion and prevention into:
 - national protection programming (social protection, child protection, SGBV, minors in the judiciary system) (3.1.2)
 - maternal and child health programmes (3.1.3)
 - Schools (3.1.4)
 - Implementing an evidence-based framework for prevention and monitoring of suicide: suicide prevention Helpline project with Embrace (3.1.5)

Domain 4: Monitoring and Evaluation

- Integrating a core set of mental health indicators within the national HIS at all levels: outpatient (dispensaries, PHC centres, and mental health clinics)

➤ Regular updates are provided through the National Mental Health Programme Newsletter accessible on the NMHP page on the new MOPH website: http://www.moph.gov.lb/en/Pages/6/553/the-national-mental-health-program#collapse_1349

➤ The national strategy and publications of the NMHP are also available on and downloadable from this webpage.

<p>and inpatient (psychiatric hospitals and psychiatric wards) (Objective 4.1.1)</p> <ul style="list-style-type: none"> • Developing a psychiatric registry 	
<p>➤ Himaya are holding an Annual symposium around: “Building and Strengthening the Child Protection Network” on October 21 and 22, 2016 at the Saint-Joseph University, Faculty of Medicine.</p>	<p>➤ Invitation to be sent to Nour Kik for circulation among the task force members.</p>
<p>➤ Handicap International (HI): As funding for emergency is going to stop most probably in 2017, HI is trying to find local partners, especially for rehabilitation, to ensure that the transition is smooth.</p>	<p>➤ Interested partners to contact HI.</p>
<p>Next meeting: Monday October 17, 2016 at 2pm in the WHO conference room (-1), Lebanese Unviersity Glass building, Mathaf.</p>	