MINISTRY OF PUBLIC HEALTH
MENTAL HEALTH PROGRAMME

MHPSS Indicators v1.1

The Mental Health and Psycho Social (MHPSS) indicators are designed as a minimum set of indicators to monitor the access and some quality components of the available MHPSS services provided by non-governmental and humanitarian actors. It focuses on the provision of the main MHPSS activities with follow-up on specific vulnerable categories of the population (suicide risk, psychosis, referral to hospitals...) in addition to staff training and staff care.

These indicators were designed based on available indicators shared by the different organizations participating in the MHPSS task force in addition to local and international stakeholders and experts feedback. The PSS indicators were selected from indicators already in use by the child protection sector, to increase the reporting on these indicators.

The main purposes of these indicators are:

1/for persons with mental health disorders

- To monitor the access to doctors trained on Mental Health Gap Action Program (mhGAP), psychologists and psychiatrists
- To monitor the trend of mental health diagnosis
- To follow-up on specific vulnerable groups and decrease risk of relapses and suicide
- To empower the persons with mental health disorders and their caregivers

2/for persons benefiting from psychosocial activities

- To increase reporting on some Child Protection (CP) indicators related to PSS activities

4/for staff

- To increase the number of staff trained on evidence based mental health interventions
- To increase the number of staff benefiting from staff care activities

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A/Definitions

Term	Definition
New person	Person with a mental health disorder coming for the first time to the facility for this specific mental health disorder
Person on **follow-up**	Person with a mental health disorder receiving a follow-up consultation
Active person	Person not being formally discharged from the facility for a mental health episode and interacting with the mental health service of the facility at least once within the last 3 months
Discharged person	The person with mental health disorder is considered officially discharged for this mental health episode when it is formally agreed with the person that there will not be any interaction with the facility
Defaulter person with psychosis	A defaulter person with psychosis is a person with psychosis not officially discharged and not interacting with the facility even once within the last 3 months (either by phone or home visit or for medications or for consultation…)
Mental health **diagnosis**	Mental health diagnosis is based on International Classification of Disease ICD10
Suicide risks	As per mhGAP suicide risks criteria[1]
Staff	Staff is any staff working with the Non-Governmental Organization (NGO)
Clinical staff	Clinical staff are the staff working in a facility to provide MHPSS and include the social worker and the case manager
Complaint/redress mechanism	Complaint/redress mechanism is a mechanism set by the NGO to ensure that complaints from MHPSS beneficiaries are promptly received, reviewed and addressed by the related responsible at the NGO to improve the MHPSS services

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[1] WHO mhGAP intervention guide 2.0 is available at http://www.who.int/mental_health/mhgap/mhGAP_intervention_guide_02/en/

B/MHPSS Indicators – monthly reporting

Organization name		Reporting Month and Year	
Facility Name		Focal Person Name	
Facility Caza		Focal Person Position	
Facility Longitude (Y)		Focal Person Cell phone	
Facility Latitude (X)		Focal Person Email	
Facility Phone number			

1/Mental Health indicators

M1-By Provider	Not Available	New Consultations	Follow-up Consultations
Doctor(s) trained on mhGAP			
Psychotherapist(s)			
Psychiatrist(s)			
Total			

M2-By Nationality	Number of Active Persons
Lebanese	
Displaced Syrians	
Palestinian Refugees from Syria (PRS)	
Palestinian Refugees from Lebanon (PRL)	
Other	
Total	

M3-By Age Category	Number of Active Persons
<18y	
19y-59y	
>60y	
Total	

M4-By Mental Health Diagnosis	Number of Active Persons
Anxiety	
Depression	
Psychosis (including bipolar disorders)	
Developmental disorders	
Other mental health disorders	
Total	

M5-By Specific Vulnerabilities	Number of Active Persons
Persons with current suicide risks	
Persons with substance use disorders	
Total	

M6-By Psychiatric Admission Status to Hospital	Number of Persons Referred for Psychiatric Admission
Persons admitted < 48h	
Persons admitted between 48h and 2 weeks	
Persons admitted > 2weeks	
Persons managed and recovering without admission	
Persons still pending admission	

M7-By Follow-up Status after Hospital Discharge	Number of Persons
Followed within 72h of hospital discharge	
Followed after 72h of hospital discharge	
Not followed after hospital discharge	
Still admitted (not yet discharged)	

M8-By Reason for Discharge	Number of Persons Discharged from the Facility
No need for treatment	
End of treatment	
Family refusal of treatment	4
Person refusal of treatment	
Defaulter person with psychosis	
Other	
Total	

2/Psycho Social indicators

(Selected from Child Protection indicators related to PSS activities)

(to be reported to Child Protection sector via **activity info**)

Number of girls and boys engaged in Community based **Child Protection** activities (definition as per CP indicators)	**Objective**: To increase the capacity and awareness of children to negotiate risks and know where to go for help **Target group**: Open to all children/adolescents living in vulnerable communities including out-of-school children **Delivery modality**: Community members/structures or CBOs with support of NGOs. Package: Includes culturally appropriate activities identified by community, including but not limited to; Community based PSS objectives through activities as drama, crafts, traditionally storytelling, sports (i.e. sports for development)/ other curriculums that look at preventing risks associated with child labor, child marriage, violent discipline / other key CP-GBV messages/ peer to peer support models. **Duration:** Should be open to children as long as they need to attend, yearly approach. Reporting on AI: Occurs upon initial registration of a child for participation (1 session or more). Disaggregated by: population cohort, sex and age (0-5, 6-11, 12-17) and by the following vulnerabilities when addressed in the content of activities: *(child labor, child marriage, positive discipline). Referral: At risk children identified in this activity should be identified and referred to focused PSS and/or case management as appropriate. Note: Reporting under this indicator aims to capture on-going CP activities in a community. It does not include one-off sensitization sessions or activities. These may be reported instead under Indicator 4. Please also reference PSS Committee "PSS interventions for Children and Caregivers Guidance". Please note that if a child attends focused and community based they can be double counted.
Number of **caregivers** engaged in activities to promote wellbeing and protection of children (definition as per CP indicators).	This activity can take 2 forms: 1. Caregiver Support Groups 2. Parenting Skills/Positive Discipline Training, caregivers can participate in both: **1. Caregiver Support Groups** Objective: To provide caregivers with a safe space where they can exchange share positive experiences, difficulties and doable solutions with peers whilst raising awareness about mental health and child protection and GBV concerns or problems Target Group: Parents or caregivers of children (including but not limited to those in PSS) Delivery modality: Led by trained community members/volunteers and non-professional staff with ad hoc support/guidance from NGOs Package: Topics of discussion are selected by the members of the group - with key messages on MHPSS, child protection and GBV integrated. Duration: Ongoing basis as long as the group is active, monthly meetings are recommended. Reporting on AI: occurs on initial attendance (1 session or more) attended Disaggregated by: population cohort and sex. Referral: Caregivers of children benefiting from case management, community based and focused PSS should be referred to caregiver programs. **2. Parenting Skills/Positive Discipline Training** Objective: To enhance psycho-social support and wellbeing and support positive parenting skills for caregivers living in a situation of high stress Target Group: Parents or caregivers of children with priority/targeting to parents/caregivers of high risk children/ children in focused PSS Delivery modality: Delivered by trained staff or highly skilled facilitators Package: Curricula tailored to address specific needs identified by caregivers including IRC Positive Parenting package. Duration: Cycle based activity with 8-12 sessions recommended. However, a minimum of 6 sessions should be attended. Reporting on AI: occurs once a minimum of 6 sessions is attended Please note that if caregiver attends both support groups and training they CANNOT be double counted. Disaggregated by: population cohort and sex and by the content of the sessions when addressing: child labor, child marriage and positive discipline. Other topics may be addressed in sessions, but only these 3 will be reported. Referral: Caregivers of children benefiting from case management, community based and focused PSS should be referred to caregiver programs. Note: Please also reference PSS Committee "PSS interventions for Children and Caregivers Guidance".

C/MHPSS Indicators – yearly reporting

Organization name		Reporting Year	
Organization Caza		Focal Person Name	
Organization Longitude (Y)		Focal Person Position	
Organization Latitude (X)		Focal Person Cell phone	
Organization Phone number		Focal Person Email	

Y1-By Training Description for Clinical Staff	Number of Clinical Staff Trained	
Humanitarian interventions		
Psychological First Aid (PFA)		
Crisis management protocol		
Other humanitarian interventions (add notes on type of interventions)		Notes:
Low intensity psychological interventions		
Mental Health Gap Action Program (mhGAP)		
Parenting skills		
Social skills enhancement		
Recovery-oriented mental health practice		
Substance use brief interventions		
Other low intensity psychological interventions (add notes on type of interventions)		Notes:
High intensity psychological interventions		
Interpersonal Psychotherapy (IPT)		
Cognitive Behavioral Therapy (CBT)		
Eye Movement Desensitization and Reprocessing (EMDR)		
Other high intensity psychological interventions (add notes on type of interventions)		Notes:
Total staff trained		

Y2-By Training Description for Frontliner Staff	Number of Frontliner Staff Trained	
Humanitarian interventions		
Psychological First Aid (PFA)		
Crisis management protocol		
Other humanitarian interventions (add notes on type of interventions)		Notes:
Low intensity psychological interventions		
Parenting skills		
Social skills enhancement		
Recovery model		
Other low intensity psychological interventions (add notes on type of interventions)		Notes:
Total staff trained		

Y3-By Staff Care Activities	Number of Staff
Number of staff working with the NGO and benefiting from staff care activities	
Total number of staff working with the NGO	

Y4-By Person Feedback	Yes/No	
Availability of satisfaction survey		
A copy of the satisfaction form is shared with the MOPH-National Mental Health Programme (where available)		(Attach form when available)
Availability of complaint/redress mechanism		
A copy of the protocol for the average number of days to solve the complaint per type of complaints is shared with the MOPH-National Mental Health Programme (where available)		(Attach form when available)