

MoM-Central MHPSS TF-26

Date	Tuesday 8 November 2016	Venue	WHO Conference Room (-1)
Time	2:00-3:00pm	Minutes prepared by	Carter Howell and Nour Kik

Organizations attending	Caritas Germany, Caritas Lebanon, DIGNITY, Dorcas, Embrace Fund, EMDR Association Lebanon, Handicap International, Himaya, IDRAAC, International Committee of the Red Cross, International Medical Corps, International Organisation of Migration, International Rescue Committee, MEDAIR, Medecins Du Monde, Medecins Sans Frontiere-Belgium, Ministry of Public Health, Ministry of Social Affairs, OCHA, Relief International, Restart Center, UNHCR, UNRWA.
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Agenda

1. **Presentation by DIGNITY, the Danish Institute Against Torture**
2. **Draft 2017 MHPSS TF Action Plan**
3. **Finalized recruitment criteria for mental health professionals in humanitarian settings**
4. **Community service utilization indicators**
5. **General Updates**

Discussion	Action / Decision / Suggestion
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1. **Presentation by DIGNITY, the Danish Institute Against Torture**

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| <ul style="list-style-type: none"> ➤ A presentation was given by DIGNITY, the Danish Institute Against torture about the institute and its work. ➤ DIGNITY is a human rights institute, which works to eradicate torture and abuse in Denmark and Abroad, with treatment, research and international development under the same roof. ➤ It is represented in more than 20 countries, where it cooperates with local partner organisations to fight torture and help victims of torture and organized violence as well as their families to a better life. ➤ Main focus: building the capacity of health professionals in the field of torture and providing long-term clinical supervision. They also establish clinics where inter-disciplinary services for victims of torture are provided. ➤ Over the past few years, they have aimed at developing a new approach in the area of “Urban Violence”. They work with different types of authorities to address “grey” forms | <ul style="list-style-type: none"> ➤ The PPT presentation will be shared with the minutes. |
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of violence that often persist in urban areas. Syrian, Iraqi and Palestinian refugees are their main focus.

- They are currently exploring the needs and gaps in Lebanon that they can fill (mainly through capacity-building).
- They are interested in building research collaborations with organisations in Lebanon on issues related to refugees, mainly unregistered refugees living in urban settings. They are interested in documenting some of these experiences to make more visible the often over-looked aspects.

2. Draft 2017 MHPSS TF action plan

- The action plan which was drafted based on the priorities identified by the task force in all regions was presented:
 1. **Establish referral system for crisis management**
 - Ensure a regularly updated online 4Ws
 - Identify referral nodes and pathways
 - Develop Standard Operating Procedures (SOPs) for hand-off and follow-up and conduct trainings on them
 - Develop M&E system (referral registry)
 - Up-scale crisis management trainings for front-liners
 - Pilot a crisis management unit with mobile teams at governorate level
 2. **Establish multidisciplinary community mental health teams in underserved areas**
 3. **Up-scale evidence-based psychotherapy approaches**
 - Continue the TOT on IPT to have local trainers in IPT, and train other psychologists working in the humanitarian response on IPT
 - Conduct a Training on EMDR with the Lebanese EMDR association
 4. **Conduct an assessment of the perceived mental health needs of displaced persons**
 5. **Develop practical guidance and tools for monitoring and evaluation of MHPSS programmes in line with the IASC Framework for Monitoring and Evaluation of MHPSS Programmes in Emergencies**
 6. **Conduct workshops on best practices and evidence-based approaches for humanitarian settings in MHPSS (including IASC guidelines)**

- Feedback on the draft action plan:
 - All agreed that the draft action plan reflects the identified priorities.
- Clarifications given based on questions from participants:
 - The gaps of services in certain areas will be addressed through the establishment of multidisciplinary community mental health teams in under-served areas.
 - The establishment of mobile teams as a stop-gap measure for the gap in emergency situations will be piloted.
 - The multidisciplinary community mental health teams will be the referral nodes for the mental health Gap Action Programme (mhGAP) trained Primary Health Care Centres.
 - EMDR therapy was chosen for scale-up along with IPT as it is in line with the mhGAP which is being followed. All the therapies that are recommended for scale-up are being included in the action plan.
 - Himaya mentioned that they are currently conducting a needs assessment for displaced persons. It was agreed that they will present the results in the meeting next month.
 - Saint-Joseph University is also conducting a study about mental health needs and perceptions of Syrians displaced. It may also

- 7. **Train MHPSS service providers on the “Developmental disorders” module from the mhGAP**
- 8. **Build the capacity of non-specialized staff to identify and refer persons with mental disorders**
 - Conduct trainings for Protection sector on recognizing mental disorders and referral
 - Conduct trainings for committees in the regions on recognizing mental disorders
- 9. **Mainstream mental health in Protection outreach and awareness material**

➤ **The head of the National Mental Health Programme (NMHP) emphasized that:**

- It is very important that actions in the field of MHPSS of all actors address the identified national priorities and needs with an evidence-based approach, and therefore are in line with the national mental health strategy and the MHPSS TF annual action plan.
- Actors are encouraged to consult with the MHPSS TF chair to ensure that their projects respond to the needs identified in the action plan.
- The NMHP is willing to develop collaboration with any interested actor for the implementation of strategic objectives in the “Mental Health and Substance Use Strategy for Lebanon 2015-2020” or in the MHPSS TF annual action plan.

guide the larger-scale assessment to be conducted as part of the action plan.

- The timeline of the action plan is not fully developed yet. It will be further developed in coordination with the organisations interested in supporting the implementation of the different action points.

➤ The draft action plan will be reviewed by the task force in all regions before finalization.

➤ Some organisations already expressed interest in supporting implementation of the 2017 TF action plan:

- Handicap International (establishing multidisciplinary community-based centres)
- Relief International (development of awareness material and establishment of mobile teams)
- Embrace Fund (referral system)

3. Recruitment criteria for mental health professionals in humanitarian settings

➤ One of the objectives in the 2016 action plan of the task force was to: **“Harmonize recruitment criteria for mental health professionals working in the humanitarian field” with the aim of ensuring that professionals with the minimum needed qualifications are employed.**

➤ The process followed for the implementation of this objective was:

➤ The recruitment criteria document will be circulated with the task force for review and feedback.

<ul style="list-style-type: none"> • Collection and review of the recruitment criteria currently used by task force organizations • Review of international standards and guidelines, including the IASC guidelines on mental health and psychosocial support in emergency settings • Drafting • Local and international expert review <p>➤ The professionals covered are the following:</p> <ul style="list-style-type: none"> • Psychiatrist • Clinical Psychologist or Psychotherapist • Mental Health Nurse • Social Worker operating in a mental health setting • Mental health case manager • Community mental health worker • Mental health outreach worker • Mental health programme technical adviser • Mental health programme coordinator 	<p>➤ In response to a question about organisations’ readiness to adopt these criteria, it was clarified that the criteria were developed based on an expressed need by task force organization. As such, it will hopefully be used as a guidance/reference to go back to and to strive for.</p> <p>➤ In response to a question about whether any efforts will be made to incorporate humanitarian studies in psychological studies, it was clarified that the MOPH is working on a comprehensive capacity building plan (pre-service and post-service) for different target groups from mental health to health and non-health professionals. Psychologists are one of the targeted groups. This will not be done within the humanitarian response but will ultimately impact it.</p>
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4. Community service utilization indicators

<p>➤ The latest draft list of indicators on community service utilization was presented, in addition to the proposed form for data entry.</p> <p>➤ It was highlighted that the indicator on the “Availability of Patient Satisfaction Survey” was added as it is important to empower persons with mental disorders. In the first phase, the availability of such surveys will be monitored. In a second phase, the types of surveys used will be examined with the aim of standardizing.</p> <p>➤ Data collection will take place via an online platform incorporated into the MOPH HIS.</p>	<p>➤ The list will be shared with the task force for review and feedback before finalisation.</p> <p>➤ The data collection mechanism will then be piloted with a few organisations.</p> <p>➤ In response to a concern about the amount of work that would need to be exerted, it was clarified that data is already being collected by organisations. However, the issue is that different NGOs are collecting different data differently. Since data is being collected anyway, it is better to harmonize to allow for data compilation which will give very useful insights and which can be used as a powerful advocacy tool.</p>
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5. General Updates

<p>➤ 4Ws (Who is doing What, Where and until When) mapping exercise was completed. 32 organisations have contributed.</p>	<p>➤ The report will be finalized this month.</p> <p>➤ It was decided during the meeting to develop a form to be filled by organizations about their planned MHPSS projects in 2017.</p>
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| <ul style="list-style-type: none"> ➤ Training by CP sector on ‘<i>Early Identification and Safe Referral of Child protection cases</i>’ in the South, Nabatieh, Beirut, Mount Lebanon, the North and Akkar, Baalbak Hermel and the Bekaa between the 17th of October and the 30th of December. ➤ 150 spaces have been dedicated for MHPSS actors. ➤ The training targets frontline staff in direct contact with children and caregivers on daily basis, in addition to their managers. ➤ Through this training, they will learn the basics of how to identify children at risk or survivors of violence, neglect, exploitation and abuse, and safely refer them to child protection case management agencies, while maintaining confidentiality and the child’s best interests. | <ul style="list-style-type: none"> ➤ Invitation for participation will be shared again with the MHPSS TF. ➤ The participation of all MHPSS actors is highly encouraged, particularly as this was identified as a need to strengthen the inter-sectoral humanitarian response. |
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Next meeting: Tuesday December 13, 2016 at 2pm in the WHO conference room (-1), Lebanese University Glass building, Mathaf.