

MoM-MHPSS-TF-South

Date	Thursday August 11, 2016	Venue	Imam Sadr Foundation Tyre
Time	10-11:00am	Minutes prepared by	Rayan Taher
Organizations attending	Imam Sadr Foundation, International Medical Corps, Ministry of Public Health, National Institute for Social Care and Vocational Training and Terre Des Hommes-Lausanne		

Agenda

1. **Review of MHPSS TF Action Plan 2016 implementation**
2. **Brainstorming for MHPSS TF Action Plan 2017 development**
3. **Presentation of the Suicide Helpline Project by Embrace**
4. **General Updates**

Discussion

Action / Decision / Suggestion

1. Review of MHPSS TF Action Plan 2016 implementation

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| <ul style="list-style-type: none"> ➤ The status of the activities on the 2016 Action plan of the task force was reviewed. ➤ All activities are on track. <ul style="list-style-type: none"> - Develop a referral system for crisis management: Crisis management protocols developed; Series of trainings for front-liners completed; Protocols to be translated and disseminated; TOT under planning; Referral system working group identified challenges and key considerations and Hub system to be piloted in the Bekaa. - Maintain an online 4Ws: process of development initiated. Mapping exercise to be launched meanwhile. - Develop and report on key indicators on MHPSS community service utilization: List of indicators drafted and reviewed by the TF and currently under review by co-chairs. - Develop and implement a dissemination plan for staff care recommendation uptake based on assessment results: staff care assessment report under finalization - Develop a code of conduct for NGOs working in MHPSS: Code of conduct drafted and currently under review by professional associations. To be reviewed by TF before finalization. | <ul style="list-style-type: none"> ➤ Mariam from Imam Sadr Foundation: “It would be better if participants in the TOT’s are coached and required to give a specific number of trainings. To ensure that the information is spread” |
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- **Identify a range of salaries and benefits of MH professionals working in the humanitarian field:** Salaries and benefits collected from TF organizations and analyzed. Exploratory study to be conducted to identify perceptions of psychologists and psychiatrists on work conditions in the humanitarian field.
- **Harmonize recruitment criteria for hiring MH professionals:** Model for recruitment criteria drafted and under review by WHO and by professional associations. To be reviewed by TF before finalization.
- **Scale-up MH trainings for ER staff in selected key hospitals:** Implementation in collaboration between MOPH, WHO, UNHCR and Restart Center. Training material was revised and ER staff in all public and privates hospitals to be trained starting end of August.
- **Develop and implement a capacity-building plan for non-specialized staff:** PFA trainings conducted with 45 participants. Under planning: two-way capacity-building activities with CP and SGBV sectors.
- **Conduct IPT trainings and supervision for 20 participants** Completed: TOT + S&S + Advanced TOT. Continuation of supervision until existing participants reach competency levels

2. Brainstorming for MHPSS TF Action Plan 2017 development

➤ Gaps and Challenges that are being faced in the field brought up by participants:

- Absence of a referral map that is updated regularly and that beneficiaries are aware of.
- Beneficiaries who are being referred by outreach social workers are usually not committed to mental health services. They come to NGOs providing the mental health service for fear of not losing the service being provided by the referring NGO and then do not come back.
- Medivisa are now covering 90% of the hospital admissions. As such, patients have to cover the remaining 10%. Challenge: many patients cannot afford to cover this 10%.
- Some patients who need hospitalization, and are a threat to others and themselves are not being admitted to the psychiatric hospital because their trusted others refuse to sign the admission papers. It needs to be taking into account that people with severe mental health disorders are usually left unsupported for lack of awareness on MH disorders.
- Lack of specialized care and education for those who are autistic, have a learning disability (like dyslexia), and those in need for speech therapy.
- Deficiency in the coverage of medication for epileptic patients and those who are intellectually disabled in the South region. For this reason those patients are being seen by the psychiatrist in NGOs that have mental health services as this is the only way for them to secure medication.
- An over diagnosis of ADHD is being noticed. Furthermore, parents are giving medication to their children without prescription for better performance in school without any awareness of potential side-effects.

➤ Suggestions made by participants:

- To work with social workers to have them raise awareness about the importance of following-up to treatment.
- A short online questionnaire will be circulated to further gather the feedback of all task force members, including those who are unable to participate in the monthly meetings on the challenges and issues that need to be addressed in the coming year.

3. Embrace Suicide Helpline

- Embrace Fund is currently working with the National Mental Health Programme and other health affiliates in developing a hotline for suicide prevention
- This project is in line with strategic objective 3.1.5 in the “Mental Health and Substance Use Strategy for Lebanon 2015-2020”:
“Implement an evidencebased framework for prevention and monitoring of suicide”
- The current name for the hotline is “Embraceline”—not final name
- Embraceline is a specialized telephone helpline that will provide accurate information about mental illness, immediate emotional support and psychological crisis intervention, assessment of suicide risk and referral to community-based resources.
- Main beneficiaries: individuals of all age groups and nationalities in Lebanon, experiencing suicidal ideation, or having survived a suicide attempt or know someone considering suicide; in addition to individuals with mental illness suffering from an emotional crisis who require referral or accurate information about mental health and services without feeling stigmatized.
- Social Return on Investment: \$6.0 for every \$1 invested
- The Embraceline will utilize the network of MHPSS TF organisations to ensure proper regional referral of callers nationwide. As such, the effectiveness of the helpline will depend on the referral network that will be built by the task force and on timely 4Ws mappings.
- Partnership opportunities:
 1. Join referral network: Embrace have reiterated the importance of developing a network for success. This is why Embrace has come to the task force with this presentation.
 2. Become a sponsor or donor: Embrace are ready to partner with organization interested in funding the annual operational budget to contribute to the sustainability of the helpline
 3. Become a trainer to deliver training workshops to Embraceline volunteers (areas of expertise may include LGBT, sexual health, gender-based violence and foreign worker’s rights)
 4. Conduct evaluation research

4. General Updates

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| ➤ 4Ws (Who is doing What, Where and until When) mapping exercise to be launched this coming week. | ➤ The active collaboration of all MHPSS TF member organisations is critical for a comprehensive and reflective mapping that is timely and useful for everyone. |
| ➤ Short MHPSS TF Performance evaluation questionnaire to be sent out by the end of the month. The questionnaire will be online and anonymous. | ➤ The input of all TF members is highly needed for the continuous improvement of the MHPSS TF efficiency and effectiveness. |
| ➤ IMC announced that their MH services in Amel- Tyre have stopped. In the south region they currently have two active MH clinics (Red Cross in Tyre and AL-Mouwasat in Saida) | ➤ All Task force organisations that have any change in their services are encouraged to send an email to Ms. Nour Kik (nourjkik@gmail.com) who will share it with the task force for information. |

Next meeting: To be determined