

# MoM-South MHPSS TF

<b>Date</b>	Tuesday October 4	<b>Venue</b>	Public Library, Saida			
<b>Time</b>	10:00am to 11:15am	<b>Minutes prepared by</b>	Nour Kik			
<b>Organizations attending</b>	International Medical Corps, Medecins Sans Frontieres-Belgium, Medecins Sans Frontieres-Swiss, Ministry of Public Health, Restart Center, Concern worldwide, UNHCR					
<b>Agenda</b>						
<ol style="list-style-type: none"> <li><b>1. Presentation of gaps, challenges and potential actions identified by the task force</b></li> <li><b>2. Discussion around priorities for the draft 2017 action plan</b></li> <li><b>3. Presentation of the finalized psychotropic and neurological medication list for humanitarian settings</b></li> <li><b>4. General Updates</b></li> </ol>						
<b>Discussion</b>		<b>Action / Decision / Suggestion</b>				
<p><b>1. Presentation of gaps, challenges and potential actions identified by the task force</b></p> <p>➤ The gaps, challenges and potential actions to address them that were identified by task force members during task force meetings in all regions, and through the online questionnaire that was circulated, were presented during the meeting.</p>						
<p><b>2. Discussion around priorities for the draft 2017 action plan</b></p>						

- A prioritization exercise was conducted during the meeting with the following priorities identified by the participants:
  1. Establishing a referral system and ensuring an updated mapping of services
  2. Crisis management:
    - Having clearer protocols that clarify and harmonize the roles and responsibilities between the different care-givers to ensure accountability. For instance, for suicide cases, the roles are not clearly delineated between CP and GBV case workers and mental health case management. The responsibility for follow-up on mental health issues is not clearly assigned. Harmonized job descriptions are maybe needed.
    - Addressing the gaps in the crisis management process (i.e. transportation, emergency rooms preparedness and hospitals capacity for inpatient beds).
    - To train Lebanese Red Cross to provide transportation in case of transportation of person in mental health crisis.
  3. Developing monitoring tools for MHPSS programmes to ensure proper monitoring of mental health professionals and of the services given.
  4. Continuing capacity-building for Protection sector on recognizing mental disorders
  5. Addressing the challenge of long waiting lists and lengthy procedures for hospitalization
  6. Addressing the gap of services for children with developmental disorders
  7. Working on outreach and awareness-raising
    - Developing guidelines
    - Mainstreaming mental health in outreach and awareness material of CP and SGBV

### **3. Presentation of the finalized psychotropic and neurological medication list for humanitarian settings**

- Issue: Since the Onset of the Syrian crisis, local and international NGOs have initiated specialized mental health services targeting displaced Syrians, Palestinian refugees and vulnerable Lebanese, using different lists of psychotropic and neurologic medications; some of the latter medication being costly with no evidence of added benefits. This was leading to challenges in maintaining the continuum of care for patients when moving between the different levels 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
  - 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:
  - 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
- 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) :
  - 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

#### **4. General Updates**

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| <ul style="list-style-type: none"> <li>➤ <b>4Ws</b> (Who is doing What, Where and until When) mapping exercise was launched. Around 28 organisations have contributed so far and still expecting a few organisations to send their sheets in the coming week.</li> </ul>  | <ul style="list-style-type: none"> <li>➤ 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.</li> </ul> |
| <ul style="list-style-type: none"> <li>➤ <b>The Child Protection sector</b> is providing trainings on safe identification and referral of children in need of protection, supported by UNICEF and IRC. The training is targeting front-liners.</li> <li>➤ The invitation will be shared with the MHPSS task force as spaces in this training have been dedicated to actors in the MHPSS sector.</li> <li>➤ The trainings in the South will take place in Saida and Nabatieh.</li> </ul> |  |

<ul style="list-style-type: none"> <li>➤ Imam Sadr Foundation (ISF) are developing a new project in collaboration with World Federation.</li> <li>➤ The project will cover 1000 persons of all ages: 80% displaced and 20% Lebanese.</li> <li>➤ Medication and tests will be covered.</li> <li>➤ As part of this project, ISF are seeking a psychiatrist and a two psychologists.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Mariam Hassan from ISF will be sharing the list of centres with Nour Kik to be shared with the task force.</li> <li>➤ Job posts can be sent to Nour Kik for circulation among the task force.</li> </ul>
<p>➤ <b>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”:</b></p> <p><b>DOMAIN 1: Leadership and governance</b></p> <ul style="list-style-type: none"> <li>• Finalizing an inter-ministerial substance use response strategy (objective 1.1.3)</li> <li>• Developing a mental health and substance use strategy for prisons (objective 5.5.1)</li> <li>• Revising laws and regulations related to mental health and substance use (objective 1.3.1)</li> </ul> <p><b>DOMAIN 2: Reorientation and scaling-up of mental health services</b></p> <ul style="list-style-type: none"> <li>• Integrating mental health into PHC centres and Social Development Centres (SDCs): mhGAP trainings +support and supervision (Objective 2.1.1)</li> <li>• Piloting a community-based multidisciplinary mental health team (Objective 2.1.2)</li> <li>• Contracting with general hospitals for beds in inpatient psychiatric wards (Objective 2.1.3)</li> <li>• Adapting and piloting an e-mental health guided self-help programme for Lebanon with WHO (Objective 2.1.7)</li> <li>• 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)</li> <li>• Developing a code of ethics for mental health/substance use service providers (Objective 2.4.2)</li> </ul> <p><b>Domain 3: Promotion and Prevention</b></p> <ul style="list-style-type: none"> <li>• Starting discussions with MEHE and MOSA to work towards: integrating evidence-based mental health promotion and prevention into: <ul style="list-style-type: none"> <li>➤ national protection programming (social protection, child protection, SGBV, minors in the judiciary system) (3.1.2)</li> <li>➤ maternal and child health programmes (3.1.3)</li> <li>➤ Schools (3.1.4)</li> </ul> </li> <li>• Implementing an evidence-based framework for prevention and monitoring of suicide: suicide prevention Helpline project with Embrace (3.1.5)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Regular updates are provided through the National Mental Health Programme Newsletter accessible on the NMHP page on the new MOPH website: <a href="http://www.moph.gov.lb/en/Pages/6/553/the-national-mental-health-program#collapse_1349">http://www.moph.gov.lb/en/Pages/6/553/the-national-mental-health-program#collapse_1349</a></li> <li>➤ The national strategy and publications of the NMHP are also available on and downloadable from this webpage.</li> </ul>

**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) and inpatient (psychiatric hospitals and psychiatric wards) (Objective 4.1.1)
- Developing a psychiatric registry

**Next meeting: November 1st, 2016 at 10am (location to be confirmed).**