



Lebanese Republic
Ministry of Public Health

National Mental Health Program

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The National Mental Health Program

Ministry of Public Health

Vision

Mental Health preventive and curative services of assured quality, are universally accessible through multidisciplinary approach, with emphasis on human rights, and cultural relevance.

Values and Guiding Principles

The National Mental Health programme will be constructed around a set of values and guiding principles that stem from the basic human rights for information protection and health for all. These shall be translated into universal accessibility to patient centered services, for all without discrimination, in a continuum of care approach, while ensuring community involvement.

Programme Pillars

- Pillar 1: Integration of Mental Health services within Primary Health Care
- Pillar 2: Community mobilization
- Pillar 3: Access to advanced care
- Pillar 4: Rights of the vulnerable groups

Areas of action

Shifting towards a comprehensive community-based Mental Health model, including universal coverage and full respect of human rights of the service users is a process and not an event. The programme will be covering the following areas of actions: "Governance, Financing, Legislations and Human rights, Organization of services, Human resources, Procurement and distribution of essential medicines, Quality Improvement, Information system, Promotion, Prevention, Rehabilitation, Advocacy, Research and Evaluation of policies and services, Alcohol and substance abuse, Refugees Mental Health, National programme for torture survivors and their families".

For the MoPH, One main priority for the first 2 years is the integration of mental health into primary care, linkage with the secondary level and referral to tertiary care.



Mental Health in Primary Health Care

Rolling out mhGAP

Aiming at integrating mental health into primary health care, a series of training on mhGAP-IG was rolled out under a project led by the Ministry of Public Health, funded by the European Union and implemented by the World Health Organization, in partnership with the United Nations High Commissioner for Refugees. The mental health Gap Action Programme- Intervention Guide (mhGAP-IG) is a technical tool developed by WHO to assist in implementation of mhGAP. The model guide presents integrated management of priority conditions using protocols for clinical decision-making for use by health-care providers working in non-specialized health-care settings. After adaptation of the material and their translation to Arabic, the trainings were launched in three areas: one in Beirut for PHC centers in Beirut, Mount Lebanon and the North; another training for PHC centers in the South; and one training for PHC centers in the Bekaa (as per the table below).



Area	Number of centers	Number of staff trained
Beirut	5	44
Mount Lebanon	7	
North	7	35
South & Nabatieh	14	
Bekaa	10	

Throughout the training, primary healthcare providers learned the general principles of care and the key actions such as establishing communication and building trust, conducting assessments, management of cases, referrals and follow ups for priority conditions, namely, depression, psychosis, epilepsy, developmental and behavioral disorders in children and adolescents, dementia, alcohol and drug use disorders, self-harm/suicide, and other significant emotional or medically unexplained complaints. They were trained on how to offer psychosocial support through psychoeducation and addressing psychosocial stressors both for the patient and for the carers. Medical doctors were trained on prescribing adequate medication, following up appropriately and referring for advanced care. In addition, participants were sensitized to the importance of self-care and were given sessions on stress, problem solving and psychological first aid. After receiving the training, the facilities which staff were trained on the mhGAP will be visited, with the support of International Medical Corps (IMC), in order to monitor the quality of care given and assist in any problem faced.



Activities implemented in collaboration with the National Mental Health Program

First National Awareness Campaign for Suicide Prevention One Person Every Three Days Dies by Suicide in Lebanon

Under the patronage of the Ministry of Public Health and in the presence of his Excellency Minister Wael Abu Faour, the Department of Psychiatry and the Embrace Fund at the American University of Beirut Medical Center (AUBMC) launched on September 10th Lebanon's first National Awareness Campaign for Suicide Prevention.

The World Health Organization (WHO) estimates that more than 800,000 people die by suicide every year and around one person every 40 seconds. Suicide occurs all over the world and can take place at almost any age. It is the second leading cause of death in 29-15 year olds. For each adult who died by suicide, 20 others attempted it (WHO, 2014). In its latest report on suicide prevention, the World Health Organization estimated that 43 deaths by suicide occurred in Lebanon in 2012 (WHO, 2014). However, official records for that same year reveal a serious discrepancy: 107 deaths by suicide were registered. Accordingly, someone dies from suicide in Lebanon every 3 days. Experts believe this number is an underestimation of the scope of the problem. Social, religious and legal aspects of the local culture bias the reporting of suicide cases.



The campaign "Akeed ra7 fee2" included a series of elements to raise community awareness as a first step towards preventing suicide: a TV spot featuring His Excellency Minister of Health Wael Abu Faour; billboard ads; and "Into the Dawn" suicide memorial walk. The campaign held the slogan, "Akid Ra7 Fee2" ("I will surely wake up"), aiming at encouraging people to wake up early and join the walk at 5:00 am on September 21st. The Into the Dawn Memorial Walk was intended to provide a community support environment for those who have been affected by suicide. The walk was an opportunity to reflect and provide support to those of who have experienced first-hand the effects of suicide. It was attended by a crowd of

150 people, among individuals who have themselves suffered mental illness and suicidal thoughts, individuals who have themselves attempted suicide, families and friends who have lost someone to suicide, activists and members of the community who are affiliated with this cause, and mental health professionals in the field of psychiatry and psychology. As it began, the walk ended on a note of hope, reflection, recovery, and prevention.



Activities implemented in collaboration with the National Mental Health Program (ctn'd)

Mental Health Law

The Ministry of Public Health in collaboration with the National Committee for Ethics and the Institute for Development Research Advocacy and Applied Care (IDRAAC) have drafted a mental health law for the protection of persons with Mental disorders in 2012. This law tackles multiple domains such as right for care in the least constrictive manner, the right for community care, the right for protection from abuse, the right for protection by the judicial system when involuntary admissions to psychiatric wards or hospitals.

On an initiative by the Legal Agenda, the Mental Health Program participated in a public debate around the draft and the amendments proposed by the Legal agenda on September 23rd, 2014. The panel, moderated by Me. Nizar Saghieh, was composed of Dr. Hala Kerbage and Dr. Rabih Chammay who highlighted the importance of passing an up-to-date mental health law in line with Human rights and international relevant conventions as a corner stone for a good mental health system. The law should also be coherent to the Lebanese context and have the widest consensus among all stakeholders.

Dr. Kerbage then presented specific sections to which the Legal Agenda proposed amendments. She also indicated which sections needed clarification and proposed to add a section for sanctions for breaking the law. A debate with the audience composed of Mental Health specialists, activists, NGOs, Universities, Civil society, took place and suggestions were given to the Panel.

A final draft with all the suggestions incorporated will be given to the MOPH who will then submit it to the Parliament as soon as possible.

Publications

Daily Star Article, Interview with Dr Rabih El Chammay, Director of the National Mental Health Program

Lebanon's official mental health program was launched in May this year, building on the momentum created by the Syrian crisis and efforts to respond to the psychological and social needs of refugees. Like most developing countries, about 85 percent of individuals with mental disorders in Lebanon lack access to mental health treatment.

Most Lebanese do not have easy access to mental health care because it is not available in most areas outside Beirut and the large cities, and it is often private and geared toward upper middle class individuals. Very few insurance providers cover mental health treatments, and then only for very specific disorders.

The complete article is available at:

<http://www.dailystar.com.lb/News/Lebanon-News/2014/Oct-272572/01-ministry-launches-mental-health-program.ashx#ixzz3ll28q3Py>

Inter-country Meeting to Scale up Action on Mental Health in the Eastern Mediterranean Region

EMRO Meeting: September 15th, 16th, 17th, 2014



The Inter-country Meeting to Scale up Action on Mental Health in the Eastern Mediterranean Region was held in WHO EMRO in Cairo and hosted representatives from countries of the regions in addition to numerous international experts and WHO HQ mental health staff. Dr. Rabih El Chammy, the director of the National Mental Health Program, participated in the meeting. The overall aim of this meeting was to support Member States to scale up national action to achieve the goals and objectives of the Comprehensive Mental Health Action Plan 2020-2013 and the regional strategy for mental health and substance abuse. The inter-country meeting focused on the following specific objectives:

1. Review the currently available resources, capacities and identify the main facilitators and barriers to implementing the provisions of the Comprehensive Action Plan and the regional strategies
2. Review the best available evidence and practices in addressing priority mental health needs
3. Agree on a regional framework for action based on the global action plan and a roadmap of priority next steps for scaling up national action on mental health for implementation of global action plan.

The regional framework agreed upon during this meeting is currently informing the work done on the Lebanese Strategy for Mental Health and Substance Use. Once the strategy will be done, it will be shared with a small group of local and international experts and then presented for a wider audience during a national consensus meeting in 2015.

FIRST AID:

It is psychological too!

In line with the Mental Health and Psychosocial Support task force work plan, the Ministry of Public Health (MoPH) conducted a training of trainers (TOT) workshop on Psychological First Aid (PFA) on August 2014, funded by the European Union and implemented by the World Health Organization in partnership with the United Nations High Commissioner for Refugees. Trainers were from the National Mental Health Program at the MoPH and Medecins du Monde. This training is designed to orient helpers to offer PFA to people following a serious crisis event. PFA involves humane, supportive and practical assistance for people who are distressed, in ways that respect their dignity, culture and abilities.

In this area of the world, wars and armed conflicts have triggered a cascade of human sufferings such as large-scale displacements, violations of people's rights and dignity, outbreaks, and death. Three years have passed since the crisis in Syria has started and caused the displacement of more than a million Syrian refugees to Lebanon, thus the huge impact on the host population as well as refugees. In the midst of all this, mental health requires special attention, especially in emergency contexts. This is mainly due to three reasons; after emergencies, people are more likely to suffer from a range of mental health problems, the frail mental health infrastructure is further weakened, and the difficulties that coordinating agencies and actors face in providing mental health and psychosocial support is intensified.



Testimonial on mhGAP training:

Dr Guitta Haidar, Participant, mhGAP Beirut Training



As primary health providers, we find ourselves in a position of great responsibility. It is our duty to detect any health condition as we are among the first to come in contact with the patients.

In the light of the successive crises and disappointments that affected most Lebanese people and Syrian refugees and due to the economic condition, the majority of them cannot consult a psychiatrist or find social support. Here lies the importance of mhGap, an excellent practical manual.

In addition to providing knowledge in psychological theory, it allows us to assess and manage patients and communicate with people seeking care. The mhGAP intervention guide facilitates identifying cases and taking useful information in the most practical and efficient way in order to assess and intervene accordingly. It trains health professionals in decision making and self improvement.

This collaboration has proved very helpful so far and hopefully it will continue.

Testimonial on mhGAP training:

Dr Hala Kerbage, mhGAP Trainer

The MhGap is an official tool that helps promote integration of mental health care into primary health care, through training general practitioners (GPs), nurses, social workers and community health workers, at the primary care level. However, in my experience as an MhGap trainer, mainly for GPs, I have discovered that primary health care staff have also a lot to teach us: they are faced with daily clinical dilemmas, various presentations of mental health conditions, and represent the 1st line service providers for patients. Therefore, I found it important during the training to first explore their resources and ways to deal with mental health conditions, their representations and understanding of it, before trying to impose standardized protocols. Most of them were highly motivated and interested in the mental health issues and it taught me to be flexible throughout the MhGap modules, in order to give space for debates and discussion.

My experience with the mhGAP.

Ghassan Assaf, mhGAP Trainer



I had the mhGAP IG on my computer since few years and always felt it was interesting but never really knew how or when to use it. Thus it triggered my curiosity. From time to time I would open the file and try to get a little friendly with it without success, although it didn't bother me and I never thought of deleting it.

As a psychotherapist working at IMC, I was invited a year ago to a TOT on mhGAP. I said to myself: Finally I will alleviate my curiosity and maybe learn something that could be useful to me as a mental health professional.

At the TOT the atmosphere was warm, I knew most of the trainees and the head trainer was Dr Chammay, my friend. Could this be the reason of why I liked the training? My answer to this question at that time could be yes! Most probably!

But after I started training others on mhGAP, getting more and more used to it, being aware of its important role in the psychosocial field, seeing how the trainees react to it, the way it changes their whole way of dealing with beneficiaries, I now can say that I was lucky to have been chosen to do the TOT and to train on mhGAP because it was a real turning point in my carrier, as it would be for the people I'm training.