

# “MID-TERM EVALUATION OF THE NATIONAL MENTAL HEALTH STRATEGY FOR LEBANON”

SUMMARY OF THE JOINT REPORT OF PROF. CALDAS DE ALMEIDA AND PROF. SARACENO

## BACKGROUND AND OBJECTIVES

In 2018, the National Mental Health Programme (NMHP) considered necessary to engage in a mid-term evaluation of the national mental health strategy 2015-2020 with the objective of identifying gaps and opportunities for updating/prioritizing strategic targets and objectives and identify avenues for sustainability planning. With the support of WHO, Professor Caldas de Almeida and Professor Saraceno were recruited as independent external international consultants to conduct an independent mid-term evaluation of the implementation of the “Mental Health and Substance Use Strategy for Lebanon 2015-2020”.

### **Objective of the evaluation:**

- To assess the level of the implementation of the strategy and the progress towards the achievement of the expected results
- To assess the efficiency and effectiveness of the implementation through examining conducive factors as well as challenges that need to be addressed.
- To provide recommendations for the effective and efficient implementation and monitoring of the remaining part of the strategy towards mental health reform.

## RESULTS

### STRATEGY DEVELOPMENT PROCESS: STRONG AND PARTICIPATORY

The participatory and iterative development process of the Mental Health Strategy made possible the development of a large consensus on the need of a national strategy and a sense of ownership in relation to the final Strategy.

### STRATEGY: IN LINE WITH INTERNATIONAL FRAMEWORKS OF ACTION AND HUMAN RIGHTS

The Strategy was built in accordance with the WHO framework on mental health and taking into consideration the human rights approach promoted by international treaties, covenants and conventions in this field. In fact, the vision, the mission and the values and guiding principles of the Strategy are in line with the principles and recommendations of WHO on mental health policy and services, and the domains of action of the strategy include the four main objectives of the WHO Mental Health Action Plan 2013-2020.

## DEFINED PRIORITIES IN THE STRATEGY FOR THE MENTAL HEALTH REFORM: RESPONSIVE TO THE NEEDS AND IN LINE WITH EVIDENCE AND INTERNATIONAL FRAMEWORKS OF ACTION.

The Strategy is well structured and the priorities led out are aligned with available evidence and with the recommendations from WHO and other international organizations. The defined priorities respond to the main insufficiencies of the mental health system before the reform and address most of the challenges associated with the improvement of mental health care in the country. A detailed analysis of the priorities and their alignment with evidence is included in the full report.

## MORE STRATEGIC MEASURES NEEDED FOR PERSONS WITH SEVERE AND LONG-TERM MENTAL DISORDERS.

One component is nevertheless insufficiently addressed in the Strategy: integrated care and social inclusion of people with severe and long-term mental disorders. It is important to note that several important steps were already planned/under implementation in this respect, including the prioritization of the reorientation of services and development of community-based services. However, specific strategic measures directed toward reorienting the model of care predominantly used in the existing psychiatric institutions and ensuring a progressive shift from institutional-based care to community-based, rehabilitation oriented services for people with severe mental disorders are needed. We know today that deinstitutionalization is a complex process that takes time and has to be well planned, in accordance with the specificities of each country. It is also a process that requires clear political support. For these reasons, psychiatric hospitals have been neglected in many countries. There are reasons to believe that the momentum created by the mental health reform in Lebanon may represent a great opportunity to include more ambitious objectives in this area, taking advantage of the lessons learned in other parts of the world.

## STRATEGY IMPLEMENTATION STATUS: ON TRACK

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### DOMAIN I: LEADERSHIP AND GOVERNANCE

The first priority in this domain was the establishment of a governance structure in the MOPH with adequate staffing and sustainable financing. A very significant progress in relation to this key goal of the Strategy was made, with most objectives successfully attained. The NMHP has gained the respect of all sectors, and its vision, technical and scientific capacity and motivation are highly valued. The involvement of many stakeholders and the establishment of many partnerships were also major achievements.

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### DOMAIN II: SERVICE REORIENTATION AND SCALE-UP

Significant progresses were made towards the achievement of the main expected results in this domain. Most of the objectives in relation to the integration of mental health in primary care were attained. Secondary care, development of community-based mental health centers is a key component. Training on evidence-base therapies is an excellent step as well. Given the importance of private services participation

in the mental health systems, the accreditation of services is an effective way of ensuring good quality of care and proper coordination of care across the system. The same can be said about developing an e-HIS with quality and outcome indicators at all levels of care, establishing a national mechanism to assess the human rights protection of persons in facilities providing mental health services according to quality rights standards, and ensuring equitable provision and rational prescription of appropriate medication (through rationalisation and harmonization of medication list based on quality, safety, efficacy and cost-effectiveness, and development of guidelines of rational prescription and capacity-building). QualityRights implementation is an important strategy to address chronic psychiatric care. Monitoring is specially needed in the existing psychiatric hospitals. Assessment of human rights is an important strategy to start the required changes, but this is only a first step, that will have to be followed by many other activities integrated in a comprehensive reform of care for people with severe mental disorders.

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#### DOMAIN III: PROMOTION AND PREVENTION

Important interventions are being implemented from national awareness campaigns, suicide prevention hotline, elaboration of an inter-ministerial early childhood development strategy, and planning and prioritization with MEHE and MOSA of key interventions for mental health promotion and prevention to be integrated in schools and social protection programming. There is an agreement about the need to start programmes in schools, with the collaboration of education, health and social affairs sectors, and a common action plan including the priorities that were agreed has been elaborated.

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#### DOMAIN IV: INFORMATION, EVIDENCE AND RESEARCH

The objectives defined for this domain were achieved. Thanks to a collaborative work developed with the MOPH department responsible for information, a group of mental health indicators were developed and their integration in the national health information system is in an advanced stage of implementation. This new system will certainly be very useful to inform planning and service development. Progress was also made in the development of a national psychiatric registry to identify trends in mental disorders diagnosis and help-seeking behavior, and a National Observatory on Drugs and Drug Addiction was recently established within the Ministry in partnership with the Narcotics department, and the first annual report on the drug situation in Lebanon was also recently launched. In the field of research, a series of studies are being conducted, in collaboration with WHO and universities from other countries, which include three Randomized Control Trials and one implementation research on mental health and psychosocial support (MHPSS) interventions. A continued collaboration was also established with the main national mental health research groups.

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#### DOMAIN V: VULNERABLE GROUPS

The level of implementation is different in each of these groups, depending on the annual targets.

## RECOMMENDATIONS

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- Ensure the sustainability of the NMHP within the MOPH, ensuring that the NMHP will have a budget commensurate with the magnitude of mental health problems

2

- Develop a full budget plan for the implementation of the remaining part of the Strategy, commensurate with the resources that are needed to attain the established objectives;

3

- Extend the integration of mental health care in primary care, and strengthen the development of collaborative care between PHC and specialized services already initiated;

4

- Focus prevention activities in the areas in which a more robust evidence already exists (e.g. suicide, support to parenting, interventions in schools) and support the implementation of effective programmes in these areas;

5

- Complement what is already being done in capacity building with:
  - a programme designed to develop the capacities of the leaders of mental health teams
  - a programme to train members of Community mental health centres in the development of integrated care for people with severe mental disorders, including case management;

6

- Create an economic evidence base from which to advocate for increased funding from internal and external stakeholders for increased scale up of services (monetizing the benefits by estimating the economic gains);

7

- Plan measures for the implementation of the new mental health law when it will be passed in the Parliament, including activities such as:
  - Promoting a national debate on mental health and human rights;
  - Monitoring protection of human rights in mental health services;

8

- Establish strategic synergies with the best existing groups in epidemiology and services research, in order to involve them in the reform and, if possible, create conditions to a project or two that can contribute to increase the knowledge on the needs for care, the barriers in delivery of care, etc.;

9

- Transform the Rafic Hariri Hospital mental health facilities in a “Training Center on innovative integrated mental health care” to train professionals of different disciplines and to demonstrate the model that is being developed in Lebanon (at the national and international levels);

10

- Put in place a specific strategy focused on providing integrated care to and social inclusion of persons suffering from severe mental disorders, including:
  - Support to and monitoring of the community mental health centres included in the World Bank project
  - Ensuring the full functioning of the inpatient unit located in the Rafic Hariri General Hospital and the creation of other units in general hospitals
  - Establishing MOU’s with the 5 existing psychiatric hospitals that may facilitate the implementation of measures to improve quality of care and protect human rights in the existing psychiatric hospitals