MoM-MHPSS-TF-North- 8				
Date	Wednesday March 2, 2016		Venue	Restart Center
Time	11:35am-12:40pm		Minutes prepared by	Nour Kik
Organizations attending		Caritas, Fundacion Promocion Social de la Cultura, Handicap International, Heartland Alliance International, International Committee of the Red Cross, International Medical Corps, Medecins Sans frontiers-Belgium, Medecins Sans Frontieres-Swiss, Ministry of Public Health, Ministry of Social Affairs, Restart Center, Save The Children International, UNHCR, UNICEF.		
Agenda				
 Consultation on draft crisis management protocols General Updates 				
Discussion				Action / Decision / Suggestion
1. Consultation on draft crisis management protocols				

- A preliminary draft of the crisis management protocols was presented to the task force for feedback on the general set-up and on the main presentations (conditions) that are covered by the protocols.
- The below feedback was given by the task force on the main presentations:
 - Pills (Amphetamines, Captagon) and Alcohol are the substances mostly seen in the North area.
 - Volatile substances such as tinner and vermine are easily accessible.
 - Common symptom: intoxication
 - Comorbidity with self-mutilation
 - Self-mutilation is very common especially with women (huge numbers)
 - Eating disorders are not very common but seen.
 - Psychosomatic complaints are very commonly seen.
 - Persons show up most often to caregivers with their family.
- Suggestions:
 - To include symptoms of substance use disorders
 - To include psychosomatic symptoms
 - Self-harm to be separated from suicide
 - To replace the term "suicidal ideation" by "suicidal thinking"
 - To integrate a special section on how to approach persons with different vulnerabilities (Example: for victims of torture, since having them speak out can be challenging).
 - To include a section on the appropriate use of restraints for aggressive psychotic patients

Once finalized, the draft protocols will be shared with the task force for review and feedback.

Ms. Kerdy from Restart Center can share the list of most common symptoms seen with victims of torture.

2. General Updates

- ➤ TF Action plan 2016: Action 4: Develop and report on key indicators on MHPSS community service utilization
 - In preparation for the implementation of this objective, the first step that the task force has agreed on is to gather the indicators routinely collected by task force organizations in order to have a sense of the types and numbers of indicators that are used.
 - A collection form prepared by the National Mental Health Programme was shared with the TF for organizations to fill with the MHPSS indicators they are collecting (type only) as per the example given in the table.
 - An official request to the management of organizations may be sent if needed.
- Medications:
 - In order to increase the access to psychotropic medications for non-Lebanese, the following medication (risperidone 4mg and 1mg/ml) is currently available at the MOPH.

- ► Handicap International are not receiving anymore PSS referrals.
- ➤ MSF-belgium just started services in Wadi Khaled. They have one psychologist that is able to receive referrals for psychological consultation, free of charge.
 - Working days: From Monday to Friday (Friday only before noon).
 - Location: Makassed hospital in El Hichi, Wadi Khaled
 - Referrals can take place through the inter-agency referral form or by calling to refer.
 - Target population: vulnerable Lebanese as well as Syrians, children up to 15 yrs, adolescents, especially single mothers and women and males with mental health disorders.
 - Contact information:
 Ms. Dana Laham (Clinical Psychologist): 76 532 628

All TF organizations are encouraged to fill the form and send it as this is a key exercise that will contribute to better planning.

- To get a 3 month stock of the above medication (based on available MOPH stocks), each organization which provides psychiatric consultation for non-Lebanese is to fill the attached request form and to let their psychiatrist sign it and stamp it.
- ➤ Deadline to send the forms back: Thursday March 17, 2016.

- ➤ ICRC are working with the weapon-wounded. One patient has severe amnesia and doesn't remember anything. The patient is immobilized and cannot leave the hospital. ICRC asked the task force about any potential institution that this person can be referred to and if a psychotherapist can come visit the patient in the hospital.
- UNHCR to liaise with ICRC to examine the possibility of referring the patient to Restart Center for Psychotherapy.

Next meeting: Wednesday April 4, 2016 at 11:30am in Restart Center, Tripoli.