

North MoM-MHPSS TF						
Date	6th of February 2019		Venue	Restart Center - Tripoli		
Time	Гіте 2:00pm to 3:00pm		Minutes prepared by	Alain Gebrayel (MOPH-National Mental Health Programme)		
Organizations attending  ABAAD, Concern Worldwide, Internationa Organization for Migration (IOM), Medecin Ministry of Public Health – National Menta UNICEF, UNHCR			ledecins Sans Frontieres – Switzerland,			
		Ag	genda			
2. Di 3. U <sub>I</sub>	HPSS TF Action Plan 201 scussions around Challe odates on Information M ny Other Business	nges Related to Triage	for Referral to P	sychiatric Admission		
Discussion			Action / Decision / Suggestion			
1. M	HPSS TF Action Plan 202	19 Implementation Sch	eduling			
following  1. Defad  2. Ro  3. Defad  4. Ha  org  5. Cr  sur  6. Ha	SS TF 2019 Final action pactions: evelop criteria for triage omission. oll-out self-care training for evelop staff care policy for armonize compensation of ganisations. eate consensus among act pervision for mental health armonize clinical files acres tablish mental health eme	f persons to be admitted or frontliners.  r NGOs.  f mental health professions on a model for technin organisations.  coss organisations.	I for psychiatric onals across nical support and	the The below numbered decisions correspond to the action plan objectives on the left:  1. Objective to be implemented in Q1. First step will be focused discussions on challenges related to triage for referral to psychiatric admission with organizations during the MHPSS TF meeting. After that interviews will be conducted with psychiatrists working in referring organisations about the challenges faced. Based on the situation analysis, criteria will be drafted and reviewed by the MHPSS TF. They will then be piloted.		
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- 8. Scale-up capacity-building for emotional crisis management among frontliners.
- 9. Increase substance use response services in North and South.
- 10. Develop shelters/supported housing for persons with mental disorders.
- 11. Integrate the standardized M&E tools developed in MHPSS programmes and ensure monitoring system.
- 12. Increase services for children with special needs in remote and rural areas.
- 13. Develop guidelines for evidence-based quality MHPSS services for children.

- Trainings are based on the national self-care training manual for frontliners developed in 2018 by MOPH and Abaad in line with the 2018 Action Plan of the Task Force.
- 3. Funding has been secured for this objective. Implementation will begin in Quarter 2.
- 4. The process will start in Q2 with an online anonymous survey to clinical psychologists working in organizations to get their feedback on what they find reasonable in terms of ranges and benefits. Organizations will also be asked to send their salary scale and benefits package if possible.
- 5. Implementation will begin in O4
- 6. Q4. A standardized clinical file template for the Community Mental Health Centers is currently under development. Building on that, a template will be develop for mental health service providing organizations.
- 7. Funding needed. The national mental health programme is starting discussion with the Lebanese Red Cross on this objective. All those who wish to support in this objective can meet with the programme bilaterally to discuss how to move forward.



- 8. Budget is secured for 2019 with FPS and further trainings will be given. In 2018, 5 groups of frontliners were trained in Beirut and all governates in Lebanon.
- 9. For the North funding is secured as part of project with Skoun and Medecins Du Monde funded by Agence Française de Développement in line with the national mental health and substance use strategy for Lebanon. Implementation will begin towards the end of 2019. Funding is needed for the South.
- 10. This objective has no funding. All those who wish to support in this objective can meet with the programme bilaterally to discuss how to move forward.
- 11. Q1. This project is funded by IMC. We are currently in the process of hiring a consultant to develop with the task force in a participatory process the M&E tools.

Coordination has started with the PSS committee to join efforts around PSS and set out a joint action plan. These three objectives set by the MHPSS TF will be part of the joint action plan:

11. Integrate the standardized M&E tools developed in MHPSS programmes and ensure monitoring system.



- 12. Develop guidelines for evidence-based quality MHPSS services for children.
  - 13. Increase services for children with special needs in remote and rural areas.

## 2. Discussions around Challenges Related to Triage for Referral to Psychiatric Admission

- The objective of "Developing criteria for triage of persons to be admitted for psychiatric admission." In the 2019 MHPSS TF action plan came from the challenge raised that there are long waiting lists for referral to admission to inpatient psychiatric care and thus the need to have triage criteria to prioritize cases. In preparation for the development of the criteria, a focused discussion was held during the MHPSS TF meeting on the following questions to probe on the matter:
  - What are the specific challenges you face related to triage?
  - o Have you done anything to face these challenges?
  - O What worked and what did not work?
  - O What are the lessons learned?
  - o Do you have any suggestions?

- 1. Restart Center:
  - Restart Center usually admits persons to Cross hospital and Soukkari Hospital (specifically for persons who do not have caregivers)
  - Criteria for admission are:
    - i. Date the person is referred
  - ii. Urgency of admission
  - The favorable features that aid in admittance:
    - Restart Center have psychiatrists three days a week which is an advantage.
  - ii. Relations with Cross
     Hospital and other
     hospitals which helps them
     with admittance.
  - iii. Restart Center have trained Islamic Medical Association to transport persons in psychiatric



emergencies. The challenges that were raised: i. Cross hospital takes time to admit persons depending on bed availability, physical examinations, and 10% remaining coverage. ii. Mobility restriction iii. Transportation from North to Cross hospital 2. International Medical Corps: The favorable features that aid in admittance: i. Case managers work with high risk persons continuously ii. Persons are given medication The challenges that were raised: i. Transportation can be expensive ii. Cross hospital do not admit persons after 1:00pm iii. As mentioned before, 10% coverage difference is difficult to procure.



3. Updates on Information Management Systems, MHPSS and 4Ws	
<ul> <li>40 organizations registered</li> <li>24 active organizations</li> <li>170 activities published until February 4<sup>th</sup></li> </ul>	Kind reminder that the deadline to submit the online monthly report for January is on the 15 <sup>th</sup> of February.  System would close after
	that!
	Whenever you are done reviewing or reporting on the MHPSS indicators, do not forget to send to facility director
	Kindly request a meeting with us for a walkthrough of any of the mentioned platforms. Any challenges? Questions? Please contact: Alain Gebrayel - gebrayel.alain@gmail.com



## 4. Any Other Business

- 1. Do you know of any organizations working in Donnieh specialized MHPSS
  - o Organization name?
  - o Contact Person?
  - o Scope of work?
  - o Target Population?

- 1. Organizations working in speciliazed MHPSS?
  - a. Lebanese Red Cross are working PSS
  - b. Concern Worldwide are also working PSS
  - c. IMC are working from a PHCC in Meriata which is 10 minutes away from Donnieh
  - d. MSF-Switzerland can work in Donnieh as part of their community based approach.
- 2. Minieh Governmental Hospital is admitting psychiatric emergency cases. They are also willing to open a psychiatric ward but lack the funding.
- 3. UNHCR are looking to contract Saydet Zgharta Hospital to admit persons in psychiatric emergency

Next meeting: (6th March from 2:00pm to 3:00pm, Restart Center - Tripoli)