



**NEWS
LETTER
ISSUE07
OCT16-DEC16**

NATIONAL MENTAL HEALTH PROGRAMME

HEADLINES

- 01** Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021 launched
- 02** National Observatory on Drugs and Drug Addiction established at the Ministry of Public Health
- 03** Mental Health and Psychosocial Support Task Force: 2016 achievements and 2017 action plan finalisation
- 04** Trainings for Emergency Room Staff on psychiatric emergencies completed
- 05** Building the capacity of Child Protection actors on mental health
- 06** Promoting recovery in mental health and related services: training to act, unite and empower for mental health
- 07** Training on the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) tool and Brief Interventions (BI) for substance users
- 08** Participation in local and international events
 - a. Mental health Gap Action Programme Forum 2016
 - b. The Lebanese Psychiatric Society Mental Health Day Conference 2016
 - c. MENAHRA conference 2016 on harm reduction

The Ministries of Public Health, Social Affairs, Education and Higher Education, Interior and Municipalities and Justice have launched on December 22, 2016, the “Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021” as a response for substance use including alcohol, drugs and tobacco.

The launching event included speeches by the director general of each of the collaborating ministries in addition to a technical presentation of the Strategy. The event was attended by representatives of ministries, United Nations (UN) agencies, international and local non-governmental organizations (NGOs), professional associations, healthcare organizations, universities and others.



This strategy was the result of a participatory process involving all stakeholders mentioned above in order to respond to the challenges posed by substance use locally, regionally, and globally on various levels, including health, social and economic. The drafting of the strategy was informed by the identified challenges, opportunities and priorities through bilateral stakeholder meetings and a national consultation meeting conducted in April 2015. The draft strategy went through a series of reviews by the collaborating ministries and by local and international experts and subsequent revisions. The draft was also posted online to give the opportunity to the public to review it and provide feedback.



01

Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021 launched (cont.)

It is important to highlight that all feedback received from the series of reviews was addressed based on level of evidence, international guidelines and best practices, cultural appropriateness, alignment with human rights principles and cost-effectiveness. Consensus was then reached between the collaborating ministries on the revised draft. A national consensus meeting was held subsequently in May 2016 during which the draft was presented to representatives of all stakeholders in order to agree on the final strategy document.

The strategy aims at: 1) Increased availability of high quality age and gender sensitive prevention, treatment, rehabilitation, social re-integration and harm reduction services and 2) Increased accessibility to these services, 3) Increased protection of human rights of persons with substance use disorders, and 4) Increased efficiency and effectiveness of supply reduction activities.

The achievement of the above goals will assist on the long-term in:

- Decreasing prevalence of substance use disorders
- Delaying the age of onset of substance use
- Decreasing the prevalence of communicable diseases among People Who Inject Drugs
- Decreasing the number of overdose cases
- Decreasing the stigma around persons with substance use disorders

The above will be reached through 6 domains of action specified in the strategy which are as follows: 1- Leadership and governance 2-Health and social welfare sectors response 3- Supply reduction 4- Monitoring and surveillance 5- International cooperation 6-Vulnerable groups.

The goals and domains of action of the “Inter-Ministerial Substance Use Response Strategy for Lebanon 2016-2021” constitute a framework that will guide national efforts engaged for the prevention of substance use disorders; the harm reduction, treatment, rehabilitation and re-integration into society of persons with substance use disorders, and supply reduction. These goals and domains of action are in line with the WHO Regional Framework for Strengthening Public Health Response to Substance Use and with the framework of the international drug conventions.

The implementation of this strategy will be based on the provision of adequate funding and on the shared responsibility with complementary and integrated roles between all ministries and stakeholders- local and international non-governmental organizations, United Nations agencies, professional associations, healthcare institutions, universities and users associations.

The Strategy is accessible on the MOPH website on the following link:
<http://www.moph.gov.lb/en/Pages/6/553/the-national-mental-health-program>

02

National Observatory on Drugs and Drug Addiction established at the Ministry of Public Health

Together with Pompidou Group and European Monitoring Center for Drugs and Drug Addiction – European Neighborhood Policy (EMCDDA-ENP), the Ministry of Public Health (MOPH) in Lebanon has established the National Observatory on Drugs and Drug Addiction (NODDA) in March 2016. The establishment of the NODDA is in line with the implementation of strategic objective 4.1.3 of the “Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021”：“Establish an evidence-based national drug observatory at the MOPH in line with international guidelines to collect, analyse and generate evidence”.

NODDA is working in close cooperation with the National Mental Health Programme and the Narcotics Department at the MOPH. The Observatory’s mission is to operate as a surveillance system with a multidisciplinary network facilitating the accessibility to accurate, up-to-date, comparable and reliable data to produce evidence for policy-making aiming to reduce drug-use and its associated consequences. NODDA currently collects drug-related information – illicit drugs – from different stakeholders including ministries, non-governmental organisations and universities.

References on drug-related issues in Lebanon can be found using the following link:
<http://moph.gov.lb/en/Pages/3/477/Inarcotics-#/en/DynamicPages/view/10643/national-observatory-on-drugs-and-drug-addiction>

03

Mental Health and Psychosocial Support Task Force: 2016 achievements and 2017 action plan finalisation

The Mental Health and Psychosocial Support Task force (MHPSS TF) is a coordination body chaired by the Ministry of Public Health (MOPH) and co-chaired by WHO & UNICEF, comprising today around 60 organisations (UN agencies, local and international nongovernmental organisations, associations, ministries) working in MHPSS. Its mission is to ensure an effective, coordinated and focused inter-agency response to the MHPSS needs of the persons affected by the Syrian crisis and the host population in Lebanon through identifying and addressing the gaps, promoting the importance of MHPSS at all levels as well as developing standards and building the capacity of the MHPSS sector. To achieve this mission, an annual action plan is developed by the task force to focus its work on addressing the identified gaps and priorities.

a) 2016 achievements

- **Building crisis management capacity**
 - Crisis Management Protocols, guidelines on how best to attend to persons who are in a crisis situation, developed by the National Mental Health Programme and the “Fundacion Promocion Social de la Cultura”
 - 200 frontline staff and 30 senior trainers from local and international non-governmental organisations and UN agencies from different sectors and operating across all Lebanese governorates trained on the Frontliner Crisis Management Protocol.
- **Building capacity of Emergency Room Staff on mental health emergencies**
 - Around 200 staff from 105 public and private hospitals across Lebanon trained on mental health emergencies (see section 4 for further details)
- **Building national capacity in Interpersonal Psychotherapy (IPT)**
 - 10 direct service providers and 10 future trainers trained and intensively supervised on IPT
- **Building capacity in Psychological First Aid (PFA)**
 - Training of Trainers conducted involving 45 specialists in mental health with the aim of building their skills to train specialized staff on orienting helpers/frontline staff to offer PFA to people following a serious crisis event
 - A total of 150 staff from Primary Healthcare and Social Development centres trained on PFA
- **Moving towards the harmonization of the minimum set of qualifications for mental health professionals in the humanitarian field**
 - Recruitment criteria for mental health professionals working in humanitarian settings developed
- **Moving towards the generation of data to inform service planning and policy development**
 - Minimum set of MHPSS service utilization indicators identified to monitor accessibility to MHPSS services and some quality components of the available services.
- **Exploratory study on the perceptions of psychiatrists and psychologists about work conditions in the humanitarian field in Lebanon conducted.**

Ongoing activities from the 2016 action plan which will be completed in the first half of 2017 include the identification of a range of salaries and benefits for mental health professionals to be recommended across the humanitarian field, the development of a code of conduct for MHPSS service providers, the development of a software for the 4Ws (Who is doing What, Where and until When) in MHPSS mapping tool, and follow-up on the recommendations from the staff care assessment completed in 2016.

b) 2017 Action Plan

The 2017 action plan of the MHPSS TF was developed based on the priorities identified by the task force to address the gaps and challenges faced in MHPSS work. The development process included discussions and consultation in the task force meetings in all regions and the gathering of the feedback of task force members through an online feedback form.

Below are the key action points on the 2017 action plan:

1. Establish a referral system for crisis management
2. Establish multidisciplinary community mental health teams (CMHT) in underserved areas
3. Up-scale evidence-based psychotherapy approaches (including Interpersonal Psychotherapy (IPT) and Eye Movement Desensitization and Reprocessing (EMDR))
4. Train MHPSS service providers on the “Developmental disorders” module of the mhGAP
5. Build the capacity of non-specialized staff to identify and refer persons with mental disorders
6. Conduct an assessment of the perceived mental health needs of displaced persons
7. Develop practical guidance and tools for monitoring and evaluation of MHPSS programmes in line with the IASC Framework for Monitoring and Evaluation of MHPSS Programmes in Emergencies
8. Conduct workshops on best practices and evidence-based approaches for humanitarian settings in MHPSS (including IASC guidelines)
9. Mainstream mental health in Protection outreach and awareness material

c) Performance evaluation

The annual performance evaluation of the task force was conducted with the aim of identifying areas of improvement to ensure the effectiveness and efficiency of the MHPSS task force in achieving its mission. The evaluation consisted of the collection of the feedback of MHPSS task force members through an online anonymous questionnaire and the review of the results during task force meetings in all regions.

Notably, the high majority of respondents agree or highly agree that the task force is a useful coordination mechanism for MHPSS response and that it creates opportunities for collaboration between organizations. The most recurrent strength identified by the majority of respondents was that the task force facilitates the coordination, collaboration and communication between organizations through acting as a meeting point for partners, facilitating links and strengthening relations between international and local organizations as well as the links between the latter and the Ministry of Public Health. The majority also agree or strongly agree that it is a useful mechanism for identifying and addressing gaps and challenges, and that it is an effective and useful information-sharing platform for the exchange of experiences, new or completed projects, updates about new organisations or services, etc.

03**Mental Health and Psychosocial Support Task Force: 2016 achievements and 2017 action plan finalisation (cont.)**

The most reported weakness was the lack of commitment or active/full engagement of all task force members, with some members not sharing their experiences on the field and poorly following-up.

All recommendations for improvement were reviewed during task force meetings in all regions and those to be up-taken were identified.

The full report of results is available online on the NMHP page:
<http://lmoph.gov.lb/en/Pages/6/553/the-national-mental-health-program>

04**Trainings for Emergency Room Staff on psychiatric emergencies completed**

The NMHP in partnership with the World Health Organisation and funded by the European Union held a series of 11 training workshops on Psychiatric Emergencies for Emergency Room (ER) staff between August and December 2016.

The ER Psychiatric emergencies trainings were attended by around 190 ER physicians and nurses from 104 private and public hospitals across Lebanon. 2 trainings were done in the North and 2 in Bekaa in order to reach the staff of peripheral and rural hospitals, while the rest were hosted by the Syndicate of Hospitals in Beirut.



Geographically, the training covered all governorates. 11 hospitals in Beirut, 19 hospitals in Bekaa & Baalbeck ElHermel, 37 hospitals in Mount Lebanon, 22 hospitals in the North and 15 hospitals in the South.

04**Trainings for Emergency Room Staff on psychiatric emergencies completed (cont.)**

This two-days training workshop aims at increasing the capacity of the ER staff in managing psychiatric emergencies.

An additional 1 day training was held exclusively for psychiatric residents from different universities. 8 residents from AUB, Balamand and the Lebanese University attended this training.

**05****Building the capacity of Child Protection actors on mental health**

In line with the MHPSS Task force 2016 Action Plan, a training was provided by the National Mental Health Programme at the MOPH with the support of UNICEF to Child Protection Case Managers on November 24 and 25 on:

1. The identification of severe mental disorders and developmental disorders and
2. Psychological First Aid.

24 case managers from local and international NGOs and ministries participated in this training.

The training was based on an identified need by protection and mental health actors to build the capacity of protection sector workers on identifying mental disorders and referral. It was also part of the MHPSS sector efforts to mainstream mental health in other sectors to ensure a multi-sectorial approach to mental health.

06

Promoting Recovery in Mental Health and Related services: training to act, unite and empower for mental health

The National Mental Health Programme organized a two-days training on “Promoting Recovery in Mental Health and Related Services” with the support of International Medical Corps under UNICEF grant.

Current services in countries around the world commonly focus on what the person is unable to do, on maintaining persons using services in a “stable” situation in relation to their mental health and preventing deterioration of symptoms. The WHO is currently promoting a Recovery Approach within mental health services across the world. There is no single definition of what is involved in this approach but it is generally agreed that for most people recovery is about regaining control of their identity and life, having hope for their life and living a life that has meaning for them whether that be through work, relationships, community engagement or some or all of these. Professionals have a role to play in enabling recovery but this also involves initiatives of the person themselves as well as their families and the wider community. Recovery-oriented practice thus refers to the application of sets of capabilities that support people to recognize and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations.

18 persons from the Ministry of Public Health, Ministry of Social Affairs, hospitals, and non-governmental NGOs that have specialized mental health services participated in this training. The training allowed participants to gain an in-depth knowledge of the recovery approach to mental health care and its key principles and components and understand and discuss the role of people with psychosocial disabilities, mental health workers, family, caregivers and other supporters in promoting recovery and start exploring ways to promote this approach. The training also shed light on best practices and to apply the principles of recovery-oriented care.

07

Training on the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) tool and Brief Interventions (BI) for substance users

With the aim of improving the mental health and substance use response system in Lebanon, through integration of brief interventions at the primary care level, among other measures, a two days training on ASSIST and Brief Interventions for substance users was organized by the National Mental Health Programme with the support of International Medical Corps under UNICEF grant.

The ASSIST (the Alcohol, Smoking and Substance Involvement Screening Test) was developed by the World Health Organization and an international team of substance use researchers as a simple method of screening for hazardous, harmful and dependent use of alcohol, tobacco and other psychoactive substances. ASSIST is a valid screening test for psychoactive substance use in individuals who use several types of substances and have varying degrees of substance use/abuse dependence.

07

Training on the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) tool and Brief Interventions (BI) for substance users (cont.)

Screening and brief interventions aim to identify current or potential problems with substance use and motivate those at risk to change their substance use behavior. Brief Interventions can also be used to encourage those with more serious dependence to accept more intensive treatment within the primary care setting.

The objectives of the training were to train national specialists in the use of ASSIST test and on brief interventions and to discuss implementation. The training was attended by 16 participants from ministries and non-governmental organizations working in the field of substance use.

08

Participation in local and international events

a) Mental health Gap Action Programme Forum 2016

The World Health Organization (WHO) is leading the effort for achieving the objectives of the Mental Health Action Plan 2013-2020, adopted by the World Health Assembly in May 2013. mhGAP Forum is a partnership event organized by WHO every year in Geneva around World Mental Health Day (10 October) to exchange information on the implementation of the Plan and strengthening collaboration among partners. This year's mhGAP Forum was hosted by WHO on 10 and 11 October 2016 around the theme of “Moving forward with the Global Mental Health Agenda” and was attended by a diverse group of stakeholders.

The National Mental Health Programme, represented by its head, Dr. Rabih Chammay, participated in the opening session of the forum during which Dr. Chammay spoke in a panel discussion on the use of the mental health Gap Action Programme Intervention Guide. While fellow speakers spoke about the use of the mhGAP-IG in the field, in distance training and in research, Dr. Chammay spoke about its use by the Ministry of Public Health in Lebanon as part of the mental health system reform..

Dr Chammay was also interviewed on a WHO Facebook Live Event about the mental health system reform in Lebanon and on Psychological First Aid.

08 Participation in local and international events (cont.)

b) The Lebanese Psychiatric Society Mental Health Day conference 2016

The Lebanese Psychiatric Society held on 22 October 2016 its annual conference on the occasion of Mental Health Day around the theme of “Psychiatric First Aid”.

The head of the National Mental Health Programme, Dr. Rabih Chammay gave a presentation about the mental health system reform and humanitarian crisis in Lebanon. During his presentation, Dr. Chammay emphasized that crisis can be a vehicle for change and an opportunity for the development of sustainable solutions. The launching of the mental health system reform in Lebanon was successfully initiated through the merging of humanitarian and development agendas to strengthen the capacity of the system to overcome the impact of the crisis, and through multi-level inter-sectoral collaboration and coordination and the creation of synergies between different stakeholders.

c) MENAHRA conference 2016 on harm reduction

The MENAHRA held its 3rd Regional Conference on Harm Reduction “Reduce Harm Ensure Rights” on November 23-26.

During the panel discussion around “Human Rights and Drugs” on November 25, the National Mental Health Programme presented the draft “Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021” in which human rights is a cornerstone as seen through its vision, mission, values, targeted outcomes and its promotion of a human-rights based approach across the domains of action.

In a special side-event at the end of the conference on November 26, the head of the National Mental Health Programme, took part in a panel discussion entitled: “Decriminalizing Overdose: overdose reception practices at Lebanese Hospitals”. During this discussion, Dr. Chammay expressed the position of the MOPH in relation to overdose stating that decriminalizing overdoses can save lives as people can be brought to the Emergency rooms with no fear of being arrested. He emphasized that a person with a substance use disorder is a person in need of treatment and care and is not a criminal.

All NMHP newsletters are accessible on the MoPH website on the following link:
<http://www.moph.gov.lb/en/Pages/6/553/the-national-mental-health-program>

Contact

www@mhsc.org.uk www.mhsc.org.uk

The programme is supported by

the International Medical Corps, World Health Organization, and Unicef

