



**REPUBLIC OF LEBANON**  
**MINISTRY OF PUBLIC HEALTH**

# **Mental Health and Substance Use**

## **Prevention, Promotion, and Treatment**

Strategy for Lebanon  
2015 - 2020

# **Mental Health and Substance Use**

## **Prevention, Promotion, and Treatment**

Strategy for Lebanon  
2015 - 2020



## Table of contents

Foreword By His Excellency, the Minister of Public Health . . . . .	3
Acknowledgments . . . . .	4
Acronyms . . . . .	8
Introduction . . . . .	9
Mental Health and Substance Use Prevention, Promotion, and Treatment Strategy for Lebanon 2015-2020 . . . . .	11
A- Vision . . . . .	11
B- Mission . . . . .	11
C- Values and guiding principles . . . . .	11
D- Goals and domains of action . . . . .	13
<b>Domain 1: Leadership and governance</b> . . . . .	14
1.1 Governance of mental health . . . . .	15
1.2 Financing . . . . .	15
1.3 Legislation and human rights . . . . .	16
1.4 Media, communication and advocacy . . . . .	16
<b>Domain 2: Reorientation and scaling up of mental health services</b> . . . . .	18
2.1 Organization of services . . . . .	19
2.2 Human resources . . . . .	20
2.3 Procurement and distribution of essential medicines . . . . .	21
2.4 Quality improvement . . . . .	22
<b>Domain 3: Promotion and prevention</b> . . . . .	23
<b>Domain 4: Information, evidence and research</b> . . . . .	25
4.1 Health Information System . . . . .	26
4.2 Research . . . . .	26
4.3 Evaluation of policies and services . . . . .	27
<b>Domain 5: Vulnerable groups</b> . . . . .	28
Targets for successful achievement of strategic objectives . . . . .	31

## Foreword

By His Excellency, the Minister of Public Health

The National Mental Health Programme (NMHP) at the Ministry of Public Health (MOPH) is launching a Mental Health and Substance Use Prevention, Promotion, and Treatment Strategy for Lebanon.

I am pleased to share this document that constitutes an integral part of the National Health Strategy and will guide the ministry for the coming 6 years in meeting the needs of our communities in the area of mental health and substance use.

I am grateful to all the efforts and time put in preparation of this document. Many people have allocated time and resources to make valuable recommendations to the strategy. The NMHP and its partners have been leading this work. Local and international NGOs, UN agencies, ministries, mental health experts, and many others have been involved in the preparation and review of this document. I would like to express my particular appreciation to the programme director Dr Rabih Chammy for his commitment and professional work and to the Director General Dr Walid Ammar for his leadership. The result of this participatory endeavour is a well-informed national strategy owned and supported by all relevant actors.

Over the next 5 years, we will all combine our efforts in order to strengthen effective leadership and governance for mental health and provide comprehensive, integrated and responsive mental health and social care services in community-based settings. We will also develop and implement key promotion and prevention activities for mental health and substance use disorders and obtain evidence-based knowledge to inform mental health policy and service development through an operational Health Information System (HIS) and coordinated national research practice. Finally, we will strive to meet the needs of specific vulnerable groups with regards to mental health and substance use.

The main challenge now is to transform this strategy into a reality. This, in particular, will change the life of many people and will improve mental health in Lebanon.

**Wael Abou Faour**

Minister of Public Health

## Acknowledgments

Special acknowledgement goes to all persons and agencies that were involved in the formulation and review of this strategy document.

This strategy would not have materialized without the contributions, efforts and time of technical staff from the World Health Organization headquarters, regional office, and Lebanon country office, ministries, UN agencies, NGOs and INGOs, and many local and international experts.

Special thanks for those who directly contributed to the drafting, editing, revision and finalization of the strategy, and for all those who facilitated the process.

Special acknowledgment goes to the:

### Drafting and revision team:

#### **NMHP team**

Nour Kik, Sandra Hajal Hanna, Wissam Kheir, and Sara Abu Zaki.

#### **MOPH**

Ghada Abou Mrad.

#### **WHO**

Edwina Zoghbi.

### Local and international reviewers

#### **WHO**

Lebanon country office team: Gabriele Riedner and Alissar Rady.

Regional office team: Khalid Saeed.

Headquarters team: Shekhar Saxena, Michelle Karen Funk, Mark Humphrey van Ommeren, Daniel Chishlom, and Salimah Champsi.

#### **UNICEF**

Luciano Calestini, Anthony MacDonald, Zeroual Azzeddine, Henriette Carina McCabe, Yuko Osawa, and Emilie Minnick.

## **International Medical Corps**

Inka Weissbecker, Colin Lee, François de la Roche, Zeinab Hijazi, Ibrahim Abou Khalil, and Jihane Bou Sleiman.

## **Others**

Abbas Makki, Fadi El-Jardali, Filippo Marranconi, Fouad Fouad, Georges Haddad, Hala Kerbage, Hana Nassif, Jocelyn DeJong, Laila Farhoud, Lamia Moghnieh, Lauri Abi Habib, Leyla Akoury-Dirani, Lilian Ghandour, Monique Shaya, Pia Tohme, Rima Afifi, Rudy Abi Habib, Sami Richa, and Wadih Naja.

## **Peer reviewers**

### **Ministries**

Ministry of Education, Ministry of Interior and Municipalities, Ministry of Justice and Ministry of Social Affairs.

Charbel Nassif, Elissar Douaihy, Ghaleb El Ayoubi, Hamza Charafeddine, Khadija Ibrahim, Nada Fawaz, Rima Khalil, Sonia Najem, Wissam Debian, and Zeina Ammar.

### **Other UN agencies**

Alice Wimmer (UNHCR), Anne Colquhoun (UNRWA), Barbara Boekhoudt (UNRWA), Michael Woodman (UNHCR), Mona Kiwan (UNHCR), Nada Naja (UNFPA), Najeh Sadek (UNRWA), Nibal Sayyad (UNRWA), Nicia El Dinawi (UNFPA), Pieter Ventevogel (UNHCR HQ), Taghrid Awad (UNRWA), and Walid Ikram (UNFPA).

### **International Experts**

Amber Gibson, Amber Elisabeth Gray, Anita Marini, Audrey Adeline Gibeaux, Georgios Kanaris, Hanann Riad Sabri, Ilina Slavova, Rafael Pero, Zeina Hassan, and Samira Kheirallah.

### **Local Experts**

Athar Halaby, Beatrice Khater, Bernard Sousse, Brigitte Khoury, Chady Ibrahim, Christiane Njeim Chiha, Claude Boutros, Cynthia El Koury, Dania Hajj Ali, Danielle Ayoub, Dina Mouzayen, Elie Karam, Georges Haddad, Georges Karam, Ghida Anani, Hanadi Esseili, Helene Issa, Helene Samaha Nuwayhid, Iman Nuwayhid, Jay Feghali, Tima El-Jamil, Julie El Khoury, Justine Di Mayo, Khodor Awad, Mariam Hassan, Marie Abdel Ahad, Marie Daunay, Marwa Jawhar, Maureen Mahfouz, Micheal Khoury, Michel Soufia, Mohammed Bassam, Mohammed Safa, Muna Khalidi, Nadia Badran, Noelle Moawad, Nour Jabbour, Rabih Hassouna, Rabih Maher, Racha Tadmori, Rachele Sabbagh, Ramzi Haddad, Rima El Khoury, Rita Slim, Salam Jalloul, Samar Tfaily, Sara Sannouh, Sophia Maamari, Wissam Kotait, Wissam Samhat, Zeina El Jordi, and Ziad El Khatib.

## Associations, Organizations, Orders and Universities

ABAAD - Resource Centre for Gender Equality  
Act for the disappeared  
Action Contre la Faim  
American University of Beirut  
Association Justice et Misericorde  
Balsam  
Caritas Lebanon Migrant Centre  
Centre Libanais des Droits Humains  
Cross Psychiatric Hospital  
Deutsche Gesellschaft für Internationale Zusammenarbeit  
Doctors without Borders  
Foundation for the Social Promotion of Culture  
Handicap International  
HelpAge International  
Himaya  
Holy Spirit University of Kaslik  
Imam El Sadr Foundation  
Institute for Development, Research, Advocacy and Applied Care  
International Alert  
International Committee of the Red Cross  
International Rescue Committee  
Jinan University  
Khiam Center  
Lebanese American University  
Lebanese Medical Association for Sexual Health  
Lebanese Physical Handicapped Union  
Lebanese Psychiatric Society  
Lebanese Psychological Association  
Lebanese Society of Family Medicine  
Lebanese University  
Lebanese Welfare Association for Handicapped  
Legal Agenda  
Marsa Sexual Health Center  
Médecins du Monde  
National Committee for Palliative Care  
Order of Nurses  
Order of Pharmacists  
Oui pour la vie  
Restart Centre

Saint Joseph University  
Sanad  
Soins Infirmier et Développement Communautaire  
Syndicat des Psychothérapeutes et des Psychanalystes  
Tabyeen  
University of Balamand

**Rabih Chammay**

Head of the National Mental Health Programme  
Ministry of Public Health Lebanon



## Acronyms

FDW	Foreign Domestic Worker
GP	General Practitioner
HIS	Health Information System
HIV	Human Immunodeficiency Virus
IMC	International Medical Corps
INGO	International Non-Governmental Organization
LGBT	Lesbian, Gay, Bisexual, and Transsexual
MEHE	Ministry of Education and Higher Education
mhGAP	mental health Gap Action Programme
mhGAP-IG	mental health Gap Action Programme- Intervention Guide
MHPSS TF	Mental Health and Psychosocial Support Task Force
MOPH	Ministry of Public Health
MOIM	Ministry of Interior and Municipalities
MOJ	Ministry of Justice
MOSA	Ministry of Social Affairs
NAP	National AIDS Program
NCD	Non-Communicable Disease
NMHP	National Mental Health Programme
NGO	Non-Governmental Organization
PHC	Primary Health Care
SDC	Social Development Centre
SGBV	Sexual and Gender Based Violence
UN	United Nations
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency for Palestine
WHO	World Health Organization
WHO-AIMS	World Health Organization Assessment Instrument for Mental health Systems

## Introduction

The Mental Health and Substance Use Prevention, Promotion, and Treatment Strategy highlights Lebanon's vision and objectives for the coming 6 years. This strategy supports evidence-based practice among professionals and provision of optimal services as well as changing peoples' attitudes towards mental health and substance use.

In May 2014, the MOPH launched the National Mental Health Programme with the support of WHO, UNICEF, and International Medical Corps (IMC), with the aim of reforming mental health care in Lebanon and providing services beyond medical treatment at the community level, in line with Human Rights and the latest evidence for best practices.

The programme has been working on many fronts: integration of mental health into primary care, engaging universities and scientific societies, mapping of the mental health system in Lebanon, developing key documents for mental health, to name a few. In addition, the MOPH established and is currently chairing the Mental Health and Psychosocial Support Task Force (MHPSS TF). Co-chaired by WHO and UNICEF, this task force includes around 40 organizations working on the Syrian Crisis response in Lebanon with the aim of harmonizing and mainstreaming MHPSS in all sectors and improving access to care.

One year after its launch, the NMHP is launching a Mental Health and Substance Use Prevention, Promotion, and Treatment Strategy for Lebanon for the period of 2015-2020. This is in line with the MOPH policy to expand existing services provided since many years and that consisted of covering inpatient care in psychiatric hospitals and psychotropic medications for outpatients who do not benefit from any health coverage plan.

The current document is the result of a long series of hard work, effort, time, research, and expertise. In order to build on solid grounds, the NMHP activated the work on a draft for a national strategy jointly written by WHO and MOPH in 2011. The draft was revised in line with the regional framework for mental health before being shared with around 20 local and international experts for review. Feedback was compiled and the comments were integrated into a third draft. A national meeting was held to specifically discuss the strategic objectives for identified vulnerable groups such as survivors of SGBV, LGBT community, domestic workers, survivors of torture, and families of missing persons, resulting in a fourth draft.

A final national consensus meeting in April 2015 adopted the final document that comprises all national priorities identified by the main actors before being launched in May 2015.

We are delighted to see the launching of this important document, that incorporates inputs from all actors in mental health and substance use in Lebanon, and that will guide the mental health reform in Lebanon for the next 6 years.

I would like to commend Dr Rabih Chammay for coordinating all these efforts and to thank each and every one who contributed to this document. We remain confident that the same collaboration that led to producing this strategy will continue in the future to ensure the implementation with the same commitment and enthusiasm.

**Walid Ammar**

Director General

Ministry of Public Health

# Mental Health and Substance Use Prevention, Promotion, and Treatment Strategy for Lebanon 2015-2020

## **A- Vision**

All people living in Lebanon will have the opportunity to enjoy the best possible mental health and wellbeing.

## **B- Mission**

To ensure the development of a sustainable mental health system that guarantees the provision and universal accessibility of high quality mental health curative and preventive services through a cost-effective, evidence-based and multidisciplinary approach, with an emphasis on community involvement, continuum of care, human rights, and cultural relevance.

## **C- Values and guiding principles**

The NMHP employs a human rights based approach in all its activities including the National Mental Health Strategy, which is constructed around a set of values and guiding principles that stem from social, cultural, economic, civil, and political rights. Therefore, the programme strives to respect and promote the following values and principles that form the pillars of this strategy:

## **Autonomy**

---

All services will respect and promote the independence and self-sufficiency of people with mental health needs and disabilities and their care givers, through openness and honesty in the provision of information, respect in individual interactions, empowerment and partnership in service planning and delivery.

## **Dignity**

---

All people affected with mental health disorders and their families, and all people providing services, will receive equal access to opportunities, services and care practices that fit with their diverse needs associated with their health status but also with their gender, age, religion, sexual orientation, socio-economic status, legal status, geographic location, language, culture, or other personal characteristics.

## **Participation**

---

Participation is a hallmark of a quality mental health system and a key mechanism for ensuring accountability. All stakeholders, including persons with mental health disorders, and their families, will participate as full citizens in the planning, legislation, development, delivery and evaluation of mental health services. Participation will be consensus-oriented, through the mediation of different views to reach a consensus on what is the best interest of the whole community.

## **Empowerment**

---

All stakeholders will be empowered, through ensuring their rights to acceptable and accessible services, to autonomy and self-determination, to be recognized as a person before the law without discrimination and through the de-stigmatization of mental disorders and the guarantee of more inclusive and respectful services with user and provider/caregiver involvement. In particular, all users of mental health services will exercise an adequate level of control over events in their lives, by enjoying decision-making power, having access to adequate resources and information, and having a range of options to choose from.

## **Accountability and integrity**

---

At all times and at all levels, a high level of accountability shall be maintained in the development and management of the national mental health system, to all those affected by the programme's decisions and actions, including the public and all institutional stakeholders, through the maintenance of transparency and the respect of the rule of law.

## **Quality**

---

The whole mental health system will be geared towards quality. High quality mental health services, in line with clearly defined national and international standards, to all stakeholders, will be ensured at all levels through the use of evidence informed practices, the adoption of a responsive and regulatory approach, the development of qualified mental health professionals, and the maintenance of universal accessibility, comprehensiveness of services and continuity of care.

## D- Goals and domains of action

The goals and domains of action of the Mental Health and Substance Use Prevention, Promotion, and Treatment Strategy for Lebanon 2015-2020 are in line with the WHO Global Action Plan for Mental Health (2013-2020) and the proposed framework to scale up action on mental health in the Eastern Mediterranean Region.

The domains of action correspond to key performance areas where resources must be committed to achieve the set goals that address the identified critical issues to the strengthening of the mental health system in the country.

Strategic objectives are set under every domain of action as key measures of performance relative to critical success factors for the achievement of the set goals.

Domain	Goal
Domain 1 Leadership and governance	Strengthen effective leadership and governance for mental health.
Domain 2 Reorientation and scaling up of mental health services	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings.
Domain 3 Promotion and prevention	Develop and implement key promotion and prevention strategies for mental health and substance use.
Domain 4 Information, evidence and research	Obtain evidence-based knowledge to inform mental health planning and service development through an operational Health Information System (HIS) and coordinated national research practice.
Domain 5 Vulnerable groups	Improve access to equitable evidence-based mental health services –preventive and curative– for all persons in the vulnerable groups living in Lebanon.

## Domain 1

# Leadership and governance

**Goal:**

Strengthen effective leadership and governance for mental health.

## Domain 1: Leadership and governance

---

**Goal:** Strengthen effective leadership and governance for mental health.

### 1.1 Governance of mental health

#### Interventions will focus on:

- Creating a sustainable mental health and substance use department within the MOPH that provides a multi-sectorial and coordinated approach to mental health policy, development, and planning.

This requires the establishment of a common governance structure. The MOPH is committed to create a National Mental Health and Substance Use Department to facilitate and monitor the implementation of the Mental Health and Substance Use Prevention, Promotion, and Treatment Strategy for Lebanon. This department will work with other public entities, different ministries and government sectors such as; social affairs, housing, education, and employment/labour sectors; as well as community organizations, media (radio, television, newspaper) and partners in private and civil society - to oversee the development and governance of the policy, plans, and legislation.

#### Strategic objectives:

- 1.1.1 Establish a Mental Health and Substance Use unit or department at the MOPH, with adequate staffing and sustainable financial resources
- 1.1.2 Develop a child and gender sensitive Mental Health and Psychosocial Support Emergency Response Plan
- 1.1.3 Develop a National Substance Use strategy

### 1.2 Financing

#### Interventions will focus on:

- Ensuring sufficient funds to attain the strategic goals for mental and substance use disorders stated in this document.

The government will carefully revise the current budget, reallocate resources



and seek funds for ensuring the necessary budget to implement the mental health activities listed in this strategy. A clear funding strategy for the programme will be developed. Resources can also be mobilized from international donors and from the revision of the existing mental health budget.

### **Strategic objectives:**

- 1.2.1 Revise MOPH budgetary allocations for mental health expenditures
- 1.2.2 Integrate defined priority mental health conditions in the basic health, social and child protection packages of the government and social/private insurance reimbursement schemes

## **1.3 Legislation and human rights**

### **Interventions will focus on:**

- Enacting a mental health and substance use legislative framework in line with human rights and international conventions.

The government will review the mental health and substance use legislation in consultation with all actors. The new legislation will be a useful and effective tool to improve the situation of persons with mental and/or substance use disorders and ensure their protection against human rights violations, as well as the promotion of autonomy, liberty, and access to health care. The legislation will also tackle regulatory elements to ensure quality of care and service development, including setting standards for mental health care providers, registration and licensing procedures.

### **Strategic objectives:**

- 1.3.1 Revise all existing laws and regulations related to mental health and substance use
- 1.3.2 Develop needed mental health and substance use related law proposals
- 1.3.3 Enact the MOPH revised mental health law for protection of persons with mental disorders

## **1.4 Media, communication, and advocacy**

### **Interventions will focus on:**

- Increasing awareness levels on the NMHP, mental health literacy, and stigma and discrimination.
- Working with all mental health actors including persons with mental disorders

and their families to advocate for their rights and improved services.

The NMHP will be in charge of developing a mental health communication strategy that will help generate positive media coverage, change attitudes, increase awareness, generate support and encourage financial contributions. It will also disseminate information about the NMHP activities. An advocacy strategy will also be developed that aims at fighting stigma and discrimination, empowering persons with mental disorders and their families, lobbying for better financial coverage for the care and treatment of mental disorders, and protecting the rights of people with mental disorders.

### **Strategic objectives:**

- 1.4.1 Develop a media and communication strategy
- 1.4.2 Establish an inter-sectorial collaboration mechanism between all relevant ministries and actors to mainstream mental health in other sectors
- 1.4.3 Facilitate the creation of independent service users and families associations in coordination and through engagement of other key ministries
- 1.4.4 Develop a child and gender sensitive advocacy strategy for mental and substance use disorders related stigma and discrimination

# Reorientation and scaling up of mental health services

**Goal:**

Provide comprehensive, integrated and responsive mental health and social care services in community-based settings.

## Domain 2: Reorientation and scaling up of mental health services

---

**Goal:** Provide comprehensive, integrated and responsive mental health and social care services in community-based settings.

### 2.1 Organization of services

#### Interventions will focus on:

- Reorienting services towards scaling-up integrated and community based mental health services for all persons living in Lebanon that are centred and adapted to people's needs through a recovery-oriented approach<sup>1</sup>.

These services will be organized according to the WHO optimal mix of services pyramid. This model will improve accessibility, availability, affordability and quality for persons living in Lebanon through the provision of services in the community in the least restrictive way possible. These services will include having trained multidisciplinary teams to provide supervision for PHC centres, act as referral points for specialized care for persons with mental and substance use disorders. This entails coordination between all health providers; primarily the MOPH, Ministry of Social Affairs (MOSA), Ministry of Interior and Municipalities (MOIM), NGOs, and INGOs that provide and/or support the provision of PHC services. Coordination between the PHC and the secondary and tertiary levels of care is also needed.

---

<sup>1</sup> Recovery-oriented mental health practice 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.

For further details: The national framework for recovery-oriented mental health services. Australian Health Ministers' Advisory Council. Retrieved from <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovfra>

## Strategic objectives:

- 2.1.1 Integrate mental health into PHC centres and SDCs that are part of the MOPH network
- 2.1.2 Develop community-based multidisciplinary mental health teams
- 2.1.3 Contract with general hospitals for beds in inpatient psychiatric wards
- 2.1.4 Monitor regularly mental health facilities to ensure protection of human, child and women's rights of persons with mental disorders using quality and rights standards in line with international treaties, conventions signed/ratified by the Government of Lebanon
- 2.1.5 Develop a referral system linking all levels of care, including all organizations working for the vulnerable groups<sup>2</sup> identified in the strategy
- 2.1.6 Develop eligibility criteria for persons in long-stay psychiatric hospitals based on international guidelines and national assessments to be reintegrated in the community
- 2.1.7 Adapt and pilot an e-mental health guided self-help programme for Lebanon

## 2.2 Human resources

### Interventions will focus on:

- Ensuring the adequate human resources for the delivery of mental health services at all levels and the implementation of the strategy components.

Human resources are a key element for the success of any mental health reform as mental health and substance use service provision relies heavily on the skills, knowledge, and motivation of the persons providing them. Inter-sectorial action on mental health and substance use requires the engagement and coordination of health and non-health professionals. Specific trainings tailored to the needs of health professionals will be developed. Non-healthcare professionals will also be trained on actions they can take to improve the mental health of the people they come in contact with. They will be engaged in roles and actions to promote mental health care taking into consideration the human rights approach.

---

<sup>2</sup> We mean by vulnerable groups the groups that are prone to psychological distress or mental disorders due to their circumstances. This does not mean that persons in these vulnerable groups necessarily suffer from mental disorders but we wanted to highlight the necessity of including them in the national strategy and, in some cases, cater for their specific needs.

## **Strategic objectives:**

- 2.2.1 Implement a capacity building plan tailored for specialized staff (MHPSS in-service providers) in line with the multidisciplinary approach, in compliance with the bio-psychosocial and recovery model, at all levels of care, in collaboration with relevant actors
- 2.2.2 Develop a capacity building proposal tailored for non-specialized health and social welfare/protection care staff at all levels of care in collaboration with all relevant actors (syndicates, orders, scientific societies, associations, etc.)
- 2.2.3 Develop a capacity building proposal tailored for non-health care staff (police, legal professions, religious leaders, teachers, community leaders, etc.) in collaboration with relevant ministries and actors
- 2.2.4 Revise the undergraduate mental health curricula for health and social welfare professionals and the postgraduate medical programmes towards a multidisciplinary approach in compliance with the bio-psychosocial and recovery model in collaboration with academic institutions

## **2.3 Procurement and distribution of essential medicines**

### **Interventions will focus on:**

- Ensuring sustainable procurement of agreed upon psychotropic medications from the national list for persons with mental disorders not covered by any health plan.

Provision of appropriate and effective medication is essential to ensure persons with mental disorders benefit from the opportunity to live active productive lives in the community. The most cost-effective drugs with minimal side effects will be procured and distributed to all health facilities in a way that maximizes benefit to those who need them in all geographical areas, using the MOPH network and securing a low abuse rate.

## **Strategic objectives:**

- 2.3.1 Update periodically the PHC essential psychotropic medications list
- 2.3.2 Ensure the uninterrupted availability of essential psychotropic medications in PHC centres through regular assessments of the PHC centres' needed quantities
- 2.3.3 Revise the MOPH list of psychotropic medications for prescriptions by specialists
- 2.3.4 Develop guidelines for the rational prescription of psychotropic medications
- 2.3.5 Revise the restricted prescription medications list of the MOPH

## **2.4 Quality improvement**

### **Interventions will focus on:**

- Continuous improvement in the quality of services provided in line with evidence-based, cost-effective and culturally appropriate interventions.

Only high quality implementation and service provision will ensure that the vision of this strategy is achieved. This means that only evidence-based interventions are provided for mental health and substance use at all service levels. It also implies that the available resources are used in a cost-effective way, and that service providers remain accountable to those who use them. Accreditation criteria for psychiatric wards, PHC centre, community services and mental health hospitals will be reviewed and updated. Clinical and service protocols for priority conditions (mental health Gap Action Programme) will also be developed.

## **Strategic objectives:**

- 2.4.1 Develop accreditation standards for mental health/substance use institutions/organizations taking into consideration the special needs of children, children with disabilities and other vulnerable groups
- 2.4.2 Develop a code of ethics for mental health/substance use service providers
- 2.4.3 Adopt a monitoring and evaluation system to ensure quality of mental health/substance use services

# Promotion and prevention

**Goal:**

Develop and implement key promotion and prevention strategies for mental health and substance use.



## Domain 3: Promotion and prevention

---

**Goal:** Develop and implement key promotion and prevention strategies for mental health and substance use.

Promotion and prevention of mental health and substance use disorders is a key component of this strategy. Effective, evidence-based prevention programmes exist and can be tailored to the Lebanese context. In addition, the negative perception of persons with mental or substance use disorders can be a huge barrier to accessing services and can lead to discrimination and violation of human rights. Action will be taken to address this perception and to raise awareness about mental and substance use disorders, as well as their effective treatment.

### Strategic objectives:

- 3.1.1 Establish an inter-ministerial mechanism (between MOSA, Ministry of Education and Higher Education (MEHE), MOIM, Ministry of Justice (MOJ) and MOPH) to develop and implement a national evidence-based MHPSS promotion and prevention action plan
- 3.1.2 Integrate evidence-based mental health promotion and prevention into national protection programming in collaboration with the MOSA (social protection, child protection, SGBV, minors in the judiciary system)
- 3.1.3 Integrate evidence-based mental health promotion and prevention into maternal and child health programmes
- 3.1.4 Integrate evidence-based mental health promotion and prevention into schools
- 3.1.5 Implement an evidence-based framework for prevention and monitoring of suicide

# Information, evidence and research

**Goal:**

Obtain evidence-based knowledge to inform mental health planning and service development through an operational Health Information System (HIS) and coordinated national research practice.

## Domain 4: Information, evidence and research

---

**Goal:** Obtain evidence-based knowledge to inform mental health planning and service development through an operational Health Information System (HIS) and coordinated national research practice.

### 4.1 Health information system

#### Interventions will focus on:

- Using data collected through a mental health HIS to inform service planning and delivery.

The HIS (currently being transformed into an electronic HIS) will include key mental health/substance use indicators. Patient record forms will be designed or modified in facilities where data will be collected. Data collection procedures will be standardized, and data on mental health and substance use will be collected, processed and analysed from all health facilities.

#### Strategic objectives:

4.1.1 Integrate a core set of mental health indicators within the national HIS at all levels: outpatient (dispensaries, PHC centres, and mental health clinics) and inpatient (psychiatric hospitals and psychiatric wards)

### 4.2 Research

#### Interventions will focus on:

- Ensuring a consensus around a national mental health research agenda and coordinating its research activities.

In addition to effective information systems, a high-quality mental health system also requires on-going research to improve understanding of mental health disorders and lead to effective interventions to reduce the impact of mental disorders. A national mental health research agenda will be developed to ensure that Lebanon commissions priority research programmes and is responsive to new research. In addition, on-going research will inform the development and enhancement of tailored mental health services and health promotion and prevention initiatives.

## **Strategic objectives:**

- 4.2.1 Create a national committee for mental health research to inform the MOPH about service development research needs
- 4.2.2 Conduct regularly assessments of the mental health system using the WHO-AIMS tool

## **4.3 Evaluation of policies and services**

### **Interventions will focus on:**

- Evaluating the progress of the current plan and informing future planning activities.

Monitoring and evaluation are key processes in determining whether the goals set in the policy and plan are being realized and allow decision makers to make short and longer term service and policy related decisions and changes. A clear Monitoring and Evaluation framework will be developed and implemented to record progress and reorient future plans.

## **Strategic objectives:**

- 4.3.1 Implement a Monitoring and Evaluation framework for the strategy

# Vulnerable groups

**Goal:**

Improve access to equitable evidence-based mental health services –preventive and curative– for all persons in the vulnerable groups living in Lebanon.

## Domain 5: Vulnerable groups

---

**Goal:** Improve access to equitable evidence-based mental health services –preventive and curative– for all persons in the vulnerable groups living in Lebanon.

### Interventions will focus on:

- Ensuring that vulnerable groups living in Lebanon receive comprehensive and equitable mental health services.

Coordination will be promoted with various existing actors to develop structured programmes within different ministries aimed at improving the psychosocial wellbeing of the different vulnerable groups.

### Strategic objectives:

<b>5.1</b> Persons with disabilities <i>[Including mental and physical disabilities, and all age categories (children, adults and older adults)]</i>	<b>5.1.1</b>	Integrate MHPSS into the programmes of all relevant actors who work with persons with disabilities
<b>5.2</b> Children and adolescents	<b>5.2.1</b>	Develop evidence-based guidelines for MHPSS services targeting children and adolescents
<b>5.3</b> Older adults	<b>5.3.1</b>	Train General Practitioners, family physicians and relevant health care workers on screening, assessing and managing older adults with mental health conditions, in line with the human resources capacity building plans in the strategy
<b>5.4</b> Persons receiving palliative care	<b>5.4.1</b>	Develop an evidence-based capacity building plan for MHPSS services for providers working in palliative care
<b>5.5</b> Persons in prisons	<b>5.5.1</b>	Develop a strategy for mental health and substance use in prisons and detention centres in coordination with relevant ministries and actors

## Strategic objectives:

<b>5.6</b> Survivors of torture and their families	<b>5.6.1</b>	Train mental health providers working with survivors of torture on properly and timely assessing, documenting and managing the impact of torture on the mental health of the survivors and their families
<b>5.7</b> Families of disappeared from armed conflicts and wars	<b>5.7.1</b>	Train mental health specialists working with families of the disappeared on relevant evidence-informed therapy techniques
	<b>5.7.2</b>	Create a national memorial for missing persons in coordination with all relevant actors
<b>5.8</b> Persons living with HIV/AIDS	<b>5.8.1</b>	In collaboration with NAP, train HIV specialists and health workers on common mental and substance use disorders and effect of stigma on persons living with HIV/AIDS (detection, assessment and management)
<b>5.9</b> SGBV survivors	<b>5.9.1</b>	Develop evidence-based capacity building plan for MHPSS services for providers working with SGBV survivors and their partners
	<b>5.9.2</b>	Integrate MHPSS into the programmes of all relevant actors who work with SGBV survivors and their partners
<b>5.10</b> LGBT community	<b>5.10.1</b>	Adapt international standards for best practices for mental health care for LGBT community to the cultural context
	<b>5.10.2</b>	Develop capacities of mental health professionals on good practices for working with LGBT community in collaboration with relevant actors
<b>5.11</b> Foreign Domestic workers	<b>5.11.1</b>	Conduct a situation analysis to assess access of foreign domestic workers to MHPSS services
	<b>5.11.2</b>	Include the coverage of mental health services in the insurance schemes of foreign domestic workers
<b>5.12</b> Palestinian Refugees	<b>5.12.1</b>	Establish a leadership and governance mechanism for agencies working for mental health of Palestinian refugees under the leadership of UNRWA in line with the MOPH structure
	<b>5.12.2</b>	Establish a sustainable referral system between actors in the field under the leadership of UNRWA and the support of MOPH
<b>5.13</b> Displaced populations	<b>5.13.1</b>	Develop an annual action plan for the MHPSS TF
	<b>5.13.2</b>	Monitor regularly the activities under the MHPSS TF action plan

## Targets for successful achievement of strategic objectives



2015

- 1.1.3** A National Substance Use Strategy is developed and launched
- 2.3.2** Quarterly assessments of the PHC centres' needed quantity of psychotropic medications are conducted through inspection visits and a systematic feedback mechanism from the centres
- 4.2.2** An assessment of the mental health system is conducted using the WHO-AIMS tool and repeated every five years
- 4.3.1** A Monitoring and Evaluation framework for the strategy is developed and implemented
- 5.13.1** An annual action plan for the MHPSS TF is developed
- 5.13.2** The MHPSS TF log-frame is updated every six months



- 1.1.2 A child and gender sensitive MHPSS Emergency Response Plan is developed
- 1.2.1 A report of MOPH budgetary allocations revision with proposed recommendations is submitted
- 1.4.1 A media and communication strategy is developed
- 1.4.2 An inter-sectorial collaboration mechanism between all relevant actors and ministries is established to mainstream mental health in other sectors
- 1.4.3 An MOPH action plan for facilitation of the creation of independent service users and families associations is developed and implemented in coordination and through engagement of other key ministries
- 1.4.4 A child and gender sensitive advocacy strategy for mental and substance use disorders related stigma and discrimination is developed
- 2.1.3 At least two general hospitals that have inpatient psychiatric units are contracted by the MOPH
- 2.1.5 A referral system linking all levels of care, including all organizations working for the vulnerable groups identified in the strategy, is established and activated
- 2.3.3 The MOPH list of psychotropic medications for prescriptions by specialists is revised
- 2.3.5 The restricted prescription medications list of the MOPH is revised
- 2.4.2 A code of ethics for mental health/substance use service providers is developed
- 3.1.1 An inter-ministerial coordination mechanism (between MOSA, MEHE, MOIM, MOJ and MOPH) is in place to develop and implement a national evidence-based MHPSS promotion and prevention action plan
- 3.1.1 A national evidence-based, child and gender sensitive MHPSS promotion and prevention action plan is in place
- 4.2.1 A national committee for mental health research is created to inform the MOPH about service development research needs
- 4.2.1 A national mental health research agenda is adopted
- 5.1.1 MHPSS are integrated into the programmes of all relevant actors who work with persons with disabilities
- 5.5.1 A strategy for mental health and substance use in prisons and detention centres is developed in coordination with relevant ministries and actors

- 1.1.1** A functional mental health and substance use unit or a department is established at the MOPH
- 1.3.1** All existing laws and regulations related to mental health and substance use are revised taking into account the cross-sectorial nature of MHPSS
- 1.3.3** The MOPH revised mental health law is passed and an implementation framework for the legislation is established and activated
- 2.1.4** A report of the WHO quality right toolkit for monitoring mental health facilities to ensure protection of human rights of persons with mental disorders is published every two years
- 2.2.1** A capacity building plan tailored for specialized staff is implemented
- 2.3.1** The PHC essential psychotropic medications list is updated and the update is repeated at least every three years
- 2.4.1** Accreditation standards for mental health/substance use institutions/ organizations are developed taking into consideration needs of children, children with disabilities and other vulnerable groups
- 3.1.2** Evidence-based mental health promotion and prevention are integrated into national protection programming in collaboration with the MOSA
- 3.1.4** Evidence-based mental health promotion and prevention are integrated into schools
- 5.4.1** An evidence-based capacity building plan for MHPSS services for providers working in palliative care is developed
- 5.11.1** A situation analysis to assess access of foreign domestic workers to MHPSS services is conducted

- 1.2.2** Defined priority mental health conditions are integrated in the basic health, social and child protection delivery packages of the government and social/private insurance reimbursement schemes
- 1.3.2** Needed mental health and substance use related law proposals are developed; these laws and their respective implementation decrees are child and gender sensitive
- 2.2.2** A capacity building proposal tailored for non-specialized health and social welfare/protection staff at all levels of care is developed
- 2.2.3** A capacity building proposal tailored for non-health care staff (police, legal professions, religious leaders, teachers, community leaders, etc.) is developed
- 2.3.4** Guidelines for the national prescription of psychotropic medications are developed
- 2.4.3** A monitoring and evaluation system to ensure quality of mental health/substance use services is adopted
- 3.1.3** Evidence-based mental health promotion and prevention are integrated into maternal and child health programmes
- 5.9.1** An evidence-based capacity-building plan for MHPSS services is developed for providers working with SGBV survivors and their partners
- 5.11.2** Coverage of mental health services is included in the insurance schemes of foreign domestic workers

- 2.1.7** An e-mental health guided self-help programme for Lebanon is adapted and piloted
- 3.1.5** An evidence-based framework for prevention and monitoring of suicide is developed and implemented
- 5.7.1** Mental health specialists working with families of the disappeared are trained on relevant evidence-informed therapy techniques
- 5.10.2** A capacity building plan on good practices for working with LGBT community for mental health professionals is developed in collaboration with relevant actors
- 5.12.1** Mental health is integrated into primary health care in all UNRWA clinics
- 5.12.1** UNRWA has an MHPSS strategy in line with the national strategy
- 5.12.1** UNRWA has a well-established MHPSS coordination mechanism in line with the national mental health strategy
- 5.12.2** A sustainable referral system between actors working with Palestinian Refugees is well established under the leadership of UNRWA and the support of MOPH

- 2.1.1 All PHC centres that are part of the MOPH network are trained and supervised on mhGAP-IG and other relevant trainings
- 2.1.1 All PHC centres that are part of the MOPH network have regular supply of psychotropic medicines
- 2.1.1 All MOSA SDCs that are part of the MOPH network are trained and supervised on mhGAP-IG and other relevant trainings
- 2.1.2 A multidisciplinary team that will be providing supervision for PHC centres and SDCs, acting as a referral point and providing care for persons with mental disorders is formed and assigned to three of the remote districts
- 2.1.6 Assessment of the eligibility of persons in long-stay psychiatric hospitals to be reintegrated in the community is conducted
- 2.1.6 Eligibility criteria for reintegration in the community of persons in long-stay psychiatric hospitals are established
- 2.2.4 The undergraduate mental health curricula for health and social welfare professionals and the postgraduate medical programmes are revised towards a multidisciplinary approach in compliance with the bio-psychosocial and recovery model in collaboration with academic institutions
- 4.1.1 A core set of mental health indicators is integrated within the national health information system at all levels: outpatient (dispensaries, PHC centres and mental health clinics) and inpatient (psychiatric hospitals and psychiatric wards)
- 5.2.1 Evidence-based guidelines for MHPSS services targeting children and adolescents are disseminated to the relevant actors
- 5.3.1 General Practitioners, family physicians and relevant health care workers are trained on screening, assessing and managing older adults with mental health conditions, in line with the human resources capacity building plans in the strategy
- 5.6.1 Mental health providers working with survivors of torture are trained on properly and timely assessing, documenting and managing the impact of torture on the mental health of survivors and their families
- 5.7.2 A national memorial for missing persons is created
- 5.8.1 In collaboration with NAP, HIV specialists and health workers are trained on common mental health conditions/substance use and the effect of stigma on persons living with HIV/AIDS (detection, assessment and management)
- 5.9.2 MHPSS is integrated into the programmes of all relevant actors who work with SGBV survivors and their partners
- 5.10.1 Culturally-adapted standards for mental health care for the LGBT community are disseminated to the relevant actors

