

Minutes of Meeting – Monthly MHPSS TF Meeting

Date	April 2 nd , 2024	Venue	Online via Zoom application
Time	2:00 PM – 3:45 PM	Minutes prepared by	Samyah Awada (MOPH-National Mental Health Program)
Organizations attending	Amel Association, HI, Himaya, IDRAAC, Imam Sadr Foundation, International Medical Corps, INTERSOS, IOCC, IOM, IRC, LCCE, Lebanese Center for Human Rights, Medair, Medecins du Monde, Medecins Sans Frontieres, Near East Foundation, Nusroto, PUI, Relief International, Restart Center, SIDC, UNHCR, UNICEF		

Agenda

1. Updates from the National Mental Health Programme
2. Presentation by NMHP on the National MHPSS Task Force 2024 Action Plan
3. Presentation by NMHP on the Pilot of the National Model Mental Health packages
4. Presentation by UNHCR on the Findings of the 2023-2024 Participatory Assessment Exercise
5. Updates and challenges to be shared by partners
6. AoB

Discussion

Action / Decision / Suggestion

1. Updates from the National Mental Health Programme

National Intersectoral MHPSS Emergency Preparedness & Response Plan

- The online 4Ws MHPSS services mapping platform is fully updated.
 - ➡ A training on the 4Ws is planned for April 18th, 11:00am-1:00pm, online.
- National PFA trainings are still being rolled out.
 - 65 trainings and 1,156 trained frontliners so far
 - One training per month or based on ad hoc requests from partners
 - NMHP can provide partners with the national materials for them to conduct this training internally.
 - ➡ contact aya.harb@nmhp-lb.com
- 13 Self-care videos [Link](#) and 23 Key messages [Link](#) on mental health were developed and are being posted on NMHP social media platforms.
- Training on psychiatric emergencies for healthcare providers
 - 160 ER and ICU Physicians trained in 58 hospitals
 - 1,247 ER and ICU Nurses and other staff trained in 79 hospitals

National Mental Health Programme Regular Activities

- Mental Health Strategy and Child, and Adolescent Sub-strategy
 - Mental Health Strategy is being finalized for launching in June 2024

- Child, Adolescent, Youth and Caregivers’ Mental Health Sub-strategy second draft is being revised. Launching to take place in October 2024
- Step-by-Step
 - 85.7% of service users demonstrated high levels of satisfaction in an analysis done in March.
- Summit
 - Paper published on TRIALS Journal [Link](#)
- Mental Health Task Force Coordination
 - Last phase of Action Plan revision.
 - NMHP supported the Bekaa and the North task force groups in developing their own action plans.

2. Presentation by NMHP on the National MHPSS Task Force 2024 Action Plan

- Governorate Task Force Coordination
 - North TF – have 20+ partners and meet every 3rd Wednesday of the month.
 - Bekaa TF – have 7+ partners and meet every 3rd Tuesday of the month.
 - **The main objectives that each task force will be working on this year are summarized in the presentation.**
- National MHPSS Task Force 2024 Action Plan
 - **The detailed objectives are listed in the presentation.**
 - The objectives represent the pressing priorities of the mental health system. However, their implementation will be based on the available resources, other emerging priorities, emergencies, etc.
 - Objective “*Support and strengthen the governorate/peripheral MHPSS working groups*” includes developing national and governorate MHPSS TF Terms of Reference (TORs), the governorate-specific action plans, as well as the reactivation of the South working group.
 - In relation to the MHPSS TF committees:
 - Committee 2: We are in the final stages of reviewing the material developed by one of the partners, so once it is pre-final we will share it with all the technical people from the interested partners for their feedback.
 - Committee 3: a consultant will be hired to lead on this work, interested partners will be included in the revision process.
 - Committee 4: invites will be sent out for interested partners who have senior staff with experience in advocacy to lead on this work.
 - Committee 5: we will see if there interest from partners for this committee’s objective, since it is not a priority that can be achieved this year.
 - Committee 6: NMHP be liaising between the work done by the committee leads (Caritas and GIZ) and by LCCE to see where the work of the committee was left off and to integrate the progress done by LCCE to prevent any duplication of efforts.

Aya Harb from NMHP:

➡ We will share with you the document on the national task force action plan and the objectives once it is finalized.

All committees with little interest from partners will be shifted into the main objectives for the TF to achieve.

Q&A

Nadia Badran from SIDC:

Are the task forces only for the governorates of Bekaa and the North (not for Beirut and Mount Lebanon and other governorates)? Can we choose the committees we would like to be part of?

Aya Harb from NMHP:

We found that there is no need for task forces for Mount Lebanon and Beirut because partners in these areas are attending the national meeting. We also want to reactivate the South task force because there is definitely a need for it.

Partners can choose which committees to be part of. But there will be a specific number of committees a partner can be a member of since in previous years some partners were on so many committees, but they didn't have the time or the resources to be active in all. We want to be efficient to actually get things done.

Nadia Badran from SIDC:

Has the Mental Health Strategy been finalized or do we have to also read it and give suggestions?

Aya Harb from NMHP:

We already collected feedback from many stakeholders in 2023 and incorporated it. There will be a national official launch with the ministry for this strategy, so it will be the last version and it will cover the period from 2024 till 2030.

3. Presentation by NMHP on the Pilot of the National Model Mental Health packages

The detailed presentation is attached in the email.

- The pilot is part of the Domain of action II “ Reorientation and scale-up of services” of the National Mental Health Strategy
- Some Key Elements for Successful Integration:
Full integration of MH in the Health Information System; support by mental health professionals for complex cases and referrals; full integration of MH in the Health Information System, etc.
- Challenges tackled: There are several gaps and challenges to which solutions have been proposed.
- The national model of care has been set and the pathways of care were developed in accordance with the patient’s situation.
- GP is responsible for deciding if the patient categorization will be P1 or P2.
- The national model includes seven packages (3 finalized and rolled out, and 4 in the pipeline) .
- Several human resource categories were trained.
- The model of care was developed and includes using screening tools related to each package to check for red flags that indicate a mental health disorder (or symptoms) and accordingly managing or referring the patient to the next healthcare professional.
- Community of practice meetings are held to provide support, guidance, and capacity building for service providers.
- The list of NGOs & PHCCs that are part of the pilot was presented. For the time being, no new center can join the pilot.

Sylvana Chlela from NMHP:

➡ Once we have fixed dates for the trainings on Psychosis and Substance Use, we will communicate with all partners.

➡ For more information regarding the packages or the pilot, please reach out to sylvana.chlela@nmhp-lb.com

- The requirements for PHCCs interested in integrating the MH service packages include: PHCC facility Assessment, availability of human resources, and a budget for training adapted to the packages.
- Phases of the Pilot Project include: 1) Preparation, 2) Training, 3) Implementation, and 4) Monitoring and Evaluation
- Common challenges and successes were identified:
 - Challenges: High patient load, psychiatrist availability, financial barriers, psychotropic medication shortage, etc.
 - Successes: Extension to other PHCCs, reduced demand for specialized services, and a holistic approach.
- The Monitoring & Evaluation Log frame was developed using the RE-AIM framework. This evaluation framework has five components, Reach, Effectiveness, Adoption, Implementation and Maintenance
- Monitoring & Evaluation tools include: 1) Monitoring checklist, 2) Patient tracking sheet, and 3) Midterm & end of pilot evaluation interview guides.

Presentation by Tania Chalhoub and Toufic Merhi from Relief International:

Pilot Project *Mental Health Integration* at Al Amir Medical Center Berqayel (Akkar) January 2023-Present

- Packages trained on are Depression, and Anxiety and PTSD
- 3 GPs, 4 nurses and 1 midwife were trained.
- Since August 2023, a Service User Tracking Sheet is shared with the NMHP on a monthly basis to track the follow up of patients by the service providers.
- Updates and successes include: The center’s patients got used to the new system; the project decreased the load of mild to moderate cases for the psychiatrists to follow up on.
- Challenges include Shortage in psychotropic medications, decrease in patients’ commitment, and patients required follow up reminders, etc.

Q&A

Farah Darwiche (Medair):

What is the reason for not including new partners in the pilot if they have the resources and cover areas where the pilot is not integrated yet?

Sylvna Chlela from NMHP:

A lot of requests are being received. Usually after we receive a request we meet with the partner to discuss the details and assess the PHC center in which the package will be implemented. After which the cost of the training and integration is shared with the partner.

Aya Harb from NMHP:

To clarify further, the issue is in joining the pilot and not the actual package since the pilot started since 2023 and the M&E of the pilot has been ongoing since then so no new pilot PHC centers can join. But any partner can ask to receive the training and integrate the package within their PHC centers.

Nadia Badran from SIDC:

Dr. Chammay has raised many times the issue of referral of services between NGO-affiliated PHCCenters and NGOs providing services not throughout affiliated PHC centers, where he emphasized on the importance of the referrals from these PHC integrated services to outside the PHC for more specialized services. Especially since many of these NGOs provide specialized services for the most vulnerable persons, like persons living with HIV, persons with substance use disorders, persons from the LGBTQ+ community, and women engaged in sex for money. I didn't see this kind of referrals in the Model of Care. Is this idea still existing?

Aya Harb from NMHP:

I'll make a note of this and relay to Dr. Rabih because you have raised a very important point.

4. Presentation by UNHCR on the Findings of the 2023-2024 Participatory Assessment Exercise

Presentation by Tamara Abou Hamzeh from UNHCR:

The detailed presentation is attached in the email.

- It is a structured dialogue done in the last quarter of every year.
- The exercise is now in phase 6 “ Sharing findings and providing feedback to refugees”.
- An Arabic executive summary will be shared with the participants and partners.
- Core themes: Community participation, self-help and self-management. Subtheme: Community feedback on Help Lebanon Website and automation
- Overview: 9 actors involved, 200 persons consulted, 22 focus group discussions and 2 semi-structured interviews.
- The participants were asked on their understanding on the concept of community and their role in addressing protection issues
- Effects of exclusion of individuals from their communities include: psychological distress (including symptoms of depression, anxiety, and loss of ambition), sense of disconnect, feelings of insecurity and unsafety, loss of confidence, feeling marginalized and disempowered, and worry about their children and family.
- When asked about the role of the community to address protection issues PSS emotional support was reported.
- When asked about the top community concerns, mental health was ranked fifth in BML region.
- The capacities and resources available in the community to address community issues included: providing emotional and psychosocial support to community members, and access to community centers for various activities (PSS, awareness, skills trainings, etc.)
- Refugees consulted highlighted the positive psychological impact of community-led initiatives

Aya Harb from NMHP:

I didn't notice in any of the community led initiatives anything on mental health.

Tamara Abou Hamzeh from UNHCR:

No, it was mainly just medical support and youth initiatives. As part of the awareness raising and information sharing there were some awareness sessions about mental health.

Aya Harb from NMHP:

You mentioned that mental health was raised only in the BML region, by the refugees in Beirut and Mount Lebanon. Are there any findings on why this was not raised also in other areas? Do you believe that stigma might be the reason? Or maybe refugees in BML are more aware of mental health?

Tamara Abou Hamzeh from UNHCR:

Based on previous findings, we noticed a trend - that refugees don't actually prioritize mental health. Their top priorities are either education or securing basic needs. In this participatory assessment only one group mentioned mental health. When we talk about anything related to the impact, it's always mentioned. For example, "what's the impact of exclusion". It's always mentioned that it has an impact on mental health. This is the case across all locations. It's not usually mentioned as a top priority unless we ask specific mental health questions.

5. Updates and challenges to be shared by partners

N/A

6. AoB

N/A

Next meeting: 7- 5- 2024