

Mental Health in Lebanon: A Right Requiring Urgent Intervention

The Arab Institute for Women (AiW) at the Lebanese American University (LAU) is launching a series of four mini policy briefs based on interviews with experts in the fields of health, psychology, education, and economics in order to address the major repercussions of the economic and public health crises dominating Lebanon. The insights revealed in these concise briefs serve as a potential precursor to prompt action in support of Lebanon's healthy recovery.

This is the second policy brief of the series, that tackles the perception of mental health in Lebanon as well as the heightened mental health complications that citizens shoulder amid the twin crisis. The brief is based on interviews conducted with Mia Atoui, Clinical Psychologist and Co-Founder and Vice President of Embrace* – a pioneering local non-governmental organization (NGO) committed to raising public awareness on mental health in Lebanon – and Nour Kik, Policy and Advocacy Coordinator of the National Mental Health Programme (NMHP) at the Ministry of Public Health (MoPH).**

* For more information, please visit Embrace's website, retrievable from <https://embracelebanon.org/>

** The opinions expressed in this brief are those of the interviewees solely and do not reflect the position of the Arab Institute for Women (AiW) at the Lebanese American University (LAU).

The World Health Organization (WHO) defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.¹ Evidently, this indicates that health does not exclusively comprise physical welfare but is rather the synthesis of three mandatory elements namely physical vigor, mental soundness, and social achievement. Despite the fact that mental health is deemed an underlying foundation of health, it is often overlooked and as such, inadequately funded. On average, countries allocate a mere 2% of their health budgets to mental health, and less than 1% of development assistance directed at health targets mental health specifically.² Moreover, the United Nations (UN) estimates that for every 10,000 persons in the world, there is less than one available mental health professional.³

In Lebanon, the status of mental health is severely compromised due to decades of conflict and insecurity, impeding the country from achieving any semblance of social and economic stability and well-being. As such, citizens’ utmost priority has always been survival in order to attain basic rights that the government is – in principle – responsible for providing. This includes the right to education, equal employment opportunities, and medical care, to name a few. However, mental health has never been given precedence, but has always been neglected and marginalized. The government does not allocate a portion of its budget to support and promote mental health. It is rather the non-state institutions that initiate projects to uphold mental health. Unfortunately, these projects are sporadic as they rely solely on the availability of external funding. A draft law to pass the mental health act in Lebanon, which calls for mental health coverage for outpatient psychotherapy and psychiatric consultation, has been in parliament since 2019 but has unfortunately still not passed. As such, those with mental health needs do not receive adequate treatment, care, and support. Moreover, they are frequently ostracized by society and face a great deal of humiliation and discrimination. Mental health is often surrounded by negative connotations, including the social stigma and perception that those with mental health issues are either insane or abnormal, thus hampering people from seeking professional help. As a result, often only those who are aware of the importance of mental health and are financially well off seek mental health care services.

1. The World Health Organization (WHO). (2006). *Constitution of the World Health Organization*. Retrieved July 8, 2020, from https://www.who.int/governance/eb/who_constitution_en.pdf?ua=1

2. United Nations (UN). (2020). *Policy brief: COVID-19 and the need for action on mental health*. Retrieved July 8, 2020, from https://www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf

3. Ibid.

For a decade and a half, Lebanon was engulfed by the throes of a civil war that left its population intensely traumatized. The war further entrenched the country's sectarian divides and paved the path for warlords to preserve their families' grip over power. The war took its toll directly on the population who lived through it and were consequently robbed of their childhood, lost their homes and loved ones, and halted their education and professional development. It also indirectly impacted the generations to come who heard countless historical accounts from their families fostering extreme political affiliation based on confessional divisions.

The end of the war marked the beginning of an era plagued by foreign military occupation, a series of political assassinations and sporadic explosions, governmental deadlock, political turmoil and divides among the ruling elite, and most recently hyperinflation, mass protests, and severe devaluation of the national currency against the dollar, thus culminating in the worst economic crisis the country has faced since the civil war of 1975. Moreover, the unforeseen magnitude of the COVID-19 pandemic and its subsequent repercussions added fuel to Lebanon's fires thus engendering a double calamity: an economic crisis as well as a public health catastrophe. However, it was the drastically tragic explosion in Beirut's port on the 4th of August – that claimed the lives of around 200 victims, injured approximately 5,000 others, and left nearly 300,000 homeless – that delivered the deathblow to the last prevailing healthy bits and pieces of mental health in Lebanon. As such, mental healthcare professionals are pooling their efforts in order to provide free services to those affected by the disastrous blast. However, given the absence of foundational governmental support in terms of social services, the Lebanese are facing trials and tribulations in accessing the necessary mental health services that in many instances prove to be life-saving. Even though more than 300 organizations are present on the ground⁴, no governing body is organizing communication and coordination among them, thus generating chaos and duplication of work at times. For example, concentrated aid and media attention were given to areas such as Gemmayzeh and Mar Mkhael whereas others including Karantina, populated by poorer households, received less services. However, civil society is expending all its resources in order to respond to the people's needs.

Nevertheless, the government has taken positive steps towards normalizing mental health and improving access to mental healthcare over the past decade. In an unprecedented move, the Lebanese Ministry of Public Health

4. Numbers reported by Mia Atoui on September 14, 2020.

(MoPH) launched the National Mental Health Programme (NMHP)⁵ in May 2014 under the auspices of the World Health Organization (WHO), the United Nations Children's Fund (UNICEF), and International Medical Corps (IMC). The ministry's program was formalized following a nationwide assessment that revealed a weak mental healthcare system and limited access to services that are heavily concentrated in the private sector, the absence of a mental healthcare law, and the lack of insurance coverage for mental health services. The program aims to introduce reformatory measures to mental health care and to supply community-based services that are beyond medical treatment, in alignment with international standards and best practices in terms of human rights. The NMHP's ultimate goal is to maximize mental health and well-being for all people living in Lebanon.

State-led efforts to support mental health were complemented with non-governmental initiatives. For example, in 2017, Embrace⁶ – a pioneering local non-governmental organization (NGO) committed to raising public awareness on mental health in Lebanon – launched the first National Emotional Support and Suicide Prevention Helpline in Lebanon in coordination with the MoPH that aims to provide emotional support over the phone, assess the risk of suicide, and refer callers to community mental health services. The number of people seeking mental health support through the hotline is increasing, showcasing how stigma related to the issue is witnessing a slow yet positive transformation.

Recently and in light of the outbreak of COVID-19, the MoPH developed a National Action Plan (NAP)⁷ to tackle the mental health repercussions generated by the spread of the virus in Lebanon for all people living in the country – as explicitly stated on the MoPH's website, thus meaning that the services are not restricted to Lebanese citizens. The NAP aims to support mental health and alleviate stressors generated by COVID-19 such as stigma and discrimination against those affected; support those in quarantine and their families through provision of mental health services; uphold the mental health of frontline healthcare workers; and guarantee that people using mental health services can continually do so. Moreover, the MoPH launched a national campaign to eradicate stigma associated with COVID-19. The campaign highlighted positive messaging that encouraged individuals to

5. For more information, please visit the website of the Ministry of Public Health (MoPH), retrievable from <https://www.moph.gov.lb/en/Pages/6/553/the-national-mental-health-program>.

6. For more information, please visit Embrace's website, retrievable from <https://embracelebanon.org/>

7. For more information, please visit the website of the Ministry of Public Health (MoPH), retrievable from <https://www.moph.gov.lb/en/Pages/6/553/the-national-mental-health-program>.

provide emotional support to those affected by COVID-19 and to abstain from any form of discrimination. The campaign was endorsed by several public figures, and circulated via social media posts, television advertisements, and banners within some Lebanese neighborhoods.

Given the highly contagious nature of the virus, the implementation of social distancing measures was pivotal to restrict its proliferation. As such, the Lebanese government, in line with international guidance from the WHO, imposed a lockdown forcing all residents to abide by the government's decision and stay home. Despite the fact that no studies were conducted in Lebanon yet to map and measure the impacts of the lockdown, there is consensus that vulnerable groups including those with preexisting mental health conditions – such as depression, anxiety, and obsessive compulsive disorders – as well as those living in highly conflictual environments – for instance women subjected to domestic violence and intimate partner violence, children exposed to violence, members of the LGBTQ (lesbian, gay, bisexual, transgender, queer) community living with intolerant household members, and foreign domestic workers suffering mental, emotional, or physical abuse – were the most affected. For this reason, the normative understanding of home as a safe space has been challenged given the imposed lockdown. Those groups, already vastly discriminated against in Lebanon, were at a heightened risk of developing mental health conditions, as they could not access professional help in the same frequency as before the pandemic.

Data revealed by Embrace and collected by the Internal Security Forces might be an indicator of how the twin crisis is impacting vulnerable groups. In fact, data shows that during the first six months of 2020, 15% of all suicides were committed by female foreign domestic workers as compared to 17% in all of 2019.⁸ Given that Lebanon lags behind in terms of laws and regulations that criminalize domestic violence, NGOs were quick to contain this surge through designated hotlines to report incidents of violence, and through their prominent assistance and services. The number of calls received by NGO hotlines in March 2020 was double that recorded in the same period in 2019,⁹ reflecting non-governmental efforts in responding to domestic violence.

In addition, between mid-March and June 2020, the National Emotional Support and Suicide Prevention Helpline in Lebanon received more than 300¹⁰ calls from persons reporting emotional distress directly or indirectly related to COVID-19. More than 50% of callers were women, 16% of whom

8. Numbers reported by Mia Atoui on August 2, 2020.

9. Numbers reported by Mia Atoui on August 2, 2020.

10. Numbers reported by Mia Atoui on August 2, 2020.

were actively contemplating suicide.¹¹ Some of the main risk factors reported by these women callers included living alone, feeling socially isolated, and experiencing a major source of stress such as trauma, loss, family discord, relationship problems, and financial difficulties. Moreover, around a fifth of the pandemic-related reports were made by individuals of the LGBTQ community, many of whom were battling suicidal thoughts and attempted suicide.¹² Many of these callers mentioned having no socio-economic support from the state and thus had to resort to non-state institutions for assistance. Also, KAFA¹³ reports that the number of calls it has received increased by 4.5 times between March and June 2020 from 299 to 1371 calls. In addition, the number of calls from new cases increased three-fold between March and June 2020 from 75 to 236 calls.¹⁴ As restrictions on movement are gradually lifted, the severity of the lockdown's effects will be better measured and assessed.

In Lebanon, COVID-19 generated multiple stressors detrimental to mental health. As the pandemic was coupled with severe economic downturn, shortage of imported goods and commodities, high levels of inflation, and devaluation of the national currency against the dollar, people faced financial pressures. As such, social determinants of mental health, including the ability to cover basic needs such as food, shelter, education, and health were threatened, thus jeopardizing mental health. Resolving the economic crisis is thus key to promote mental health in Lebanon. Moreover, the outbreak of the pandemic and the ensuing lockdown followed the October 2019 uprisings that Lebanon witnessed calling for economic reforms and the overthrow of the political and sectarian regime. The Lebanese were unprecedentedly euphoric and hopeful for change as the uprisings spread over all the country and the government announced its resignation. However, despair quickly ensued as the uprisings' momentum subsided, thus engendering more political and social grievances. In addition, the imposed lockdown period allowed for additional free time. As such, multiple posts on social media inundated people with pressures to take advantage of that and be productive and benefit from attending free courses and seminars, working out, learning new skills, etc.... Nonetheless, such statements posed a threat to mental health. During times of crises, trauma impairs one's ability to engage in coherent thought processes, cognitive facilities are in deficit, and decision-making and problem-solving skills are hampered. As such, accepting

11. Numbers reported by Mia Atoui on August 2, 2020.

12. Numbers reported by Mia Atoui on May 4, 2020.

13. KAFA (enough) Violence and Exploitation is a feminist, secular, Lebanese, non-profit, non-governmental civil society organization seeking to create a society that is free of social, economic and legal patriarchal structures that discriminate against women. <https://www.kafa.org.lb/en>

14. KAFA (enough) Violence and Exploitation. (2020). *Numbers still on the rise. Express measures needed*. Retrieved September 18, 2020, from <https://www.kafa.org.lb/en/node/420>

the reality of the situation and focusing on self-compassion and one's own limitations serve better than disparaging unproductivity and anxiety.

In order to cope with the pandemic, people resorted to a vast range of both healthy and unhealthy mechanisms. Positive coping mechanisms included working out at home, walking pets, reading, spending time alone or with one's family, connecting with friends virtually, as well as cooking and baking, etc... Unfortunately however, many people adopted negative habits such as consuming alcohol and smoking as a means to deal with the increased stress and anxiety. Yet in some cities such as Tripoli – classified as one of the poorest cities in the Middle East region and having the lowest GDP per capita in Lebanon¹⁵– people continued to operate normally in order to attain their daily wages, and others offered support to the community through providing citizens with the opportunity to access and attend free of charge concerts and webinars. Coping mechanisms were gendered based on observation: while women tended to rely more on social support such as talking to friends, men were more likely to resort to sports.

Beirut's port explosion further exacerbated the dismal status of mental health in the country. Those directly affected by the blast experienced more severe distress and traumas than those indirectly affected. In general, it will take the former six months to deal with post-traumatic stress disorder as opposed to one month for the latter.¹⁶ However, people cope with stressors differently based on factors including acquired resilience, cognitive development, preexisting mental health conditions – such as anxiety and depression – and appraisal of stress. For example, some chose to leave the country and escape from dealing with the tragedy altogether. These possess the necessary financial resources and/or documentation (foreign passports) to do so. Others however, belonging to various socio-economic classes, chose to be constantly present on the streets helping in any way possible. In general, females tend to verbalize and express their stress whereas males hold in their emotions, fears, and vulnerabilities increasing their risk of depression and anxiety. Nevertheless, the scarcity of data in Lebanon necessitates more research that investigates the gendered implications of the blast. In August 2020, the Embrace Lifeline received 560 calls that were almost paired by sex – 46% by males and 54% by females.¹⁷ Callers described different concerns: 60% reported emotional distress; 28% reported distress directly from the Beirut explosion (these calls were concentrated towards the last two weeks

15. UN Habitat (2016). *Tripoli city profile 2016*. Retrieved September 18, 2020, from https://reliefweb.int/sites/reliefweb.int/files/resources/2016.10.28_UN-HABITAT_TripoliCityProfile_SpreadsMR.pdf

16. This was reported by Mia Atoui on September 14, 2020

17. Numbers reported by Mia Atoui on September 14, 2020.

of August as people were on the streets the days following the blast); 24% were contemplating suicide; 8% battled with socio-economic concerns; 5% reported distress related to COVID-19; and 3% reported suicide attempts in progress.¹⁸ A survey conducted by Embrace revealed that in the first 10 days following the explosion, 77% of respondents reported feeling anxious or on edge and 80% reported feeling down, depressed, or hopeless more than half of the days or nearly every day of the week.¹⁹ Healing from traumatic events is usually contingent on achieving transitional justice which would therefore provide closure for those affected. As this is far-fetched in Lebanon given the rampant corruption, it will be difficult for the people to adjust back into their routines in light of the economic crisis and volatile political landscape. Nevertheless, rebuilding and reconstruction efforts will help people cope as they will visually and visibly witness the resurrection of their city, leading to gradual semblance of normalcy.

The twin crisis took its toll on women more than men, with the former becoming more vulnerable, shouldering economic and social burdens at the expense of their mental health. Despite the relative and apparent social and cultural openness of Lebanon in the Arab milieu, the country has always fostered an economic, political, religious, and legal setting that treats women as mere subordinates to their male counterparts, thus upholding a patriarchal structure that hinders the advancement of women's rights and their promotion to first-class citizens. Lebanon fares poorly in terms of gender justice: in 2020, the country ranked 145 out of a total of 153 countries and 12 out of 16 Arab countries on the World Economic Forum's Global Gender Gap Index.²⁰ For example, as Lebanon's nursing sector is predominantly comprised of females – 79.52% of nurses associated with the Order of Nurses are females²¹ – women risk increased exposure to infection during the course of their work, jeopardizing their health and that of their loved ones at home due to the highly contagious nature of the virus. In addition, working mothers are now taxed with multiple burdens as workplaces are applying working from home policies and schools are adopting either complete online learning or hybrid systems due to the pandemic and the destruction of schools after the explosion – whereby students alternate between classrooms and online sessions. As such, women have to juggle between performing their professional duties, monitoring their kids' education, and carrying out household chores.

18. Numbers reported by Mia Atoui on September 14, 2020.

19. Embrace (2020). *Embrace's mental health disaster response plan to the Beirut explosion*.

20. World Economic Forum (2020). *Global gender gap report 2020*. Retrieved September 21, 2020, from http://www3.weforum.org/docs/WEF_GGGR_2020.pdf

21. Data is based on statistics conducted by the Order of Nurses and retrievable from their website: <http://www.orderofnurses.org.lb/>

COVID-19 has generated externalities and further pressures on Lebanon's mental health sector. The pandemic is fortunately pushing towards deinstitutionalizing the sector by creating a need for more psychiatric care in hospitals and within community centers (the latter still uncommon across Lebanon) instead of a few designated institutions. With the temporary closing of some of the overcrowded long-term facilities that provide psychiatric care in Lebanon, many patients found themselves lacking other mental health resources or support in the community, which led to the deterioration of their mental health status. This has raised the alarm for providing more psychiatric beds in public and private hospitals, in addition to community services such as Embrace's hotline that offers free or low fee services, as well as partial hospitalization programs or community facilities. Moreover, COVID-19 urgently called governmental and non-governmental institutions to increase efficiency in terms of service delivery. For example, hotlines provide easy access to seeking assistance at any time. As mental health services are expensive and not covered by insurance policies, the pressing need to enhance and reshape national services that exist within the community arises.

Despite rising fears of the pandemic running rampant, the government is adopting lax measures given the gravity of the economic crisis: Lebanon can no longer bear the costs of a lockdown. As such, this second wave of COVID-19, which is spiraling out of control, may be more detrimental to people's mental health than the first wave. The new reality is that the working class – without access to their livelihoods and faced with the growing inflation rate across Lebanon and the devaluation of the national currency – will no longer accept the government-imposed lockdowns to stymie the spread of COVID-19. The impacts of quarantines and lockdowns are still to be evaluated. While re-opening the country witnessed a large portion of the population resuming their daily activities, it was coupled with schools and universities announcing the end of the academic year. Therefore, the long-term impacts of COVID-19 on populations such as children, youth, and the elderly are yet to be seen.

In the wake of the explosion and its aftermath, the Lebanese did not protest to overthrow the corrupt and negligent system and its rulers responsible for the tragic blast. This apathy in responding to such a catastrophic event can be attributed to learned helplessness whereby the people gave up after various attempts to bring about change. In addition, people are in different stages of grief and thus not everyone is in the right emotional and psychological state to revolt. Moreover, many are on survivor mode whereby working and earning a living is a priority to carry on. The blast brought back memories of the civil war due to the fact that no justice was achieved then and the Lebanese did not make peace with their country's fatal history. As such,

transitional justice is key to promote the mental health of everyone directly or indirectly affected by the blast.

In conclusion, the recent pandemic combined with the tragic explosion have both severely taxed the population and further demonstrated that mental health cannot be ignored. The virus does indeed attack one's body. However, the repercussions generated due to fear of contracting the virus, the stress of social distancing measures and confinement, and the anxiety generated by the ensuing unemployment and economic crisis all jeopardize mental health and the ability of the Lebanese community to recover from these accumulated disasters. As such, it is pivotal to ensure that governments spearhead responses to tackle mental healthcare in an appropriate and substantive way in order to prevent the outbreak of a mental health crisis in the wake of the pandemic, the explosion at Beirut port, and the economic crisis. As Lebanon now is experiencing a crisis of unprecedented scale, it is difficult to assess the extent of emotional damage and long-term mental health needs of the population. However, it is certain that mental health concerns will appear in the days, months, and years to come. This requires a concerted effort prioritizing mental health services and support at all levels – from community to country. Mental health in Lebanon can only truly recover if the country at last achieves the peace, security, and stability that it has long fought for.

