

Turning adversity into opportunity: the Syrian crisis and mental health reform in Lebanon

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Summary

Crisis can be a vehicle for change and an opportunity for the development of sustainable solutions. Building on the humanitarian response to the Syrian crisis and despite the political instability, the Ministry of Public Health in Lebanon in partnership with the World Health Organisation, UNICEF and International Medical Corps and in collaboration with all actors on the ground has successfully established a National Mental Health Programme. In 2015, one year after its establishment, the programme launched the first national strategy for mental health and substance use to reform the mental health system in the country and to coordinate the mental health and psychosocial support response for the Syrian crisis. This reform was successfully initiated through inter-sectoral collaboration and coordination between all stakeholders and through the merging of the humanitarian and development agendas.

Problem

Limited availability and accessibility of mental health services coupled with excessive demand with the advent of the Syrian crisis.

Recommendations

1. Merge humanitarian and development agendas
2. Maximize resources by creating synergies between different stakeholders and agendas
3. Streamline evidence-based mental health policy in all sectors

“The result of this participatory endeavour is a well-informed national strategy owned and supported by all relevant actors. This, in particular, will change the life of many people and will improve mental health in Lebanon”

H.E. Mr Wael Abou Faour, Minister of Public Health, Republic of Lebanon

Introduction

Lebanon is a small, middle-income country, with a population of about 4 350 000, including 400 000 Palestine refugees and a long history of civil war and political unrest. Following the Syrian crisis, the total resident population suddenly increased due to the influx of displaced persons and reached a high of more than 30% in 2013. Currently there are more than 1 million registered Syrians displaced, thus positioning Lebanon as the host of the highest number per capita of displaced persons. (1)

This demographic change has heavily impacted Lebanon’s economy, employment, and basic services such as health and social services. The latter determinants of health have contributed to the overstraining of the health system, with increased utilization of services and a surge in demand for non-communicable diseases services, including mental health. (2) This has widened the gap in mental health services already available due to the chronic under-funding and the inclination of funding towards curative hospital-based care.

Although UN agencies, national and international non-governmental organisations (NGOs) have provided assistance for a spectrum of health services, the needs of the host community and displaced populations are far from being met. Furthermore, prior to 2013, due to the history of the state’s instability, local and international NGOs working in the humanitarian field were running parallel to the government contributing to a duplication of

services and a lack of sustainable planning. In December 2013, the UN High Commissioner for Refugees assessment report on mental health and psychosocial services for Syrian refugees in Lebanon highlighted the lack of coordination, lack of MHPSS services and a weak referral system. (3)

About the Innovation

In 2014, in response to the urgent need to strengthen the mental health system in the country, and building on the support provided by the World Health Organisation (WHO), UNICEF and International Medical Corps (IMC), the Ministry of Public Health (MoPH) launched the National Mental Health Programme (NMHP) to reform the mental health system in the country and scale up services with the following components:

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

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.

Values and guiding principles: Autonomy, Dignity, Participation, Empowerment, Accountability and integrity, Quality.

In May 2015, after a process involving all key mental health stakeholders in the country, the Programme launched the “Mental Health and Substance Use Strategy for Lebanon 2015-2020”. (4) A priority goal of this strategy is the reorientation of services towards a cost-effective community-based model, in line with Human Rights and the latest evidence for best practices. In line with the Strategy, seven cost-effective and evidence-based strategic interventions are being implemented to increase universal accessibility to high-quality preventive and curative mental health services. These interventions include:

- Integration of mental health into primary health care using the WHO mental health Gap Action Programme adapted for Lebanon
- Development of community-based multidisciplinary mental health teams
- Evidence-based psychotherapies (Inter-personal Psychotherapy) training
- Piloting guided self-help e-mental health services
- Development of an inter-sectoral referral system for crisis management
- Rolling-out Psychological First Aid training
- Regular monitoring of mental health facilities to ensure protection of human, child and women’s rights of persons with mental disorders using the WHO Quality rights toolkit.

In addition, to coordinate the MHPSS response to the Syrian crisis, the MOPH established and is currently chairing with WHO and UNICEF the Mental Health and Psychosocial Support Task Force (MHPSS TF). This task force currently includes more than 60 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. An action plan for the MHPSS TF is set every year to address challenges faced in MHPSS work. A priority of the 2016 action plan is the development of a national inter-sectoral referral system linking all levels of care, with a main focus on mental health, protection and shelter.

“Let me reiterate the commitment of WHO to support the Ministry in translating the strategy document into action”

Dr Gabriele Riedner, WHO acting representative in Lebanon

“UNICEF remains ready to support the Ministry to achieve the important goals of the strategy as part of its on-going commitment to children and women in Lebanon”

Mr. Luciano Calestini, UNICEF acting representative in Lebanon

“The strategy now developed, will ensure that the health care needs of both refugees and host communities are met”

Mr François de la Roche, Director of IMC Lebanon office

Impact

Effective Coordination Mechanism

An effective coordination mechanism, the MHPSS TF, between 62 organizations including the MoPH, UN agencies, and national and international NGOs, was built and is expanding. Today, the MHPSS TF provides a platform for developing annual action plans that address the challenges faced by all actors on the ground.

NMHP and National Evidence-based Strategy developed through Participatory Approach

The NMHP was successfully established, aiming to ensure the development of a system that can swiftly respond to the mental health needs of the Lebanese and other nationalities living in Lebanon. The strategy launched by the programme and its partners now constitutes a roadmap to promote the allocation of resources based on evidence and through consensus among all stakeholders. Based on the roadmap, strategic objectives are planned in five domains of action, including seven cost-effective and evidence-based strategic interventions.

Multi-level Inter-sectoral Collaboration

At the governmental level

- a) Formalization of collaboration between the MoPH and other Ministries such as those of Social Affairs, Education, Interior and Justice for a more effective implementation of the Strategy
- b) Development of two major sub-Strategies (the Mental Health and Substance Use in Prisons Strategy and the Substance Use Strategy) which will be jointly launched by the ministries allowing for a more effective response with greater resource mobilization and stronger implementation through existing networks of actors and services of each ministry.

At the non-governmental level

Building of links between the MHPSS, Protection and Shelter clusters to complement and align actions towards the development of a national inter-sectoral referral system and the integration of mental health into protection programming.

“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”

Dr Walid Ammar, Director General, Ministry of Public Health

Recommendations

1. Merge humanitarian and development agendas

Building on existing health systems, instead of building a parallel system of care, is the most cost-effective way to respond to the needs during crisis and shortage of funding, shown clearly in Lebanon.

Through supporting the implementation of the MoPH’s national mental health strategy, agencies successfully bridged the humanitarian response with stabilization and development by strengthening the capacity of the system to overcome the impact of the crisis and to cope with people’s needs. As acknowledged by the programme’s partners, strengthening public institutions permits continuous improvement of service provision in the midst of protracted crises in order to guarantee that all people, including the most vulnerable, have access to care. (5) When key stakeholders are involved from the beginning, merging agendas can lead to effectively bridging the service gap and scale-up of sustainable interventions.

2. Maximize resources by creating synergies between different stakeholders and agendas through a national taskforce and participatory processes

Successful harmonization of agendas and maximization of resources can occur through: 1) The establishment of a national coordination and collaboration mechanism between different stakeholders and 2) The adoption of participatory processes that actively involve all actors in setting and implementing national priorities.

On one hand, the MHPSS TF established in Lebanon has proved to be an efficient platform to share information, resources and best practices to improve effectiveness and to avoid duplication of projects; to develop action plans

with clear outputs to address challenges commonly faced by all actors; and to organize common intervention proposals that thus gain legitimacy and support. On the other hand, stakeholder involvement and consensus-building were the driving force for the development of one national strategy for all that joins all partners under one shared vision and that currently maps a common orientation for activities on various agendas.

3. Streamline evidence-based mental health policy in all sectors

Too often sustainable mental health services are not considered as a priority in a crisis response. Ensuring active participation of different actors in policy development and implementation increases the uptake of mental health policy by different sectors, which can ultimately lead to better results and greater impact on people's health. This can be done through formalizing collaboration with other ministries and other sectors (Protection, Shelter, WASH, etc.) in humanitarian responses.

Limitations

- Political paralysis in the country obstructs needed governmental decisions for revision of laws and budgets for mental health
- Absence of stable funding for full implementation of the Mental Health and Substance Use Strategy for Lebanon 2015-2020", which currently heavily relies on humanitarian aid
- Unmet needs of displaced persons, ongoing crisis and security threats to people's safety are still major sources of distress and critical determinants of mental health that must be addressed

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