Mental Health Reform in Lebanon

Rabih el Chammay, MD,
Head of the National Mental Health Programme Ministry of Public Health Lebanon Psychiatry Department, Faculty of Medicine - USJ, Beirut Lebanon

Walid, Ammar, MD, PhD
Director General Ministry of Public Health, Professor Faculty of Health Science - AUB, Lebanon

I. Background

Mental health in Lebanon
Mental disorders are the leading cause of years lived with disability, responsible for 7.4% of disability-adjusted life years (DALYs) and 22.9% of years lived with disability (YLDs) (WHO, 2012a). Mental disorders are the most substantial contributor to lost economic output among classes of non-communicable diseases (35%) (WHO & WB, 2015).

Furthermore, individuals exposed to war-related events are at a higher risk for developing a mental disorder (3.1x more likely to experience mood disorders and 2x times for anxiety disorders). The WHO estimates that of people who have experienced war or other conflict in the previous 10 years, 1 in 11 (9%) will have a moderate or severe mental disorder, and 1 in 5 (22%) living in an area affected by conflict is estimated to have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia. These figures are important to take into consideration in Lebanon, a country marked by a history of civil war and conflict that is currently hosting around

1.5 million displaced persons from Syria, in addition to 450,000 Palestinian refugees.

Situation of the mental health system pre-reform
An assessment of the mental health system in Lebanon done in 2014 (MoPH Lebanon & WHO, 2015) showed that all components of the system were evidently limited, as shown in table 1, with no governance structure or legal framework for mental health and limited availability, accessibility and affordability of services. The high stigma linked to mental health further exacerbated the gaps.

The increased demand for health services following the Syrian crisis, including mental health services, has widened the already existing gap in mental health services and exacerbated the inadequacy of the limited mental health system in the country to respond to the growing needs.

II. Long-term vision and systems-thinking for mental health

A system-wide reform was needed to address the gaps highlighted above, developing a sustainable national mental health system became increasingly urgent, especially with the escalating needs for services arising with the increasing demand following the Syrian Crisis. Resources for implementing such a reform were limited however, if not lacking, in a context where governmental budget is restraint and where the scarcity of development funding is intensified with the focus on the humanitarian crisis response. Due to state's history of instability, local and international humanitarian actors working in all sectors were functioning parallel to the government, contributing to service duplications and lack of sustainable long-term planning. This lack of coordination, in addition to a gap in services was highlighted by the 2013 UN High Commissioner for Refugees assessment report on mental health and psychosocial support services for Syrian refugees (El Chammay, 2013). As such, even though the undertaking is complex, the only effective solution to these challenges was one that can potentially align all stakeholders around

a common vision and mission. Lebanon has thus opted to commit to a long-term vision for sustainable mental health reform that looks at mental health comprehensively. Choosing to plan for long-term sustainability from the beginning is recognized as a success factor in the case of such reforms that were instigated in other countries in the midst of emergencies from a commitment to a long-term action for promoting mental health (WHO, 2013).

The Ministry of Public Health of Lebanon took three strategic steps to concretize this long-term vision:

1. Establishment of the National Mental Health Programme (NMHP) within the Ministry of Public Health (MoPH) in 2014, with the support of WHO, UNICEF and International Medical Corps. The NMHP was assigned the role of leading the reform of the mental health system in the country.

2. Development and launching in 2015 of the first national strategy for mental health covering the period of 2015-2020 (MoPH, 2015) to guide the mental health reform. The strategy's mission is: "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" (MoPH, 2015). This mission is set to contribute to achieving the vision that "All people living in Lebanon…" (Lebanese and non-Lebanese) "…will have the opportunity to enjoy the best possible mental health and well-being" (MoPH 2015). It aims to do so through achieving set goals in five domains of action: 1) Leadership and Governance, 2) Service Provision, 3) Promotion and Prevention, 4) Information, Research and Evidence, 5) Vulnerable Groups. The strategy thus dictates the components of the mental health reform which considers the national mental health system as a whole and aims at developing and anchoring all its building blocks: 1) Leadership and Governance; 2) Healthcare Financing; 3) Health workforce; 4) Information and Research. The Strategy is characterized by its 1) Alignment with evidence-based frameworks and tools, including the WHO comprehensive mental health action plan 2013-2020, 2) Promotion of equity and inclusiveness, 3)Promotion and alignment with human rights and 4) Adaption to the local context. Indeed, the Strategy has set out evidence-base, cost-effectiveness, contextualization

and system integration as key criteria for scale-up of sustainable quality preventive and curative services. It is centered around a set of values and principles such as dignity, participation and accountability (El Chammay and Ammar, 2014).

3. The establishment of a national coordination mechanism for the MHPSS response to the Syrian Crisis, the MHPSS Task Force, with the aim of ensuring an effective, coordinated and focused inter-agency response to the MHPSS needs of persons living in Lebanon, with a special focus on persons affected by the Syrian crisis, in line with the national mental health strategy of Lebanon.

The MOPH has also articulated and emphasized mental health in its overall strategic vision and mission: "To build and sustain an effective, high impact organization that can develop partnerships across the various stakeholders and the Lebanese society to achieve the vision of promoting physical and **mental health** and improving the quality of life of even the poorest and most vulnerable of Lebanese society thereby contributing to the sustainable social and economic development of the country." (MOPH, 2016b).

III. Targeted outcomes of the national mental health reform

The building or strengthening of all the building blocks of the national mental health system as set out in the national mental health strategy will contribute to improving access to services, coverage, and quality which will lead to reaching the goals and target impact of every health system in term of protection, and promotion of health. More specifically for mental health the outcomes targetedare:
• Increased mental health promoting environments
• Decreased prevalence of common mental disorders
• Increaed accessibility to mental health and social care services
• Improved recovery for persons with severe mental disorders
• Increased human rights promotion for persons with a mental disorder
• Decreased suicide rate

III. Collaborative governance.

Theopen-network collaborative type of governance adopted by the NMHP is based on an inter-sectoral approach and on

cooperation with other ministries, the private sector and the Civil Society in order to achieve the national mental health goals. This governance model has been identified by the external mid-term evaluation of the national mental health strategy as an important area of success (Calda de Almeida and Saraceno, 2018).

The NMHP developed different tools and mechanisms for this collaborative governance model such as:

o **The network of MHPSS stakeholders** (including the MHPSS task force) built around the mental health priority forms the basis of this collaborative mental health sector governance. The task force constitutes a platform for communication, exchange, and coordination, but most importantly, for fostering collaboration. The MHPSS Task force terms of reference is currently under revision to become officially a collaborative governance mechanism to promote inter-sectoral action on MHPSS among all actors in this field in Lebanon, beyond the humanitarian response for which it was initially established.

o **Partnerships with around 30 actors through signed MOUs,** to implement activities in line with the national mental health and substance use strategies. These partners include ministries, non-governmental organisations, professional associations, private hospitals, and local and international academic institutions.

o **Soft governance tools.** These include for example, the MoPH Director-General circular issued on 12 July 2017 (number 64) related to projects in MHPSS and substance use in Lebanon.[1] The Ministry asked all actors (including local and international humanitarian and non-governmental organisations, UN agencies, local and international universities, associations and donors) to coordinate with the NMHP on new projects, to ensure that the efforts of all actors complement each other and contribute to building the national mental health system in line with the national strategy, and to avoid any duplication of activities. This has proven effective as actors are increasingly engaged and motivated to coordinate and collaborate with the MoPH towards achieving national goals that respond to people's needs.

IV. Examples of achievements so far

Many achievements have been made so far in every domain of action and the strategy's implementation is advancing as planned.

Domain I. Leadership and Governance
Efforts in this domain aim to strengthen effective leadership and governance for mental health to provide the basis for policy and regulation and ensure the key input components to the national mental health system (including an equitable financing system).
Achievements so far include:
• Coordinating the development of the "Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021" launched jointly in December 2016 by the ministries of Public Health, Social Affairs, Interior and Municipalities, Justice and Education in a participatory and consensus-oriented national process (Hajal et al, 2017).
• Revision and proposal of Law for the protection and care of persons with mental disorders in line with international human rights conventions and the recommendations of the World Health Organization. The NMHP is working closely with the parliamentary committees to finalize and pass this law which aims at 1) Promoting and protecting the rights of persons with mental disorders, 2) Developing community-based mental health services and 3) Facilitating the transition of the NMHP into a sustainable department with governmental budget for mental health.
• Enforcement of new Law for the regulation of the Psychology Profession
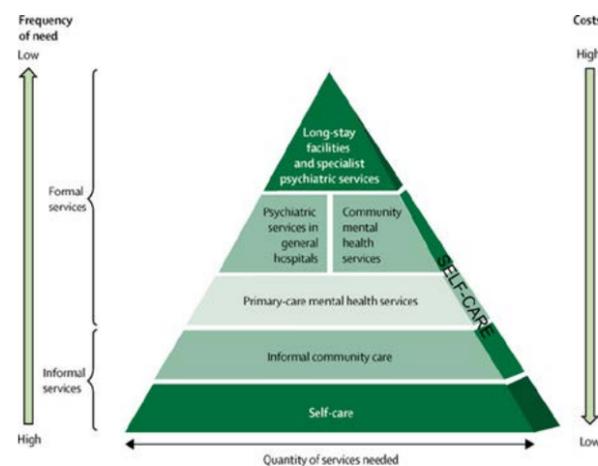
Figure 2. The WHO service organization pyramid for an optimal mix of services for mental health (WHO, 2009)

• Engaging with persons with lived experience and their families to advocate for their rights and improved services.

Domain II. Service re-orientation and scale-up
The goal in this domain is to improve availability and distribution of mental healthcare through developing evidence-based services at all levels of healthcare in line with the WHO service organization pyramid (Figure 2). This community-based model will improve availability, accessibility, affordability and quality of care and will ensure comprehensive and continuous care. Effective, safe, quality, cost-effective and cost saving evidence-based interventions are being developed and scaled-up at each level.

Achievement so far include:
Guided self-help intervention:
Development and piloting an electronic guided self-help intervention with WHO to increase accessibility to evidence-base strategies to cope with difficult emotions. This will allow self-help in case of specific mental health conditions such as anxiety. A randomized controlled trial is currently under implementation to study the effectiveness of this intervention in the Lebanese context.
Primary Care
Integrating mental health into primary health care using the WHO mental health Gap Action Programme adapted for Lebanon; this is done by developing integrated service delivery packages whose implementation entails training the primary care physicians, the nurse and the social worker to identify and manage persons with mental disorders and providing them with support and supervision, in addition to building other components such as mental health information system, patient files and availability of psychotropic medication.

Outpatient specialized services
• Establishment of multidisciplinary community mental health centres that will provide care and support to complex and severe cases that are referred from the PHCCs. So far, two such centres have been established, one in Beirut (in Rafic Hariri University Hospital) and one in the Bekaa (Target: to establish a centre in each governorate by end of 2018).

• Building local capacity in evidence-based psychotherapy approaches and conducting implementation research to study their integration with the national model of mental health care being scaled-up.
Inpatient services
• Opening psychiatric wards in public general hospitals (in addition to covering inpatient care in psychiatric hospitals). Contracting for beds with general hospitals that have inpatient psychiatric units.
• Building the capacity of emergency room staff of public and private hospitals on managing psychiatric emergencies.

Across all these levels: building key inputs and processes to ensure high quality, effective and efficient service delivery
• Ensuring competent and responsive human resources for service delivery at all levels through revision of university curricula and through tailored capacity-building for: 1) specialized mental health staff, 2) non-specialized social welfare staff and 3) non-healthcare staff.
• Building a (up and down) referral system linking all levels of care
• Developed accreditation standards for all levels of mental health care.
• Building an e-HIS with Quality and outcome indicators at all levels of care
• Establishment of a multidisciplinary nationalteam to monitor the quality and protection of human rights in mental health facilities in line with the WHO Quality Rights Toolkit. Pilot assessments have been conducted in two hospitals and improvement plans set jointly with the hospitals (MOPH and WHO, 2018).

Domain III. Prevention and Promotion
Efforts in this domain focus on developing and implementing key evidence-based interventions to raise awareness about mental health, about mental ill-heath and the effective treatments and address misconceptions, and to promote mental health. These interventions will target the general public but also specific target populations (vulnerable groups), in addition to key stakeholders that can play an active role in promotion and prevention. Achievements so far include:
• Implementing an evidence-based framework for prevention and monitoring of suicide. As part of this

1- MOPH Director General Circular 64 issued on 12/07/17 related to projects in the field of mental health and psychosical support and substance use: English /Arabic

2- Information available on https://www.moph.gov.lb/en/Pages/6/553/nmhp
3- Ministry of Public Health. 2019. Practical Guide for Media Professionals on the Coverage of Mental Health and Substance Use. First edition. Beirut: Lebanon.

framework, a national suicide prevention hotline was launched in collaboration with a local non-governmental organization, the "Embrace Lifeline".
• Implementing a media and communication strategy. The MOPH has started organizing since 2015 annual national mental health awareness campaign. From "My Mental Health is My right" (2015) to "Time to Talk Mental Health" (2018), the campaigns aim at increasing knowledge about mental health and addressing misconceptions[2]. A national guide for media professionals on reporting and portrayal of mental health and substance use in the media and all audio-visual products was developed to empower media professionals to play the critical role they have in raising awareness around mental health[3].
• Launching of a National Initiative for Mental Health in the Workplace which aims at engaging employers to commit to promoting mental health in their workplaces through implementing 12 actions that extend fromm prevention, to promotion, to support outlined in a national charter.
• Launching jointly with Embrace theEmbracelife life; a hotline for suicide prevention in Lebanon (1564)

Domain IV. Information, Evidence and Research
Efforts are focusing on building the necessary systems and mechanisms to obtain reliable and timely information on mental health determinants, status and system performance to inform mental health planning and service development, including:
• An operational mental health information system (MHIS). The MHIS is currently being developed to ensure the monitoring of outcome and quality indicators at all levels of the mental health system.
• The development of an online mapping tools for MHPSS services (4Ws: Who's doing What, Where and until When) that allows organizations to have a full view of all available services and thus facilitate referrals, in addition to contributing to the identification of gaps in services (Link).
• The MHPSS indicators: All organizations are reporting monthly on a set of MHPSS indicators, compiled then shared with all actors to provide an overall idea about the utilization of services provided by humanitarian and non-governmental actors at a national level and about some quality indicators (Link).
• The National Observatory for Drugs and Drug Addiction established within the MOPH with the aim of facilitating the accessibility to accurate, up-to-date, comparable and reliable data through competitive methodological approaches to produce evidence for policy-making.The first national report on the drug situation in Lebanon was

launched by the NODDA in 2017 (MOPH, 2017).
Domain V. Vulnerable Groups
This group constitute a unique feature of the National Mental Health Strategy. It was developed specifically to ensure that everyone is included with their own specificities. In this domain, the following groups have specific objectives in the strategy: Persons with disabilities, Children and adolescents, Older adults, Persons receiving palliative care, Persons in prisons, Survivors oftorture and their families, Families ofdisappearedfrom armedconflicts andwars, Persons livingwith HIV/AIDS, SGBV survivors, LGBT community, Foreign domestic workers, Palestinian refugees, Displaced populations.

Achievements so far include for example: the integration of mental health in the national standard operating procedures for response to SGBV and the development of accreditation standards for shelters for survivors of SGBV who have a mental disorder to pave the way for their establishment..

V. Mid-term evaluation of the mental health reform

An external, independent mid-term evaluation was conducted by two international experts (Caldas de Almeida &Saraceno 2018) through the WHO Lebanon with the aim of conducting a critical analysis on the following questions:
• How was the strategy developed?
• How was the strategy structured and which is the content of its final version?
• Are the priorities defined for each domain aligned with the main problems of the mental health system in Lebanon? and
• Are they supported by the available evidence?
• What is the status of the implementation of the different objectives?

The evaluation concluded that most objectives of the mental health strategy were attained thus far and that most importantly the MOPH-NMHP has succeeded at being accepted by all stakeholders as the governing body for the Mental Health System in Lebanon.

Recommendations from the exteral midterm evaluation:
1. Implement the institutionalization of the NMHP within the Ministry of Public Health, ensuring that the NMHP will:
 a. Occupy a position in the Ministry organogram that guarantees an easy access to the highest decision making

levels
 b. Maintain a team with technical capacity in the areas that are key in mental health policy and planning
 c. Have a budget commensurate with the magnitude of mental health problems;
2. Develop a full budget plan for the implementation of the remaining part of the Strategy, commensurate with the resources that are needed to attain the established objectives;
3. Extend the integration of mental health care in primary care, and strengthen the development of collaborative care between PHC and specialized services already initiated;
4. Focus prevention activities in the areas in which a more robust evidence already exists (e.g. suicide, support to parenting, interventions in schools) and support the implementation of effective programmes in these areas;
5. Complement what is already being done in capacity building with:
 a. a programme designed to develop the capacities of the leaders of mental health teams
 b. a programme to train members of Community mental health centres in the development of integrated care for people with severe mental disorders, including case management;
6. Create an evidence base from which to advocate for increased funding from internal and external stakeholders for increased scale up of services. To do so, it is suggested to cost clinical interventions and to project the health benefits expected from their implementation (monetizing the benefits by estimating the economic gains);
7. Plan measures for the implementation of the new mental health law when it will be passed in the Parliament, including activities such as:
 a. Promoting a national debate on mental health and human rights
 b. Monitoring protection of human rights in mental health services;
8. Establish strategic synergies with the best existing groups in epidemiology and services research, in order to involve them in the reform and, if possible, create conditions to a project or two that can contribute to increase the knowledge on the needs for care, the barriers in delivery of care, etc.;
9. Transform the Rafic Hariri Hospital mental health facilities in a "Training Center on innovative integrated mental health care" to train professionals of different disciplines and to demonstrate the model that is being developed in Lebanon (at the national and international levels);
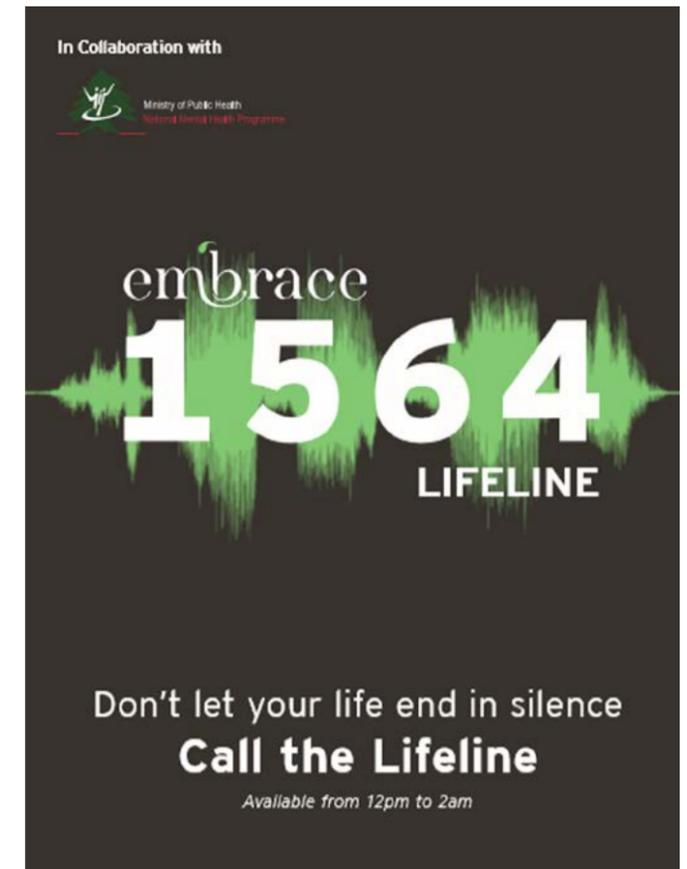
10. Put in place a specific strategy focused on providing integrated care to and social inclusion of persons suffering from severe mental disorders

Conclusion

Long-term planning, even in a context of crisis, is key to ensure effective and sustainable responsiveness to people's needs and to prevent the creation of parallel fragmentary systems of care. Setting a roadmap for all actors through a value-based national strategy with a clear long-term vision mitigates haphazard action that leads to resource wasting and is a key first step towards a successful system-wide sustainable reform.This is an essential step, even if full feasibility is not guaranteed due to lack of financing, as demonstrated by the experience of the national mental health reform which reflected the value of opportunity planning and innovative governance arrangements. The open networking type of governance adopted by the MOPH is proving to be effective in ensuring collaborative leadership and participatory processes towards achieving

national goals, especially in a context characterized by a multitude of stakeholders with different agendas and interests with very limited resources in the public sector. Innovative governance arrangements are important to pursue by governments, as part of their fundamental stewardship responsibility for good governance.

A delicate phase is yet ahead for the National Mental Health Programme while transitioning to a department within the MOPH. This shift would ensure the sustainability of a governing structure for the mental health system within the ministry of health and would facilitate access to government budget, an important building bloc in the sustainability of the reform currently well initiated. As emphasized in the external midterm evaluation of the reform in Lebanon, maintaining a qualified, large enough relative to its mission, well resourced central team ableto coordinate the reform and keep on building and imporoving the system is a key ingredient for the successful sustainement of the mental health system strengthening in Lebanon and elsewhere.

References

- El Chammay R, Kheir W, Alaouie H. (2013) UNHCR Assessment of Mental Health and Psychosocial Services for Syrian refugees in Lebanon. http://data.unhcr.org/syrianrefugees/download.php?id=4575 Accessed 23 July 2014.
- El Chammay, R. and Ammar, W. (2014). Syrian crisis and mental health system reform in Lebanon. The Lancet, 384, 9942. https://doi.org/10.1016/S0140-6736(14)61329-5
- Grace, F. C., Meurk, C. S., Head, B. W., Hall, W. D., Carstensen, G., Harris, M. G., & Whiteford, H. A. (2015). An analysis of policy levers used to implement mental health reform in Australia 1992-2012. BMC Health Services Research, 15, 479. http://doi.org/10.1186/s12913-015-1142-3
- Hajal, S, Kik, N., El Chammay, R. and Ammar, W. (2017). Developing an interministerial substance use response strategy for Lebanon: process, content and lessons learned. Eastern Mediteraneean Health Journal, 23, 3. http://www.emro.who.int/emhj-volume-23-2017/volume-23-issue-3/developing-an-interministerial-substance-use-response-strategy-for-lebanon-process-content-and-lessons-learned.html
- Jose Caldas de Almeida and Benedetto Saraceno. (2018). Joint Report on the external midterm evaluation of the national mental health strategy implementation. Accessed May 2019. https://www.moph.gov.lb/userfiles/files/Executive%20Summary-National%20MH%20Strategy%20midterm%20eval%20(1).pdf.
- Ministry of Public Health (MOPH). 2017. 2017 National Report on Drug Situation in Lebanon. Beirut: Lebanon. https://www.moph.gov.lb/userfiles/files/HealthCareSystem/Narcotics/NODDA_2017_english.pdf
- Ministry of Public Health of Lebanon and the World Health Organization. (2015). WHO-AIMS Report on Mental Health System in Lebanon. Beirut: Lebanon. Retrieved from https://www.moph.gov.lb/userfiles/files/Programs%26Projects/MentalHealthProgram/MentalhealthserviceassessmentDec2013.pdf
- Ministry of Public Health. (2015). Mental Health and Substance Use- Prevention, Promotion, and Treatment- Situation Analysis and Strategy for Lebanon 2015-2020. Version 1.1. Beirut: Lebanon. Retrieved from: https://www.moph.gov.lb/userfiles/files/Mental%20Health%20and%20Substance%20Use%20Strategy%20for%20Lebanon%202015-2020-V1_1-English.pdf
- Ministry of Public Health. 2016. Turning adversity into opportunity: the Syrian crisis and mental health reform in Lebanon. Retrieved from: http://www.mhinnovation.net/sites/default/files/downloads/innovation/reports/NMHP_PolicyBrief_FINAL.pdf
- Ministry of Public Health. 2016b. Health Strategic Plan. Strategic Plan for the medium-term (2016-2020).
- Ministry of Public Health an WHO. 2018. Quality Rights Lebanon Case study. http://www.mhinnovation.net/innovations/qualityrights-lebanon
- Ministry of Public Health. 2019. Practical Guide for Media Professionals on the Coverage of Mental Health and Substance Use. First edition. Beirut: Lebanon.
- World Health Organization, Mental Health Atlas. Geneva: World Health Organization, 2011.
World Bank and World Health Organization. (2015). Out of the shadows: making mental health a global development priority. Retrieved from http://www.who.int/mental_health/advocacy/wb_background_paper.pdf
- World Health Organization. (2012b). Suicide data. Retrievedfrom http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/
- World Health Organization. (2014). Country Cooperation Strategy at a glance- Lebanon. Retrieved from http:// www.who.int/countryfocus/cooperation_strategy/ccsbrief_lbn_en.pdf
- World Health Organization. (2017). Fact sheet: Mental Health in Emergencies. Retrieved from http://www.who.int/mediacentre/factsheets/fs383/en/ accessed April 2017
- World Health Organization. (2007). Mental Healt Policy, Planning and Service Development Information sheet, Sheet 2. The optimal mix of services. http://www.who.int/mental_health/plicy/services/en/index.html
- World Health Organization. Improving Health Systems and Services for Mental Health. 2009. (http://whqlibdoc.who.int/publications/2009/9789241598774_eng.pdf, accessed 3 March 2015).
- World Health Organization. (2013). Building Back Better, Sustainable Mental Health Care after Emergencies. Retrieved from: http://www.who.int/mental_health/emergencies/building_back_better/en/