



**Mental health System Reform:
Integration of Mental Health into Primary Care
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**National Mental Health Programme
Ministry of Public Health Lebanon**

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Acknowledgments



Champion

Dr. Walid Ammar, Director General MOPH

NMHP Team

Founding Partners

- WHO
- UNICEF
- IMC

Outline



- Primary Care System at a glance
- Mental Health in Lebanon prior to 2014
- National Mental Health Programme
- MHPSS Task Force
- Successes, challenges and lessons learned

Outline



- **Primary Care System at a glance**
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Primary Care System at a glance



- Around 900 Dispensary
- Around 220 Primary Care Centre
- Around 75 Centers with Universal Health Coverage

Primary Care System at a glance

Programmes



- Vaccination
- Nutrition
- CMH
- NCDs
- Medication
- Outreach and Campaigns

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WHO AIMS 2015



- Five psychiatric hospitals
- Eight psychiatric wards in general private hospitals
- Outpatient care mainly in the private sector
- The Mental Health system is understaffed
- Non-specialized are not well equipped to offer MH services
- MOPH covers inpatient Care & psychotropic medication
- Private insurances do not fully cover Mental Health

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National Mental Health Program



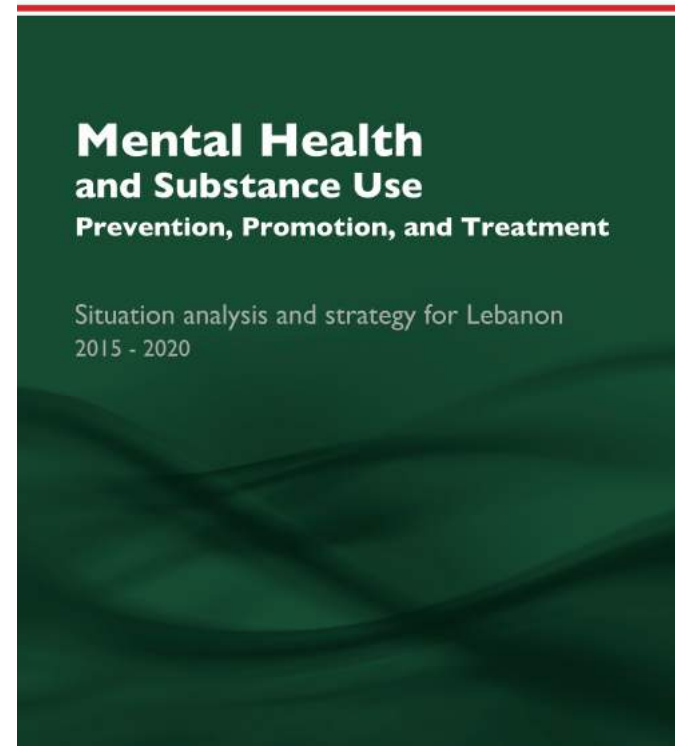
- Launched in May 2014
- Supported by:
 - WHO
 - International Medical Corps
 - UNICEF



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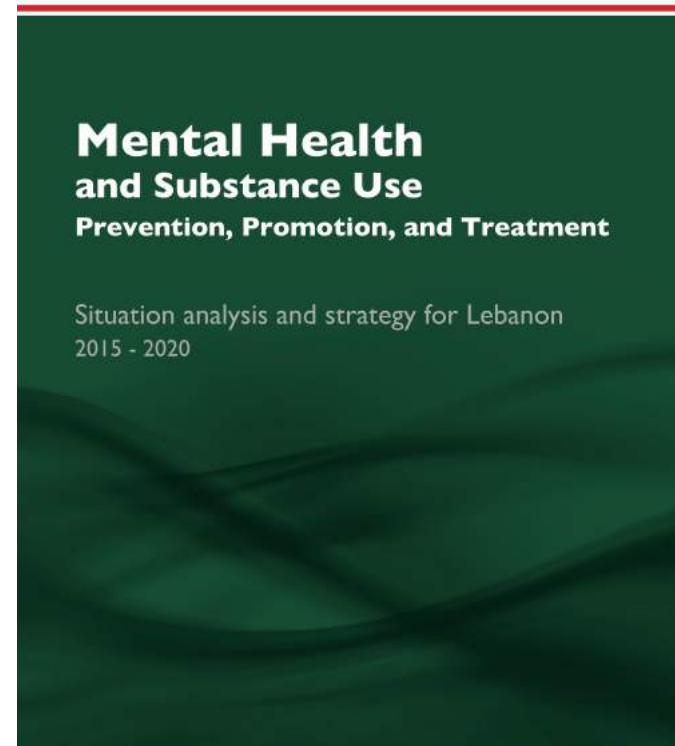
1. Leadership and Governance
2. Service organization
3. Promotion and Prevention
4. HIS and Research
5. Vulnerable Groups



Mental Health Strategy 2015-2020



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Leadership and Governance



- Revision of **Laws**: Mental Health, Substance Use
- Launching **an inter-ministerial Substance Use Response** strategy
- Working on an Advocacy strategy

Leadership and Governance



- Programme chosen as an innovation by WHO and featured at the World Bank WHO meeting in DC
- Programme chosen as an innovation and featured on the High Level meeting on NCDs in Montevideo

New Partners Alphabetical order

Local and international NGOs



Abaad

AFMM

Caritas

Embrace

EMDR Association

FPSC

ICRC

IDRAAC

MDM

MSF

Restart

Sanad

SIDC

Skoun

War Child

Other collaborators



Ministries

- MEHE
- MOI
- MOJ
- MOSA

Other

- Grand Challenges Canada
- Fondation d'Harcourt
- World Bank

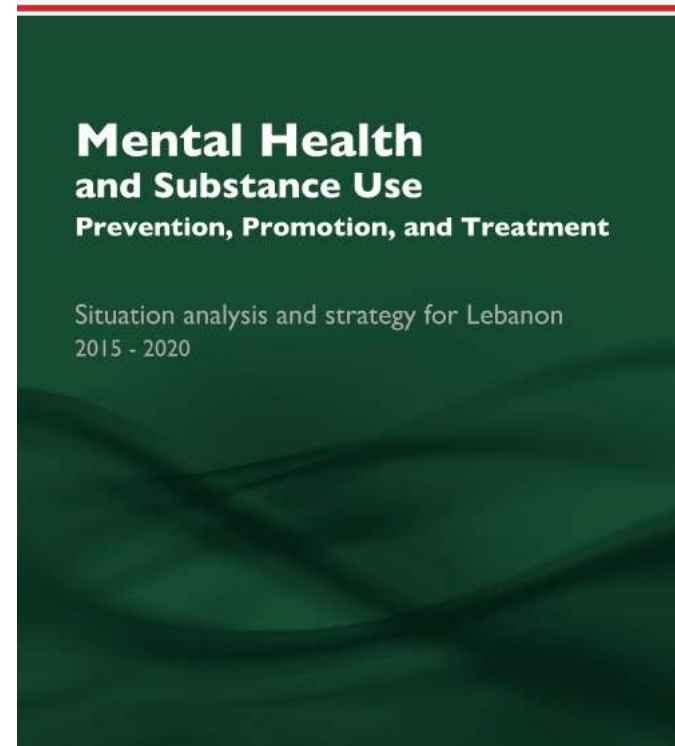
Universities

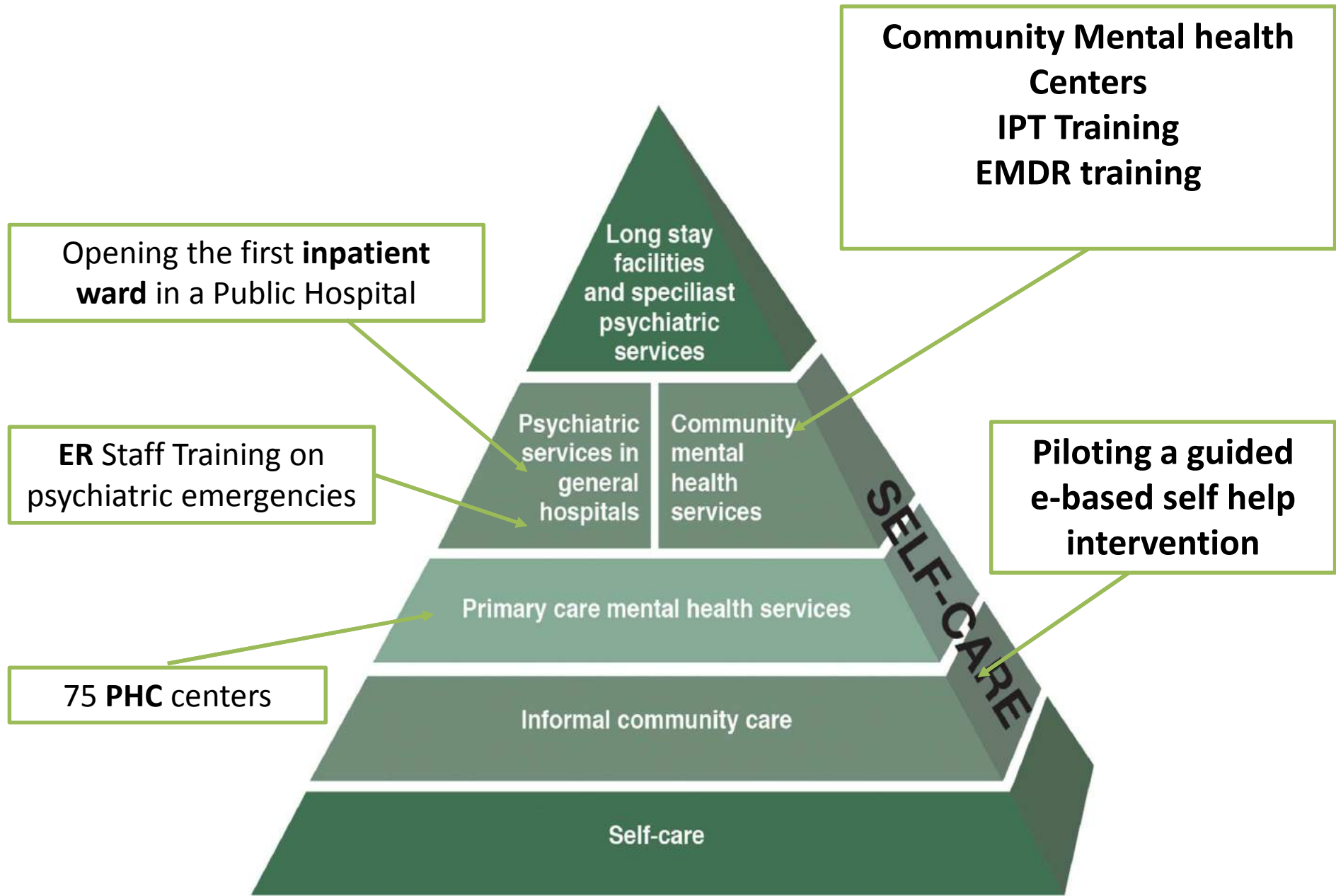
- American University of Beirut
- Balamand University
- Lebanese University
- Universite Saint-Joseph
- Cambridge University
- Columbia University
- John Hopkins University
- Queen Mary
- Washington University

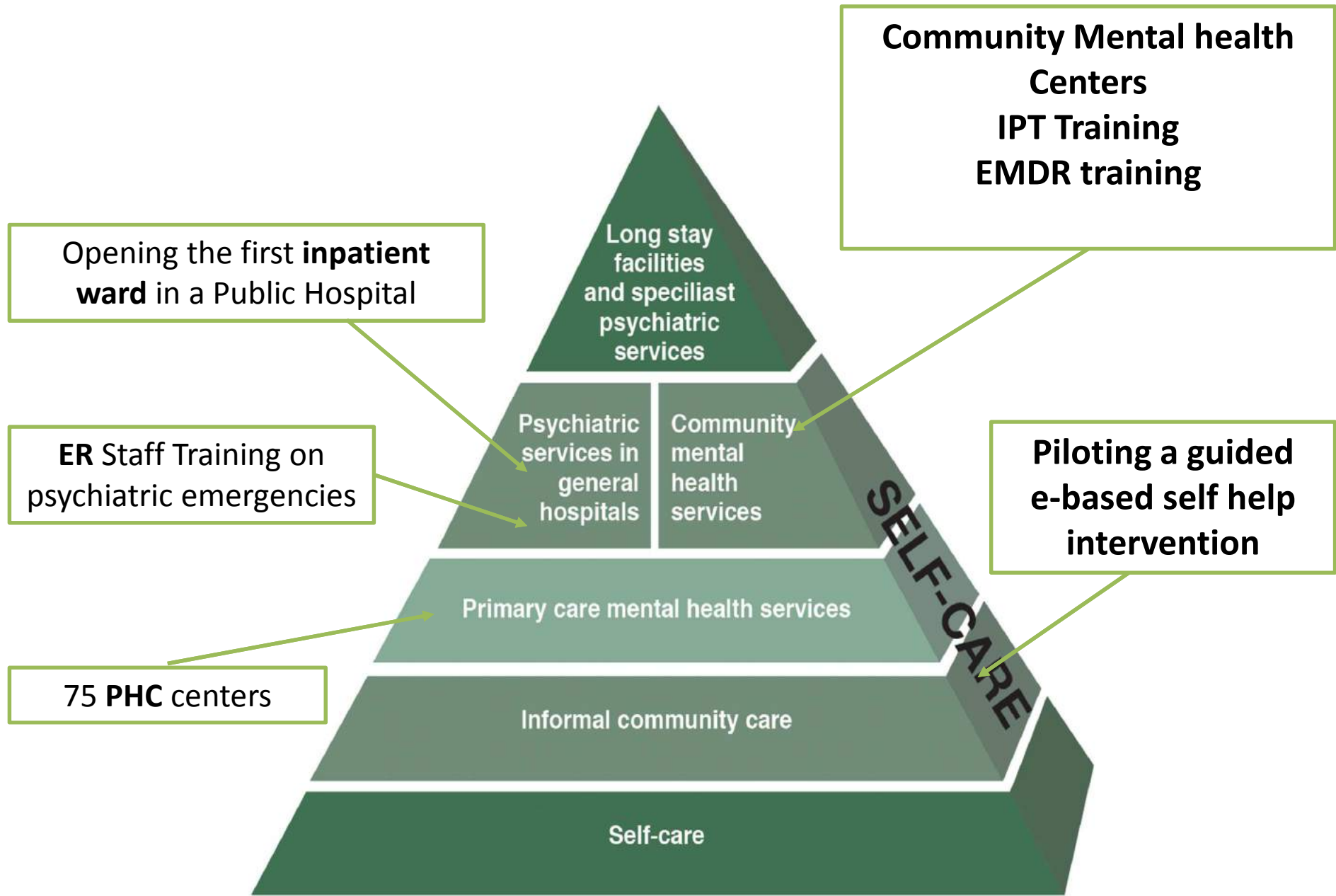
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mhGAP-IG conditions



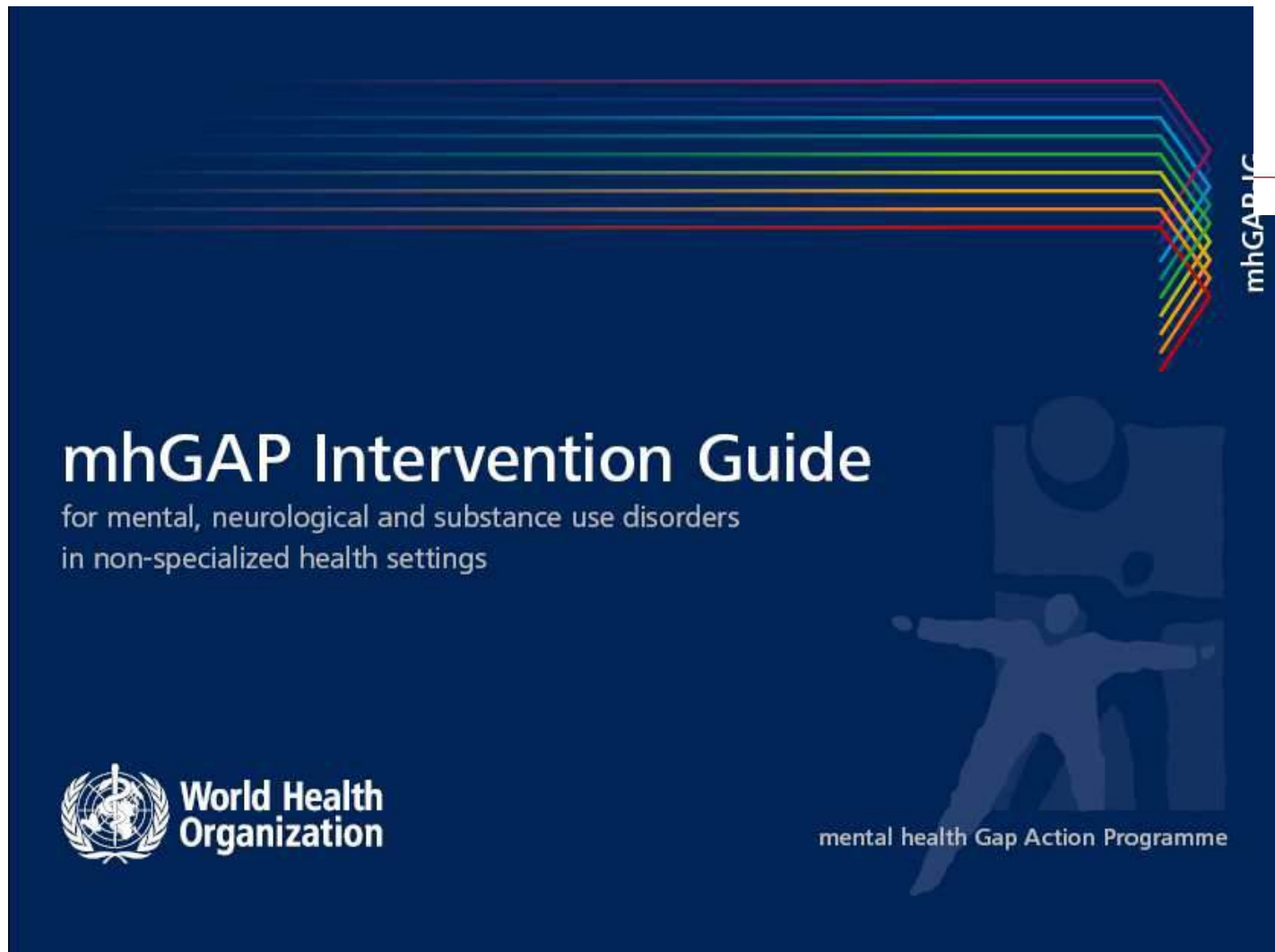
1. Depression
2. Psychosis
3. Bipolar disorder
4. Epilepsy
5. Developmental disorders
6. Behavioral disorders
7. Dementia
8. Alcohol use and alcohol use disorders
9. Drug use and drug use disorders
10. Self-harm/suicide
11. Other significant emotional or medically unexplained complaints
12. Stress related conditions

mhGAP-IG conditions

UHC selected modules



1. Depression
2. Psychosis
3. Bipolar disorder
4. Epilepsy
5. Developmental disorders
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8. Alcohol use and alcohol use disorders
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11. Other significant emotional or medically unexplained complaints
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An evidence-based, clinical guide for the assessment and management of mental neurological and substance use disorders in non-specialized health settings

Who is the target audience for mhGAP-IG



- Staff not specialized in mental health or neurology
 - General physicians, family physicians, nurses
 - First point of contact and outpatient care
 - First level referral centers

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The Master Chart



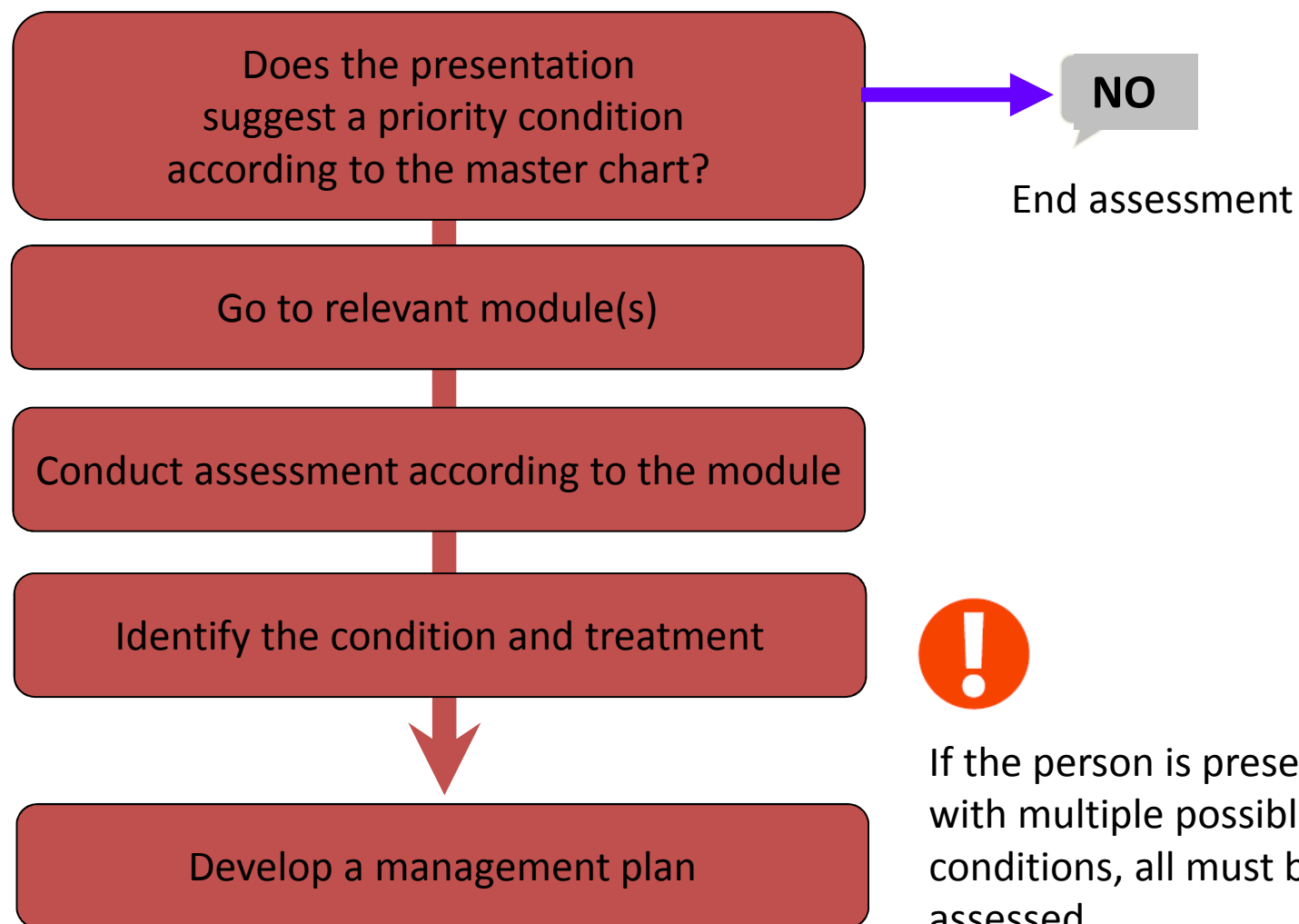
mhGAP-IG Master Chart: Which priority condition(s) should be a

1. These common presentations indicate the need for assessment.
2. If people present with features from more than one condition, then all relevant conditions need to be assessed.
3. All conditions apply to all ages, unless otherwise specified.

COMMON PRESENTATION	CONDITION TO BE ASSESSED	GO TO	
<ul style="list-style-type: none"> ➤ Low energy; fatigue; sleep or appetite problems ➤ Persistent sad or anxious mood; irritability ➤ Low interest or pleasure in activities that used to be interesting or enjoyable ➤ Multiple symptoms with no clear physical cause (e.g. aches and pains, palpitations, numbness) ➤ Difficulties in carrying out usual work, school, domestic or social activities 	Depression * *	DEP	10
<ul style="list-style-type: none"> ➤ Abnormal or disorganized behaviour (e.g. incoherent or irrelevant speech, unusual appearance, self-neglect, unkempt appearance) ➤ Delusions (a false firmly held belief or suspicion) ➤ Hallucinations (hearing voices or seeing things that are not there) ➤ Neglecting usual responsibilities related to work, school, domestic or social activities ➤ Manic symptoms (several days of being abnormally happy, too energetic, too talkative, very irritable, not sleeping, reckless behaviour) 	Psychosis *	PSY	18
<ul style="list-style-type: none"> ➤ Convulsive movement or fits/seizures ➤ During the convulsion: <ul style="list-style-type: none"> – loss of consciousness or impaired consciousness – stiffness, rigidity – tongue bite, injury, incontinence of urine or faeces ➤ After the convulsion: fatigue, drowsiness, sleepiness, confusion, abnormal behaviour, headache, muscle aches, or weakness on one side of the body 	Epilepsy / Seizures	EPI	32
<ul style="list-style-type: none"> ➤ Delayed development: much slower learning than other children of same age in activities such as: smiling, sitting, standing, walking, talking/ communicating and other areas of development, such as reading and writing ➤ Abnormalities in communication; restricted, repetitive behaviour ➤ Difficulties in carrying out everyday activities normal for that age 	Developmental Disorders	DEV	40

 Children and adolescents

Process of assessment in mhGAP-IG



Assess, Decide and Manage



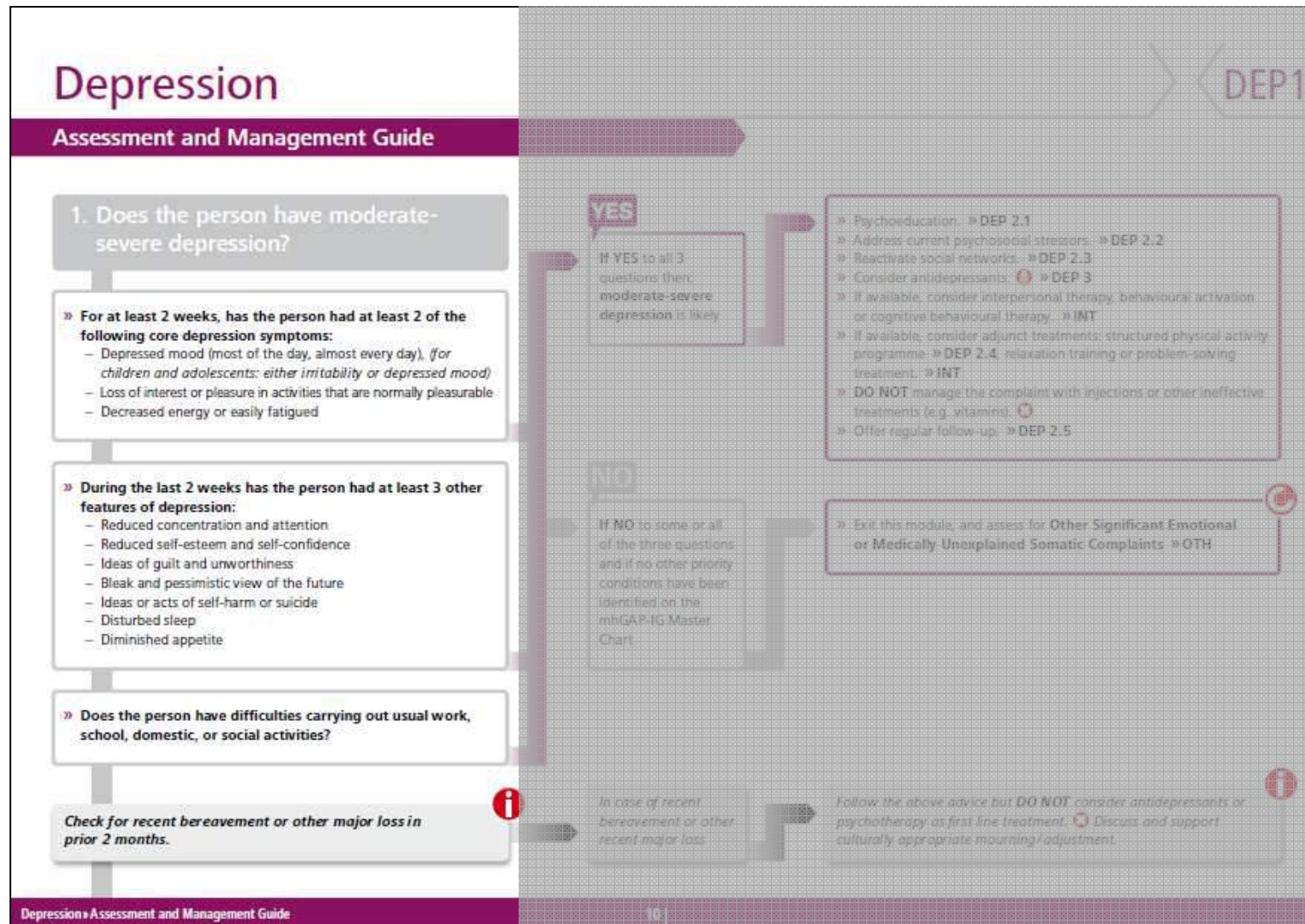
Assess

Decide

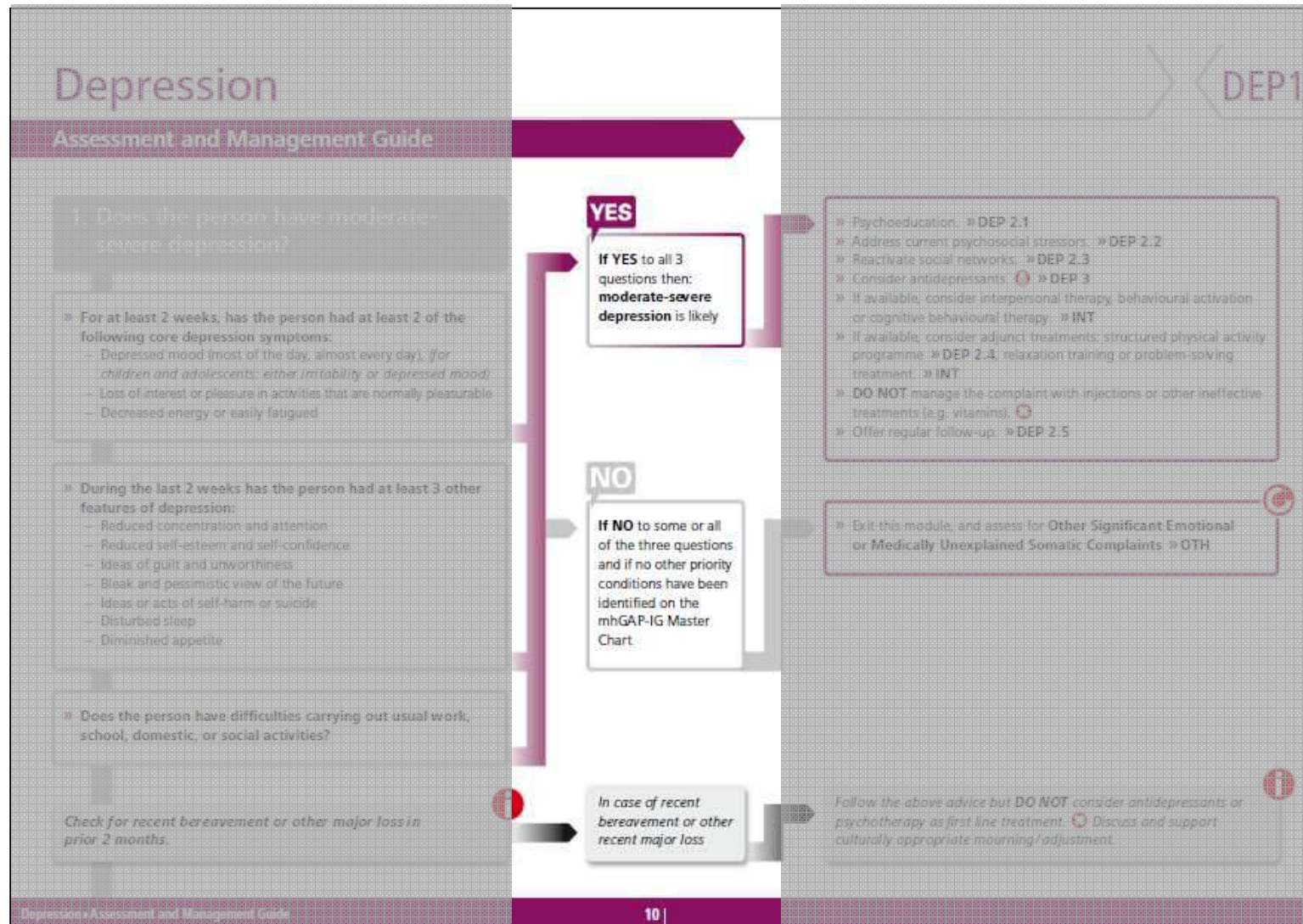
Manage

- The ***assess column*** guides clinical assessment of the person
- The ***decide column*** specifies different clinical scenarios
- The ***manage column*** describes how to manage the problem

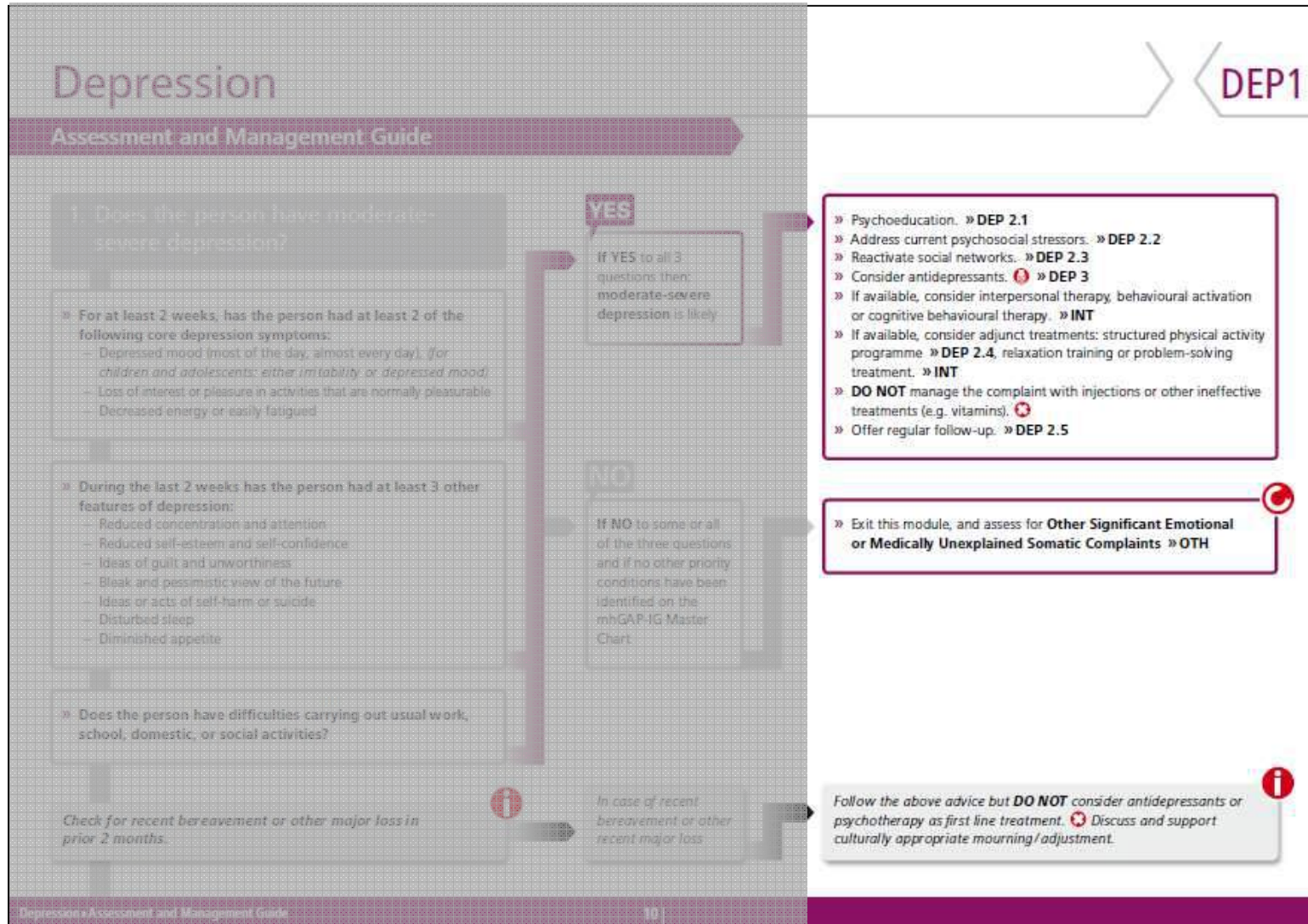
mhGAP-IG: Assessment column



mhGAP-IG: Decision column



mhGAP-IG: Management column



Intervention Details

Psychosocial/Non-Pharmacological Treatment and Advice

2.1 Psychoeducation

(for the person and his or her family, as appropriate)

- » Depression is a very common problem that can happen to anybody.
- » Depressed people tend to have unrealistic negative opinions about themselves, their life and their future.
- » Effective treatment is possible. It tends to take at least a few weeks before treatment reduces the depression. Adherence to any prescribed treatment is important.
- » The following need to be emphasized:
 - the importance of **continuing**, as far as possible, **activities that used to be interesting or give pleasure**, regardless of whether these currently seem interesting or give pleasure;
 - the importance of trying to **maintain a regular sleep cycle** (i.e., going to be bed at the same time every night, trying to sleep the same amount as before, avoiding sleeping too much);
 - the benefit of **regular physical activity**, as far as possible;
 - the benefit of **regular social activity**, including participation in communal social activities, as far as possible;
 - recognizing **thoughts of self-harm or suicide** and coming back for help when these occur;
 - in older people, the importance of continuing to seek help for physical health problems.

2.2 Addressing current psychosocial stressors

- » Offer the person an **opportunity to talk**, preferably in a private space. Ask for the person's subjective understanding of the causes of his or her symptoms.
- » Ask about **current psychosocial stressors** and, to the extent possible, address pertinent social issues and problem-solve for psychosocial stressors or relationship difficulties with the help of community services/resources.
- » Assess and manage any situation of **maltreatment, abuse** (e.g. domestic violence) and **neglect** (e.g. of children or older people). Contact legal and community resources, as appropriate.
- » **Identify supportive family members and involve them** as much as possible and appropriate.
- » **In children and adolescents:**
 - Assess and manage **mental, neurological and substance use problems** (particularly depression) in parents (see mhGAP-IG Master Chart).
 - Assess **parents' psychosocial stressors** and manage them to the extent possible with the help of community services/resources.
 - Assess and manage **maltreatment, exclusion or bullying** (ask child or adolescent directly about it).
 - If there are **school performance problems**, discuss with teacher on how to support the student.
 - Provide culture-relevant parent skills training if available. »INT

2.3 Reactivate social networks

- » Identify the person's **prior social activities** that, if re-initiated, would have the potential for providing direct or indirect psychosocial support (e.g. family gatherings, outings with friends, visiting neighbours, social activities at work sites, sports, community activities).
- » Build on the person's strengths and abilities and actively encourage to **resume prior social activities** as far as is possible.

2.4 Structured physical activity programme

(adjunct treatment option for moderate-severe depression)

- » Organization of physical activity of moderate duration (e.g. 45 minutes) 3 times per week.
- » Explore with the person what kind of physical activity is more appealing, and support him or her to gradually increase the amount of physical activity, starting for example with 5 minutes of physical activity.

2.5 Offer regular follow-up

- » Follow up regularly (e.g. in person at the clinic, by phone, or through community health worker).
- » Re-assess the person for improvement (e.g. after 4 weeks).

Community mental health



- Assertive community care
- Case-management
- Day-care
- Employment assistance
- Assisted housing
- Family support

Other components

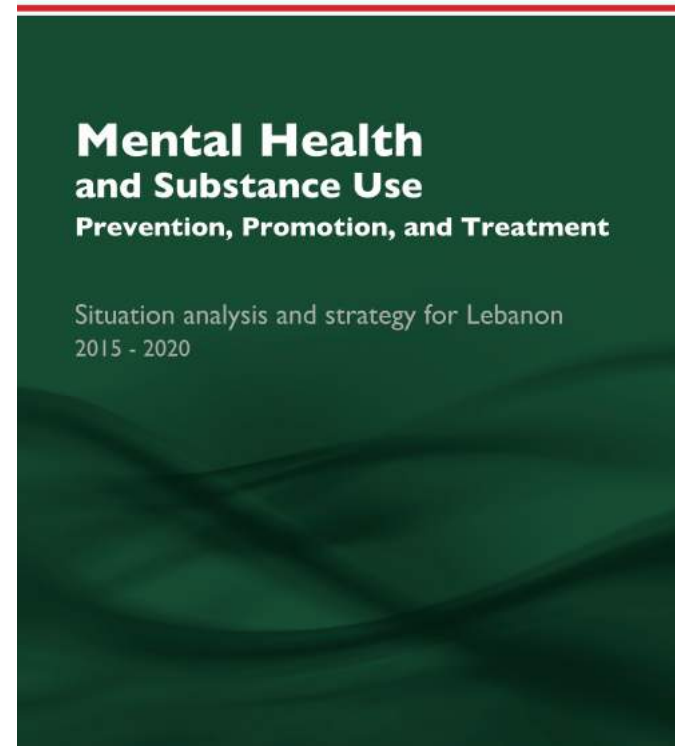


- **Accreditation** Criteria for PHC centers, Community Mental Health Centers, Inpatient Units
- **Rationalisation and hamronization** of medication list
- Development of **guidelines** of rational prescription
- **Quality Rights** (National Team, Assessment planned)

Mental Health Strategy 2015-2020



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Promotion and Prevention



- **National mental health campaigns**
 - My Mental Health is My Right (2015)
 - Depression: Let's Talk About it To get out of it (2017)

National Mental Health Campaign 2017

Launching from the Grand Serail on April 7

Co-launched with the WHO regional campaign for World Health Day
from Lebanon



Promotion and Prevention

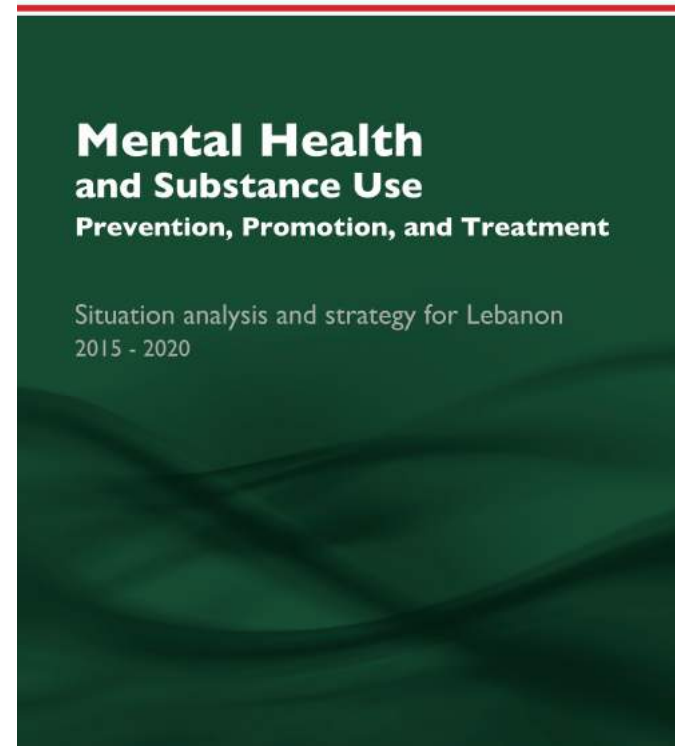


- Launching a **hotline** for Suicide prevention
- **Media and communication strategy** under development to address **stigma and discrimination** and raise awareness
- Discussions with MEHE on development of mental health promotion and prevention plan for **schools**
- **Early Childhood Development:** inter-ministerial working group towards national strategy for ECD
- Development of IEC material

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Vulnerable groups



- Children and Adolescents
- Foreign Domestic Workers
- Older adults
- Families of Missing persons
- LGBT community
- Persons receiving Palliative Care
- Persons in Prisons
- Persons living with disabilities (all ages)
- Persons living with HIV/AIDS
- Survivors of SGBV
- Survivors of torture
- Palestinian refugees
- Displaced populations

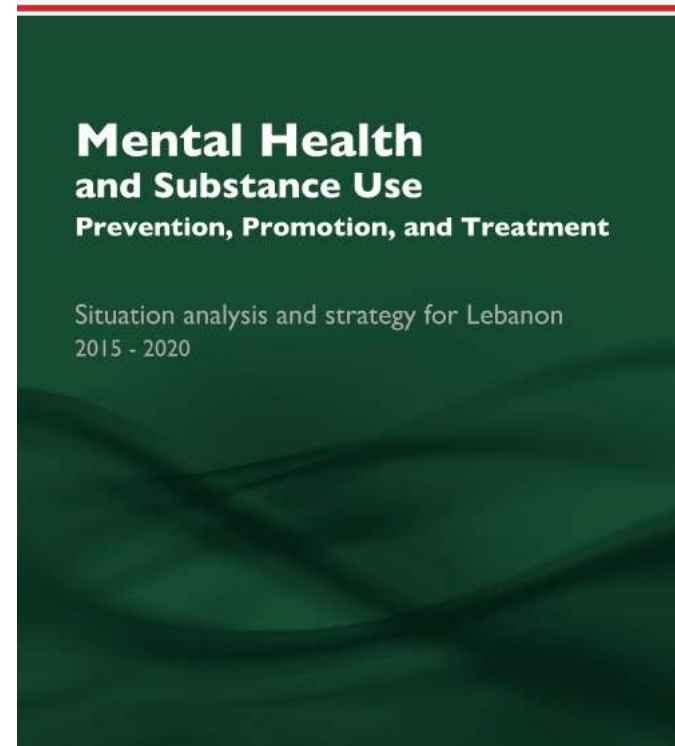
Vulnerable groups

- Developing a MH and SU strategy for prisons
- Coordinating the MHPSS response to the Syrian crisis through the MHPSS TF (annual action plan)
- Establishing shelter for SGBV survivors with mental disorders
- Integrating evidence-based MH interventions in SGBV programming

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HIS



- Registry of Psychiatrists
- Online 4Ws (service Mapping)
- e-HIS and patient file
- Harmonized list of MHPSS indicators
- National Observatory on Drugs and Drug Addiction

Research



- Selecting evidence-based intervention for piloting and studying in our context
- Ensuring proper cultural adaptation for any intervention
- Ensuring respect to the highest ethical principals
- Geared towards service development

Research

Selecting evidence-based intervention



- IPT
 - Individual
 - Group
- CBT
 - Step by Step
 - EASE
- CETA
- EMDR

Research

Geared towards service development



- Piloting e-selfhelp intervention
- Scaling up of IPT in the local system
- Piloting the collaborative care model
- Also in the strategy
 - Life skills in schools

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- Successes, challenges and lessons learned

MHPSS Task Force



- Chaired by MOPH Co-chaired by WHO and UNICEF
- 62 organizations
- Annual action plan based on the needs

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- **Successes, challenges and lessons learned**

Successes, challenges and lessons learned



- National Coordination Mechanism in place
- National Strategy/action plan guiding the process
- Reform of the Mental Health System ongoing
- Increasing network of local and international partners

Successes, challenges and lessons learned



- Human resources : Overload, Turn-over
- Funding (Humanitarian vs Development)
- System overload (1in 4 is a Syrian displaced)
- Risk for epidemics if resources not allocated

Successes, challenges and lessons learned



- Strengthen existing systems
- Merge Humanitarian and Development agenda
- Improve cluster/sector coordination
- Bridge the gap between MH and PSS

For more information



Mental health Programme:

<http://www.moph.gov.lb/en/Pages/6/553/the-national-mental-health-program>

Email: rchammay@moph.gov.lb