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
  • Mental Health in Lebanon prior to 2014
  • National Mental Health Programme
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  • Successes, challenges and lessons learned
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
Outline

• Primary Care System at a glance
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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
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
National Mental Health Program

• Launched in May 2014

• Supported by:
  – WHO
  – International Medical Corps
  – UNICEF
Mental Health Strategy 2015-2020

1. Leadership and Governance

2. Service organization

3. Promotion and Prevention

4. HIS and Research

5. Vulnerable Groups
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

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

**Other**
- Grand Challenges Canada
- Fondation d’Harcourt
- World Bank
Mental Health Strategy 2015-2020

1. Leadership and Governance
2. Service organization
3. Promotion and Prevention
4. HIS and Research
5. Vulnerable Groups
Piloting a guided e-based self help intervention

Community Mental health Centers
IPT Training
EMDR training

Opening the first inpatient ward in a Public Hospital

ER Staff Training on psychiatric emergencies

75 PHC centers

Long stay facilities and specialist psychiatric services

Psychiatric services in general hospitals

Community mental health services

Primary care mental health services

Informal community care

Self-care

SELF-CARE
Opening the first **inpatient ward** in a Public Hospital

**ER Staff Training on psychiatric emergencies**

75 **PHC centers**

**Community Mental health Centers**
**IPT Training**
**EMDR training**

**Piloting a guided e-based self help intervention**
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
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
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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### mhGAP-IG Master Chart: Which priority condition(s) should be assessed?

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.

<table>
<thead>
<tr>
<th>COMMON PRESENTATION</th>
<th>CONDITION TO BE ASSESSED</th>
<th>GO TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶️ Low energy; fatigue; sleep or appetite problems</td>
<td>Depression*</td>
<td>DEP</td>
</tr>
<tr>
<td>▶️ Persistent sad or anxious mood; irritability</td>
<td></td>
<td></td>
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<tr>
<td>▶️ Low interest or pleasure in activities that used to be interesting or enjoyable</td>
<td></td>
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<tr>
<td>▶️ Multiple symptoms with no clear physical cause (e.g. aches and pains, palpitations, numbness)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶️ Difficulties in carrying out usual work, school, domestic or social activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶️ Abnormal or disorganized behaviour (e.g. incoherent or irrelevant speech, unusual appearance, self-neglect, unkempt appearance)</td>
<td>Psychosis*</td>
<td>PSY</td>
</tr>
<tr>
<td>▶️ Delusions (a false firmly held belief or suspicion)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶️ Hallucinations (hearing voices or seeing things that are not there)</td>
<td></td>
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</tr>
<tr>
<td>▶️ Neglecting usual responsibilities related to work, school, domestic or social activities</td>
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<td></td>
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<tr>
<td>▶️ Manic symptoms (several days of being abnormally happy, too energetic, too talkative, very irritable, not sleeping, reckless behaviour)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶️ Convulsive movement or fits/seizures</td>
<td>Epilepsy/Seizures</td>
<td>EPI</td>
</tr>
<tr>
<td>▶️ During the convulsion:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– loss of consciousness or impaired consciousness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– stiffness, rigidity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– tongue bite, injury, incontinence of urine or faeces</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶️ After the convulsion: fatigue, drowsiness, sleepiness, confusion, abnormal behaviour, headache, muscle aches, or weakness on one side of the body</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶️ 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</td>
<td>Developmental Disorders</td>
<td>DEV</td>
</tr>
<tr>
<td>▶️ Abnormalities in communication; restricted, repetitive behaviour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▶️ Difficulties in carrying out everyday activities normal for that age</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Children and adolescents*
Process of assessment in mhGAP-IG

1. Does the presentation suggest a priority condition according to the master chart?

   NO
   End assessment

   "If the person is presenting with multiple possible conditions, all must be assessed."

2. Go to relevant module(s)

3. Conduct assessment according to the module

4. Identify the condition and treatment

5. Develop a management plan
Assess, Decide and 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

Depression
Assessment and Management Guide

1. Does the person have moderate-severe depression?

- For at least 2 weeks, has the person had at least 2 of the following core depression symptoms:
  - Depressed mood (most of the day, almost every day), (for children and adolescents: either irritable or depressed mood)
  - Loss of interest in pleasurable activities that are normally pleasurable
  - Decreased energy or easily fatigued

- During the last 2 weeks has the person had at least 3 other features of depression:
  - Reduced concentration and attention
  - Reduced self-esteem and self-confidence
  - Ideas of guilt and unworthiness
  - Bleak and pessimistic view of the future
  - Ideation of self-harm or suicide
  - Disturbed sleep
  - Diminished appetite

- Does the person have difficulties carrying out usual work, school, domestic, or social activities?

Check for recent bereavement or other major loss in prior 2 months.
mhGAP-IG: Decision column

Depression

Assessment and Management Guide

1. Does the person have moderate-severe depression?
   - For at least 2 weeks, has the person had at least 2 of the following 3 depressive symptoms?
     - Reduced mood most of the day, nearly every day, for children and adolescents, with irritability or depressed mood.
     - Loss of interest or pleasure in activities that are normally pleasant.
     - Insomnia or early wakening.

   - During the last 2 weeks, has the person had at least 2 other features of depression?
     - Reduced concentration and attention.
     - Feelings of worthlessness or guilt.
     - Loss of interest in usual activities.
     - Appetite and weight change.
     - Insomnia or hyperactivity.
     - Fatigability.
     - Recurrent suicide ideas.

   - Does the person have difficulties carrying out usual work, school, domestic, or social activities?

   \[ \text{Check for recent bereavement or other major loss in prior 2 months.} \]

   \[ \text{In case of recent bereavement or other recent major loss} \]

IF YES to all 3 questions, moderate-severe depression is likely

- Psychoeducation: DEP 2.1
- Address current psychosocial stressors: DEP 2.2
- Treat social networks: DEP 2.3
- Monitor antidepressants: DEP 4.8
- If available: sertraline, interpersonal therapy, behavioral activation, or cognitive behavioral therapy: DEP 5.1
- If indicated, consider a dual diagnosis or use targeted specialty programs: DEP 2.4, relaxation training, or problem-solving
- If indicated, consider medication: DEP 4.9
- Offer regular follow-up: DEP 4.5

IF NO to some or all of the three questions, and no other priority conditions have been identified on the mhGAP-IKc Master Chart.

Follow the above advice but DO NOT prescribe antidepressants or psychotherapy as first-line treatment. Discuss with patient and other medical or social work providers. Support patient’s social and mental health.
mhGAP-IG: Management column

Depression
Assessment and Management Guide

1. Does the person have moderate-severe depression?
   YES
   IF YES to all 3 questions then moderate-severe depression is likely.

2. During the last 2 weeks has this person had at least 2 other features of depression?
   YES
   IF YES to 1 of 2 questions then other features of depression is likely.

3. Does the person have difficulties carrying out usual work, school, domestic, or social activities?
   YES
   IF YES to 1 of 2 questions then difficulties carrying out usual work, school, domestic, or social activities is likely.

DEP1

Psychosocial stressors: DEP 2.1
Address current psychosocial stressors: DEP 2.2
Reframe social networks: DEP 2.3
Consider antidepressants: DEP 2.4
If available, consider interpersonal therapy, behavioral activation or cognitive behavioral therapy: INT
If available, consider adjunct treatments: structured physical activity programmes: DEP 2.4, relaxation training or problem-solving treatment: INT
DO NOT manage the complaint with injections or other ineffective treatments (e.g. vitamins)
Offer regular follow-up: DEP 2.5

Other Significant Emotional or Medically Unexplained Somatic Complaints: OTH
Depression

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 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. 

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 harmonization** of medication list

• Development of *guidelines* of rational prescription

• **Quality Rights** (National Team, Assessment planned)
Mental Health Strategy 2015-2020

1. Leadership and Governance
2. Service organization
3. Promotion and Prevention
4. HIS and Research
5. Vulnerable Groups
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
Mental Health Strategy 2015-2020

1. Leadership and Governance
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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
Mental Health Strategy 2015-2020

1. Leadership and Governance
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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
Outline

• Primary Care System at a glance
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• MHPSS Task Force
• 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
Outline

• Primary Care System at a glance
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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 (1 in 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

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