MoM-MHPSS-TF-North-9			
Date	Wednesday May 4th, 2015	Venue	RESTART Center
Time	11:30-1:00	Minutes prepared by	Farah Kerdy
Organizations attending		International Committee of the Red Cross, International Medical Corps, Ministry of Public Health, Ministry of Social Affairs, Restart Center, Save the Children, UNICEF and UNRWA	

Agenda

1. Consultation on MHPSS community service utilization indicators
2. Update from the referral system working group
3. Presentation by Restart Center on new project in schools
4. General updates

Discussion	Action / Decision / Suggestion
1. Consultation on MHPSS community service utilization indicators	
➢ **Action 4 of the TF 2016 Action Plan: Develop and report on key indicators on MHPSS community service utilization** ➢ Aim: to ensure that all organizations are reporting at least on a minimum of indicators that are useful for monitoring MHPSS activities and informing planning of new ones. ➢ Around 10 TF organizations have shared the indicators that they report on. ➢ Based on a review of these indicators, a list of indicators was drafted. ➢ The list was reviewed during the task force meeting. ➢ Main **suggestions** from the North MHPSS TF: - To include indicator on the number of patients under medical treatment - To include indicator on the number of patients referred from NGOs (Specialized care) to PHCs (primary health care). - To modify indicator 7 to become: number of "high-risk" cases lost to follow-up; and to disaggregate it by: psychosis, severe depression, self-harm and addiction.	➢ Once the feedback from the task force in all regions is gathered and addressed, the list of indicators will be shared with all for review and feedback before finalization.
2. Update from the referral system working group	

➢ Action 1 of the TF 2016 Action Plan: Develop a referral system for crisis management linking all levels of care
       o Step 1: Develop crisis management protocols
       o Step 2: Build referral system	

➢ The first meeting of the referral system working group took place on March 24.
➢ A summary of the discussion points of the working group was presented to the task force and additional feedback was gathered:
 	
    a. **Challenges and bottlenecks in current referral mechanisms**
 	
• No capacity to provide services in a timely manner for emergency cases that occur Friday night through Sunday.
• Front-line case workers are not trained to identify when a child is in need of protection or when a child needs a mental health service.
• Sometimes inability to attend to serious cases that do not require hospitalization because psychiatrists are overwhelmed.
• Liability for handling the case
• Families are more and more reticent to move because of documentation issues.
• Accessing a service when no mobile unit is available is an issue.
• Considerable challenge in tracking referrals. No feedback system in place so far in any sector.
• Inability to track referrals made from community level.
• Confidentiality
 	
    b. **Critical considerations in building a referral pathway**
• Mapping of the capacity of every organization to absorb cases and of the types of cases it deals with.
• Accounting for staff turnover.
• Tailoring the protocols to the focal persons/case managers from different sectors (Protection, shelter…)
• Clarifying the responsibility of each organization and its scope and limitations.
 	
➢ Next action points of the referral system working group:
    • To examine referral pathways of every sector to identify commonalities and have a thematic review of minimum standards.
    • To revise 4Ws excel sheet to cover only indicators that are important for the referral system development.
	➢ Feedback from the North MHPSS TF on the challenges and critical considerations:
	• Some patients are unable to afford transportation fees.
	• Some distant areas are out of reach and consequently individuals living there are not provided with the needed mental health services.
	• The referral system should take into account the cases of patients with no family members/caretakers and who suffer from psychotic emergencies (aggressiveness, suicidal attempts, etc.). Particular means should be put in place addressing the access of those patients to the needed service.
	• The establishment of an emergency mobile team trained and authorized to work on-site and to appropriately manage cases of emergencies is of utmost importance.
	• The establishment of a feedback system with codes for individuals to facilitate follow-up

3. Presentation by Restart Center on new project in schools	
➢ Restart Center has provided a brief presentation on the UNHCR funded project "*Supporting the Integration of Children with Special Needs into Public Schools in North Lebanon*". ➢ Participants in the task force have suggested one key component to be included in the program; specifically a care for caregivers program/support groups to parents of children with ADHD and LD.	➢ The PPT presentation will be shared by email along with the minutes.
4. General Updates	
➢ IMC have conducted a training on the mhGAP in March. The next training will be conducted in May 2016. ➢ The PHC centers that were trained and which will be participating in the support and suppervision phase are Tal Maayan Center, Macha Center and Iman Center-Bebnin. ➢ Mental health cases can be referred to these trained PHCs.	
➢ Restart's Capacity building program (targeting PHCs) to be aligned with the mhGAP program.	
➢ The Ministry of Public Health(MOPH) in collaboration with WHO will begin a series of mhGap trainings starting next week for staff of PHC centers that are part of the MOPH network and the Universal Health Coverage Project.	

➢ Development of the "Substance Use Strategy for Lebanon 2016-2020"
    - The development of this document has been coordinated by the Ministry of Public Health in partnership with the Ministry of Social Affairs, Ministry of Interior and Municipalities, Ministry of Justice and Ministry of Education and Higher Education; in line with the WHO regional framework for Strengthening Public Health Response to Substance Use and based on the priorities identified in the National Consultation meeting conducted in April 2015.
    - The goals and domains of action of this strategy are meant to constitute a framework that will guide national efforts engaged for substance use response (prevention, treatment, rehabilitation, re-integration into society and supply reduction).
    - The draft was reviewed by local and international experts and revised accordingly.
    - A national consensus meeting will be held on May 19 to present the latest draft of the strategy and gather additional feedback from stakeholders.	

➢ UNICEF are starting a project related to substance use next month in collaboration with SIDC: pilot trainings on how to identify substance use and risky behaviors for HIV/AIDS. Trainings will target youth on community outreach and awareness sessions.	

➢ PFA TOT
   - In line with the "Mental Health and Substance Use Strategy for Lebanon 2015-2020", and the MHPSS task force action plan, the MOPH, in collaboration with WHO, conducted two two-day training of trainers (TOT) workshops on Psychological First Aid (PFA) in April.
   - A total of 45 participants from the MOPH, UN agencies, and NGOs working in the field, with background in psychology, social work and psychiatric nursing, have attended the training which aimed at enhancing their capacities in delivering PFA trainings to non-mental health front-liners.
   - This is the first series of trainings involving specialists in mental health who will themselves be delivering training sessions to non-specialists working in PHC centres and social development centres.	

➢ **World Bank/WHO have convened for the first time a very high level conference on mental health in Washington DC in April** to encourage investments in mental health. ➢ During the first day an **Innovation Fair** was held with around 20 innovation from around the globe featured. The National Mental Health Programme in Lebanon was selected as one of them specifically for the collaboration model put in place in the country. ➢ The MHPSS task force is a major component of this collaboration model as it is proving to be an effective mechanism for coordination with the aim of harmonizing and mainstreaming MHPSS in all sectors and improving access to care.	➢ Below is the link to the case study about Lebanon on the Mental Health Innovation Network: http://mhinnovation.net/find?search_api_views_fulltext=Lebanon&sort_by=search_api_relevance_1 ➢ A policy brief and an infographic developed specifically for the occasion will be shared with the task force.
➢ Kind reminder for organizations which haven't done so yet to fill the capacity building form shared with the task force and to share the code of conduct, recruitment criteria and benefit packages that are used for hiring mental health professionals.	
Next meeting: Wednesday June 8, 2016, in Restart Center, Tripoli.	