

MoM-North MHPSS TF

Date	Wednesday September the 19 th	Venue	Restart Center, Tripoli
Time	2:00pm to 3:30pm	Minutes prepared by	Alain Gebrayel (MOPH-National Mental Health Programme)
Organizations attending	Concern Worldwide, International Committee for the Red Cross, International Organization for Migration, Médecins Sans Frontières Belgium, Médecins Sans Frontières Switzerland, Restart, UNHCR		

Agenda

1. **Components of the 3rd National Mental Health Campaign**
2. **Presentation of the updated form of the monthly MHPSS Indicators reporting tool as per task force feedback**
3. **4Ws online mapping Platform: Response to the feedback given by task force**
4. **Initiation of the development process of the MHPSS Task Force Action Plan for 2019**
5. **Updates and discussions on gaps and challenges faced in MHPSS work by actors**

Discussion	Action / Decision / Suggestion
1. Components of the 3rd National Mental Health Campaign	
<ul style="list-style-type: none"> ➤ The MOPH launching the third annual national awareness campaign on mental health in a public event in Nejmeh Square in Beirut on the 14th of September featured live on Facebook, under the sponsorship of the World Health Organization, Abaad, IMC and MDM. ➤ The aim of the campaign is to increase knowledge around Mental Health and emphasize the importance of active listening and talking, through encouraging persons to talk about mental health openly, anytime and anywhere. ➤ The launching event included: <ul style="list-style-type: none"> - interactive awareness raising activities through booth organized by MHPSS actors (12 organizations participated). - Short documentary on public perception on mental health: Link - Testimonies of persons with lived experience: Link - Q&A with mental health professionals featured Live on Facebook: Link To watch an overview of the event: Link To watch the Awareness video of the campaign: Link ➤ The campaign will extend until World Mental Health Day (October 10). 	<ul style="list-style-type: none"> ➤ It would be much appreciated if your organizations and yourselves could share the posts on Facebook to reach as many persons as possible ➤ An awareness presentation is being prepared by the Ministry of Public Health with the key messages of the campaign that will be disseminated to all actors for their use to deliver awareness sessions.

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- Slogan: “صار وقت نحكي صحة نفسية”
“time to talk mental health”
- Hashtag: #صار وقت نحكي #Time_To_Talk
- Through the MOPH facebook page awareness videos and a weekly infographic around mental health will be posted throughout the month until October 10. To follow and share: <https://www.facebook.com/mophleb/>

2. Presentation of the updated form of the monthly MHPSS Indicators reporting tool as per TF feedback

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| <ul style="list-style-type: none"> ➤ Following the feedback received from actors during previous meeting on the monthly MHPSS indicators that all non-governmental and humanitarian actors should report on, the list of indicators was revised with the aim of ensuring effective reporting on key indicators related to MH service utilization and quality that can inform planning. ➤ Modifications were presented during the meeting: ➤ For: “M1a - By Provider for Individuals” the consultations for Doctors trained on mhGAP have been dissected into “New Consultations(ALL)” and “New Consultations with Individuals with Mental Health Condition(s)” ➤ For: “M3 – By Age Category” and “M4 - By Mental Health Diagnosis”, the number of “active persons” should be reported (as has been the case since the beginning of the reporting on the indicators). Active persons is defined in the reporting form as: person not being formally discharged from the facility for a mental health episode and interacting with the mental health service of the facility at least once within the last 3 months. ➤ For: “M5 - By Specific Vulnerabilities as per mhGAP” = new indicators were added for persons with imminent suicide risk such as: <ul style="list-style-type: none"> ○ Follow-up Individuals with imminent suicide risk ○ Individuals who attempted suicide ○ Individuals who completed suicide ○ Individuals with imminent suicide risk lost to follow-up ➤ A new section header is now available for Hospitalization under M7. The new indicators are as below: <ul style="list-style-type: none"> ○ Persons referred for admission to hospital ○ Persons admitted within 48h | <ul style="list-style-type: none"> ➤ The indicators online platform will be launched beginning of October ➤ Reporting period is between the 1st and 15th of every month ➤ Whenever there is an “Other” indicator please “Specify” what kind it is. ➤ Persons who are lost to follow-up (no interaction between facility and person for 3 months or more) are considered new consultations after interacting with the facility. If persons are lost to follow-up for one to two months then come back then they would be considered follow-up consultations. |
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- Persons not admitted within 48h
- There is a new indicator to track the reasons behind “persons not admitted within 48h to hospital” under “M8 - By Reason for Non-Admission within 48hs” which includes:
 - Persons managed and recovering without admission
 - Pending admission
 - Financial
 - Person Refusal
 - Family Refusal
 - Hospital Refusal
 - Transportation/Mobility Restriction
 - Other

3. 4Ws online mapping Platform: Response to the feedback given

- Responses to questions and feedback received from MHPSS actors during the previous task force meeting where the online 4Ws mapping platform was presented were provided during this month’s meeting.
- The responses to feedback included the following clarifications to actors or modifications in the platform:
 - In the “Financial Tab”, if your organizations does not have a specific donor funding the activity you are entering then this falls under the category “Currently under implementation”.
 - The purpose of the “Target” in the “General Tab” is to specify the target activity and not the target population.
 - A target population option will be added to the “Referral tab” where it is segregated by age, gender, nationality and fee of service to facilitate referrals. A comment box will be added to this section to specify if certain vulnerabilities are targeted in particular or to provide any other specification regarding the target population.
 - A comment box was added under each nationality indicating if persons have to pay for the service and how much is the fee.
 - Under the “Beneficiaries” tab, the target number of beneficiaries is divided into two categories:
 - For activity “Currently Under Implementation”, the target reached so far is to be reported on.
 - For activity “Funded/unfunded not yet implemented”, the number that is to be targeted is to be reported on

4. Initiation of the development process of the MHPSS Task Force Action Plan for 2019

<ul style="list-style-type: none"> ➤ The MHPSS Task Force is a coordination body chaired by the Ministry of Public Health and co-chaired by WHO & UNICEF. Its mission is to ensure an effective, coordinated and focused inter-agency response to the MHPSS needs of the persons affected by the Syrian crisis and the host population in Lebanon through identifying and addressing the gaps, promoting the importance of MHPSS at all levels as well as developing standards and building the capacity of the MHPSS sector. ➤ To achieve this mission, an annual action plan is developed by the task force to focus its work on addressing the identified gaps and priorities. ➤ As every year, the developed process of the action plan includes among other steps an online survey to gather feedback of actors on gaps, challenges and priorities. 	<ul style="list-style-type: none"> ➤ A feedback form will be disseminated to all task force members beginning of October, to be filled online. ➤ Feel free to disseminate it to colleagues if they are not on the mailing list, including frontliners.
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5. Updates and discussions on gaps and challenges faced in MHPSS work by actors

<ul style="list-style-type: none"> ➤ Concern Worldwide does not work in MHPSS but has a Case Management, Child Protection and Gender Based Violence component. ➤ Substance use is a persisting challenge in the North ➤ Restart is finding reporting on a monthly basis a challenge. They have too many platforms they report on. ➤ IMA were trained by Restart Center on transporting persons with Mental Health disorders to Hopital de la Croix. The only problem Restart center is facing is that IMA do not sign on behalf of persons/guardians. ➤ UNHCR is concerned about quality of treatment and treatment of persons with MH disorder in Hopital Sekkare, but is obliged to admit persons there because of lack of mental health hospitals in the North. ➤ UNHCR raised the issue of testing patients in Hopital de la Croix for HIV. <ul style="list-style-type: none"> ⇒ MOPH-NMHP will send a communication to the Hospital to inquire about this matter. 	<ul style="list-style-type: none"> ➤ UNCHR expressed suggested sending Oum El Nour’s contact for collaboration. ➤ Oum-El-Nour is already in dialogue with the MOPH-NMHP on their project in the North. ➤ Reporting on the 4Ws is a one-time operation. Constant updating would be done whenever the activities’ status changes. Regarding the indicators platform, it is essential for both organizations and MOPH to be reporting on a monthly basis for the following reasons: <ul style="list-style-type: none"> ○ Compiling data from all areas in Lebanon would highlight the gaps and challenges faced on the field ○ Organizations would have a platform where
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- UNHCR asked to receive the list of Hospitals trained on the Psychiatric Emergencies Management as they want to refer persons to those hospitals.

- UNHCR, Restart and Danish Refugee Council developed Crisis Management Protocols and are planning to disseminate it.

they can extract reports for donors/potential donors.

- Being in line with the National Mental Health Strategy and its action plan.

- As communicated during previous meetings, there is a pool of hospitals who have received advanced training on psychiatric emergencies management. Prior to becoming referral points, the hospital administrations have expressed their desire to further tailored training. This is what will be done as a next step.

- UNHCR to send the crisis management protocols to be reviewed by MOPH prior to dissemination to ensure alignment and no duplication with national crisis management protocols

Next meeting: (October 10th, 2:00pm to 3:00pm, Restart Center, Tripoli)