National Mental Health Strategy for Lebanon

(2023-2030)

Draft version

for stakeholder review

May 2023

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List of abbreviations

DALYs	Disability-Adjusted Life Years
CPI	Consumer Price Index
EMDR	Eye Movement Desensitisation and Reprocessing
ER	Emergency Room
FAO	Food and Agriculture Organization
GDP	Gross Domestic Product
GSF	General Security Forces
GPs	General Practitioners
HIS	Health Information System
HRH	Human Resources for Health
IMC	International Medical Corps
IPT	Interpersonal Psychotherapy
MEHE	Ministry of Education & Higher Education
mhGAP	mental health Gap Action Programme
MHPSS	Mental Health and Psychosocial Support
MOPH	Ministry of Public Health
MOSA	Ministry of Social Affairs
NCDs	Noncommunicable Diseases
NMHP	National Mental Health Programme
PHC	Primary Health Care
PTSD	Post-Traumatic Stress Disorder
RCT	Randomized Control Trial
SGBV	Sexual and Gender-based Violence
TF	Task Force
UHC	Universal Health Coverage
UN ESCWA	United Nations Economic and Social Commission for West Asia
UNICEF	United Nations International Children's Emergency Fund
WFP	World Food Programme
WHO	World Health Organization
WHO-AIMS	World Health Organization Assessment Instrument for Mental Health Systems

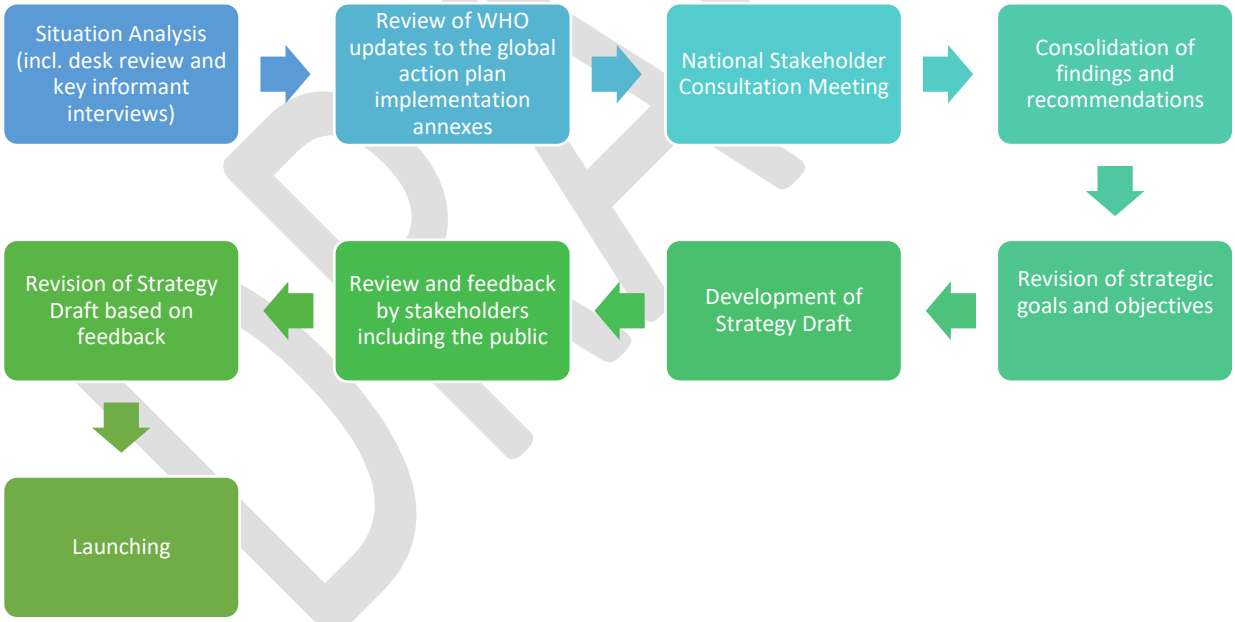
Foreword
(to be added)

Acknowledgements
(to be added)

Development process

The first National Strategy for Mental Health in Lebanon was launched in 2015, following a participatory process with all stakeholders. The Strategy was in line with the WHO Global Action Plan for Mental Health. As the implementation period of the WHO Global Action Plan was extended till 2030, the National Mental Health Strategy was extended till the same end year. Nevertheless, ensuring adaptation to emerging needs was deemed necessary. As such, a revision process of the Strategy was initiated to ensure needed updates are incorporated.

The revision process is outlined in figure 1 below.



The key principles upheld throughout the process included:

- Maximizing the participation of all stakeholders
- Maintaining transparency
- Building on evidence and international guidelines and frameworks
- Contextualizing and adapting to the national needs.

SITUATION ANALYSIS

I. Overall situation in Lebanon: a country grappling with multiple crises

A. Context

Lebanon has been struggling with an assailment of compounded crises that have been placing an enormous strain on the country's already fragile health system and on people's mental health (1-3).

According to the World Bank, Lebanon's economic crisis ranks among the top 3 most severe economic collapses globally since the mid-nineteenth century (1). Lebanon's Gross Domestic Product (GDP) dropped by 36.35% from an estimated US$52 billion in 2019 to a projected US$18.08 billion in 2021, the highest contraction in a list of 193 countries (4, 5). According to the United Nations Economic and Social Commission for West Asia (UN-ESCWA), around 4 million people are living in multidimensional poverty; the rate of the latter has almost doubled from 42% in 2019 to 82% of the total population in 2021 (6). The unemployment rate also almost doubled, having reached 29.6% in 2022 up from 11.4% in 2019 (7, 8). Around 62% of Lebanese households reported challenges to afford basic needs as a result of lost or reduced employment, as shown in the most recent multi-sector needs assessment (2022) (9).

Living conditions have been deteriorating; all Lebanese governorates have been experiencing electricity blackouts that sometimes exceeded 22 hours per day (2, 6, 10, 11), with wider inequities in electricity access, favouring those who can afford private diesel generators. This has put various essential services in crisis mode, including hospitals, most of which have been forced to operate at only 50% capacity (11, 12). The economic collapse, rise in unemployment and sharp increase in food prices are pushing Lebanon into an acute food insecurity crisis; pushing it to become a "hunger hotspot" as stated by the World Food Programme (WFP) and the Food and Agriculture Organization of the United Nations (FAO) (13). The Lebanon Vulnerability and Food Security Assessment conducted by WFP and the World Bank in 2021 revealed that 47% Lebanese and refugee households have challenges in accessing food and other basic needs (14), where refugees are at a particular risk of food insecurity (13). According to the World Bank, the

Consumer Price Index (CPI) hit an all-time high record of 612.4 in 2021 which is almost 5 times the one recorded in 2019 (15).

Lebanon has been also weathering an unprecedented health crisis because of the COVID-19 pandemic that started in 2020 and the surge of the cholera outbreak in 2022. This is coupled with a political stagnation and civil unrest, a protracted refugee crisis, and a humanitarian crisis resulting from the devastating explosion that rocked the capital on 4 August 2020 (1, 2, 16, 17). The massive explosion, which ranked among the most powerful non-nuclear explosions ever recorded, killed more than 200 people, injured thousands, left around 300,000 people homeless and caused damages estimated at US$15 billion (18-21).

B. Impact of Lebanon's crises on the health system

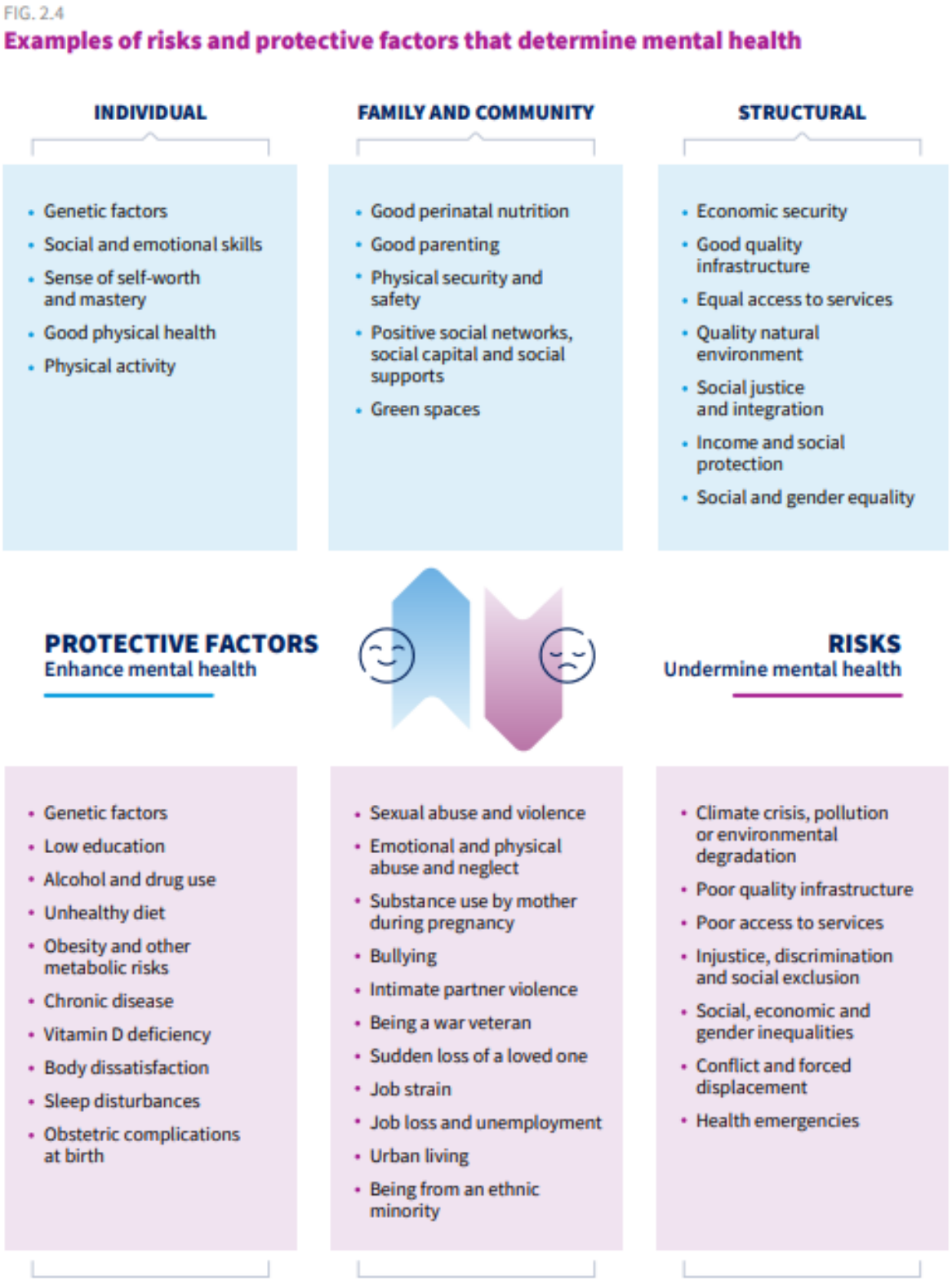
The health system has been severely affected by the multiple compounded crises. The currency devaluation has been causing detrimental impacts on the health sector. The total health expenditure per capita (LBP 975,000) which was equivalent to US$ 650 is now equivalent to less than US$ 50. Hospitals have been struggling to provide service users with lifesaving surgery and urgent medical care due to the government's inability to reimburse private and public hospitals with the funds it owes them and the consequent inability to pay staff and procure needed equipment (2, 22). Health care institutions have become consumed with securing fuel and necessities, limiting hours of service provision, or closing wards in hospitals, in addition to other coping mechanisms. In addition, basic and lifesaving medications have been in short supply with the restrictions in foreign currency, severely limiting the importation of vital medications and medical goods (2, 12, 22, 23). The cost of health services and medications has been largely increasing given the severe inflation and currency depreciation. The health system is losing a critical mass of human resources needed for the provision of services, which will have a long-lasting impact as the country grapples with myriad crises (1). According to the World Health Organization (WHO), almost 40% of skilled medical doctors and 30% of registered nurses have already left the country either permanently or temporarily (12). The flight of the human capital will not only reduce society's access to the services provided by these professions but will also exacerbate the collapse of the economy and impede its recovery (1, 6, 24).

II. Burden of mental disorders in Lebanon

Mental disorders are among the leading causes of the burden of disease in Lebanon, with an estimated disability-adjusted life years (DALYs) amounting to 2,161 per 100,000 population. According to the most recent prevalence study in Lebanon dating back to 2006, approximately 1 in 4 people in Lebanon suffers from at least one mental disorder throughout their lives, with anxiety and depression being the most prevalent (25). Suicide mortality rate in Lebanon is estimated at 2.8 per 100,000 population (reported in 2019) (26). On average, one person dies from suicide every 2.1 days and one person attempts suicide every 6 hours in Lebanon (27, 28). However, these figures do not portray the true number of suicide cases due to under-reporting caused by the insufficient surveillance system and the stigma associated with suicide (28).

The burden of disease is also increasing with the multiple contextual factors amidst the compounded crises the country is facing that are considerably impacting mental health by increasing risk factors and decreasing protective factors. In this context, the vulnerability of the whole population living in Lebanon to psychological distress and mental ill-health is increasing. This increasing vulnerability tops up vulnerabilities due to risk factors that were already present at the family, community and structural level, such as those in figure 1.

Figure 1. Examples of risk factors and protective factors impacting mental health[1]



In addition to that, only 9.8% of people with a lifetime mental disorder in Lebanon seek professional help due to a low perceived need for treatment among the majority (as per data collected between 2002 and 2003 as part of the national prevalence study) (29). Among those who do seek treatment, substantial delays ranging from 6 to 28 years between the onset of disorders and onset of treatment are reported (25). Such delays are critical for individuals and their families and burdensome to the health system, because early assessment and intervention can positively alter the natural progression of mental disorders into chronic and disabling conditions (30).

The burden of mental disorders also extends to other diseases as it worsens the outcomes of co-occurring noncommunicable diseases (NCDs) such as cancer, heart disease, and diabetes (31, 32). This is particularly relevant for Lebanon where NCDs account for 91% of all deaths (33).

Moreover, mental disorders have a significant impact on the national economy. In addition to the direct treatment costs, mental disorders are associated with indirect economic costs related to the person's and caregivers' work loss, lost employment opportunities, reduced performance, absenteeism, early retirement, disability and care seeking, and premature mortality (34, 35). Work losses and missed opportunities not only economically affect individuals and households, but also have societal costs through increased unemployment, loss of skilled labour, lost productivity and reduced tax revenue (36). Even though these costs are not well documented in Lebanon global estimates show that the global economy loses US$ 1 trillion annually due to anxiety and depression alone.

A. Impact of the history of conflict

Lebanon has a long history of wars, conflicts, and political turmoil which may have contributed to the burden of mental illness in the Lebanese population (37-39). For example, a systematic review documenting Post-Traumatic Stress Disorder (PTSD) in adolescents over the course of conflicts that Lebanon witnessed showed that the prevalence rates slowly increased with time, where it ranged from 8.5% to 14.7% for the civil war, increased to 21.6% for the Grapes of Wrath

[1] Figure copied from World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO

War, and reached a range of 15.4% to 35.0% for the 2006 July War (40). The included studies were conducted as fast as 3 weeks since the conflict to as late as 4 years after. Other factors such as family violence and financial problems were also predictors of post-war disorders.

Conflict and war impose extreme suffering and loss on human lives, which come conjointly with mental and psychological distress(41). As such, and with the numerous conflict-affected countries today, WHO conducted a comprehensive systematic review in which it updated its 2005 estimates on the prevalence of mental diseases in populations impacted by conflict. This review concluded a prevalence of 22% for mental disorders like depression, anxiety, PTSD, bipolar disorder, and schizophrenia of various severities in conflict-affected populations, and estimated that at any point in time around 9% of this population suffers from moderate to severe mental disorders(42).

B. Impact of the Syrian refugee crisis

Refugees are particularly vulnerable to mental disorders as they are more likely to be exposed to trauma and ten times more likely to experience PTSD in comparison to the general population of their asylum country (41). The case of Lebanon is no different, where the world's largest Syrian refugee population of 1.3 million per capita resides in 2021 (43). Several studies targeting Syrian refugees in Lebanon confirmed the extent of the prevalence of psychological disorders in this population, particularly PTSD and depression, where more than 35% were diagnosed with PTSD (44, 45) and more than 20% with severe depression (46).

While most studies targeting Syrian refugees in Lebanon focus on PTSD, as per WHO updated estimates, other mental disorders are also prevalent in conflict affected populations including the Syrian refugees.

C. Impact of the COVID-19 pandemic

The emergence of the COVID-19 pandemic with the lockdowns and restrictions that followed played a main role in the surge of mental health conditions experienced globally during this period. In just one year of the pandemic, the number of people living with anxiety disorder and major depression rose by 26% and 28%, respectively (47, 48). This rise was attributed to the

lifestyle changes, isolation, and fear of contracting the virus, and was exacerbated by the disruption of health services and the severe treatment gap for mental health conditions.

In Lebanon, an online cross-sectional survey assessing the impact of COVID-19 lockdown on the psychological wellbeing of 157 Lebanese individuals with no prior diagnosis with a mental disorder showed that 60% of the sample exhibited depressive symptoms and almost 75% exhibited mild to severe anxious symptoms (49). These rates are considerably higher than those observed in eight countries during the pandemic suggesting that there may be factors accentuating the mental health burden associated with COVID-19 which are specific to the Lebanese context (49, 50).

Health care workers at the frontlines during the pandemic endured the highest levels of distress. A survey of 1,751 health care workers revealed that moderate to high-level of personal, work-related and client-related burnout was recorded in 86.3%, 79.2% and 83.3% of the responses, respectively (51). Other studies addressing work fatigue and distress in Lebanese health care workers showed that moderate to high level of emotional, mental and physical work fatigue were reported in 66%, 64.8% and 65.1% of the cases, respectively (52) and a high risk of acute distress in almost 60% of frontliners (53). The burnout and fatigue detected in these studies were significantly associated with the long working hours, high threat perception, many nightshifts and insufficient sleep, stressful life events, low pay and in some cases pre-existing mental health conditions.

D. Impact of the Beirut port explosion

A needs and perception survey conducted by the World Bank in August 2020, right after the Beirut port explosion, showed that around 3,400 Beirut residents identified mental health services as one of the most pressing needs (54). In another online cross-sectional population survey conducted two months following the explosion, around 80% of 2,078 individuals who were exposed to the explosion screened positive for depression and 37% met criteria for PTSD (55). Moreover, in a study assessing the prevalence of probable blast-related mental disorders, 64% of 801 children (aged 8-17 years) screened positive for anxiety, 52% screened positive for PTSD, and 33% screened positive for depression (56).

E. Impact of increased protection issues

Conflict, wars and crises have always had a particular impact on children and adolescent's psychosocial development and wellbeing. National surveys indicated that 32.7% of children and adolescents in Lebanon suffered from mental disorders (57) and 11.5% experienced suicidal ideations (58). Amidst the multiple crises the country is facing, risk factors to children and adolescents' mental health are also increasing, notably protection concerns. For instance, the economic downfall exacerbated the issues of violence against children and women, gender-based violence, and child exploitation and abuse (59, 60). Child labour and marriages particularly in Syrian refugee families are on the rise as a means to alleviate financial burden (61).

Additionally, as the economic situation deteriorates, inequalities deepen and vulnerabilities increase, vulnerable groups find themselves at a higher risk of violence, coercion, deprivation, exploitation, trafficking and abuse as they struggle to meet their needs. Sexual exploitation has reportedly doubled during the first half of 2021 in comparison to 2020. Also, female- and child-headed households as well as persons with disabilities, refugees and older people are continuously at an immense risk of discrimination and abuse by their employers and landlords (62).

III. Knowledge, attitudes, and behaviours around mental health

Stigma and limited knowledge on mental wellbeing are main contributing factors to the mental health treatment gap that exceeds 90% in Lebanon . The limited understanding and awareness of mental health, coupled with the prevalence of traditional beliefs, as well as some religious beliefs, fuel the stigma surrounding mental health, preventing help-seeking and access to mental health services (63). A study assessing the knowledge, attitude and behaviours towards mental disorders showed that 67.8% of the Lebanese population exhibit stigma toward mental illness, 61.9% had knowledge of mental illness, and 66.6% had more favourable behaviours, where better attitudes were associated with more knowledge (64). Other studies showed that stigma is quite prevalent even among educated youth (65), health care providers (63) and religious subgroups (66). In addition to self-stigma and community stigma, provider-based stigma and structural stigma are also cross-cutting challenges that negatively impact service development and delivery across all levels of care (67). In addition to stigma, in a nationally representative

study, it was found that 73% of the population had low perceived need for treatment (29). All these factors impact mental health service provision and help-seeking behaviour.

IV. Main achievements under the National Mental Health Strategy (2015-2020)

The National Mental Health Programme (NMHP) was launched in 2014 within the Ministry of Public Health (MOPH) as the governing entity for mental health with the role of leading the reform of the mental health system in the country. In 2015, the NMHP launched the first national strategy for mental health in Lebanon, covering the period of 2015-2020 (68). The strategy's vision that "All people living in Lebanon will have the opportunity to enjoy the best possible mental health and well-being" was set to be achieved through 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 is aligned with evidence-based frameworks and tools, including the WHO comprehensive mental health action plan 2013-2020 and adapted to the local context with a system-building approach. It promotes equity, inclusiveness, and human rights.

The NMHP and partners have been implementing the priority activities under the strategy. Highlights of some of the main achievements are presented below by domain of action of the strategy.

Domain 1: Leadership and governance

Efforts in this domain aimed to strengthen effective leadership and governance for mental health; to provide the basis for policy and regulation and oversee the development of the national mental health system.

At the level of governance, several steps were taken towards the establishment of a sustainable governing entity for mental health within the MOPH. Mental health policy has been mainstreamed in other national strategies and policies such as those for child protection, the protection of older adults, prevention of violent extremism, etc. A national strategy focused on substance use response was developed inter-ministerially for the first time. In response to the

multiple emergencies that occurred (such as the COVID-19 pandemic and the Beirut Port Explosions), national inter-sectoral action plans for the Mental Health and Psychosocial Support (MHPSS) response were developed and implemented. Subsequently, the process for the development of a national emergency preparedness plan for MHPSS has been initiated.

At the level of legislation, a new mental health project law tackling the protection of persons with mental disorders, the scale-up of community-based mental health services, and the governance of the mental health system was developed and is currently awaiting transfer to the general assembly for voting. Efforts have been made to advocate for and support the revision process of existing legislation related to mental health and substance use (such as the drug law, article 232 of the penal code, etc.) to ensure their alignment with human rights and public health principles. Actions were also taken to support the passing and subsequent enforcement of the new law for the regulation of the psychology profession, in addition to supporting the passing of the law for establishing an Order of Psychologists and the election of the first executive board of the Order.

At the level of financing, the scale-up of community mental health services is a key pillar of the new mental health law proposed. This will provide the legislative framework for the revision of the budgetary allocations for mental health service provision. Packages of care were developed and are being piloted at primary health care (PHC), defining care pathways for various mental disorders. These packages will facilitate the identification of services to be covered and are a step towards ensuring mental health care is part of universal health coverage. A costing exercice and a cost-benefit analysis of community mental health services to be scaled-up are currently being finalized to inform advocacy for effective financial coverage. In terms of coverage by private insurers, basic benefit packages have been drafted to be proposed to insurance companies.

Domain 2: Reorientation and scaling of mental health services

The goal in this domain was to develop comprehensive, integrated and responsive mental health and social care services in community-based settings. In line with WHO recommendations,

effective, safe, quality, evidence-based interventions are being developed and scaled-up at each level of care.

At the self-help level, an e-mental health guided self-help programme (called "Step-By-Step") was adapted and piloted. A randomized controlled trial was further completed that proved the effectiveness of this intervention in the treatment of depression and anxiety disorders (69, 70). An implementation study is currently being conducted to inform the scale-up of this service nationally.

At the primary and secondary levels of care, multiple actions have been implemented towards the integration of mental health into primary health care: general practitioners (GPs), nurses and social workers from a pool of PHC centres that are part of the MOPH network were trained and supervised on integration of mental health into PHC using the WHO mental health Gap Action Programme (mhGAP) intervention guide. Multiple supporting tools were developed (job aids for care providers, informational and educational material on various mental disorders, etc.). Mental health related standards were also integrated in the national accreditation standards for PHC centres. Multidisciplinary teams of mental health professionals providing specialized mental health care with a linkage to PHC were piloted. Building on this experience, a new model of care and national packages of mental health care were developed. The pilot versions of the packages for depression and anxiety disorders have been finalized. Capacity-building on these pilot versions was completed in 2022 for a pool of PHC centres across Lebanon participating in the pilot. The pilot will be ongoing until December 2023 and will be critical in informing the scale-up of the packages of care.

At the tertiary level, multiple actions were implemented to support the increase of the number and geographical coverage of inpatient beds, from revising the MOPH tariff for contracting general hospitals for mental health admission and contracting with facilities to opening the first inpatient unit in a public hospital, with a second one on the way. Additionally, support to open inpatient mental health units was provided in the form of technical guidance and capacity-building to multiple private hospitals across Lebanon willing to be contracted by the MOPH.

Furthermore, steps were taken in the direction of improving the quality and human rights protection in inpatient mental health care, as well as addressing human rights violations, particularly at the level of long-stay institutions. For example, multiple facilities were assessed using the WHO *QualityRights* toolkit by a pool of national assessors who were trained. Two residential psychiatric facilities were closed. The Minister of Health issued multiple decisions (ex: No. 270/1 and 650/1) concerning the quality of care and human rights in the field of mental health care, stipulating, among other things, the assessment of the condition of all residential facilities in line with the WHO *QualityRights toolkit.* The *QualityRights* standards and principles were also integrated in the national accreditation standards for hospitals.

At the level of responding to mental health emergencies, an emergency response mechanism was designed and successfully piloted, with results pointing to the feasibility and effectiveness of this mechanism. The mechanism includes mobile mental health teams that can attend to a person in a mental health emergency (including suicide attempts) who needs immediate support in a timely and effective manner at their location, as well as accompaniment in the Lebanese Red Cross ambulances in case hospitalisation is needed. This mechanism is linked to the National Lifeline 1564 which provides on-phone immediate emotional support, suicide risk assessment and de-escalation and which activates the mobile teams upon need. National training material for emergency room (ER) staff was also developed and capacity-building initiated for at least 1-2 ER staff in all hospitals in the country.

As **human resources** are a critical building block for service provision, capacity-building interventions were implemented targeting mental health, general health and para-health care professionals, as well as social care professionals and frontliners from various other sectors. The capacity-building interventions ranged from strengthening capacities for identification of mental health conditions and safe referral by non-specialists to building local capacity in evidence-based therapy approaches (such as Interpersonal Psychotherapy (IPT) and Eye Movement Desensitisation and Reprocessing (EMDR)). Lebanon is the first country to have local mental health professionals trained on IPT as well as local trained trainers and supervisors. Additionally,

a national guideline on maternal mental health was developed and capacity-building of health and social care professionals was initiated. Attending to persons in emergencies based on Psychological First Aid principles, as well as providing care in line with human rights and quality principles were also among the capacity-building areas. To build local capacity in developing services, the first diploma in Lebanon and in the region on the development and organization of mental health services was launched, with the first cohort graduating in 2022. The diploma is currently under evaluation and a second version is to be launched in 2023.

In terms of availability and accessibility to psychotropic medication when needed, the national list of psychotropic and neurologic medications for outpatient and ER settings was revised in a consultative process taking into consideration the need to maintain continuum of care between the different levels of care, their public health relevance, the evidence of efficacy, as well as safety and comparative cost-effectiveness. A guideline for the rational prescription of psychotropic medications were developed and orientation workshops were conducted for psychiatrists and neurologists. Capacity-building on the guideline was also integrated in relevant trainings for mental health professionals and GPs. The MOPH Director General issued Circular number 60 issued 20/06/2018 urging all service providers to comply with the guideline and the national medication list. Furthermore, a new mechanism was launched for the availability and dispensing of specialized psychotropic medications through PHC centres to facilitate accessibility.

Domain 3: Promotion and prevention

Efforts in this domain focused on developing and implementing evidence-based promotion and prevention strategies for mental health and substance use. Interventions, such as national annual awareness campaigns on mental health and suicide, were conducted to raise awareness about mental health and ill-heath and address misconceptions, as well as to promote mental health.

A Practical Guide for Media Professionals on the Coverage of Mental Health and Substance Use was developed, and media professionals participated in a series of training workshops on how to protect and promote their own mental health and on coverage of mental health, including suicide, based on the national guide.

In terms of suicide prevention, multiple interventions implemented in line with the strategy (from increasing availability and accessibility to mental health services to the promotion of responsible media reporting of suicide) contributed to increased action on suicide prevention. A national hotline for emotional support and suicide prevention, the 1564 Lifeline, was launched in 2017. The Lifeline is receiving more than 1,000 calls every month on average. The Lifeline has been found to be effective at significantly decreasing subjective levels of distress among those calling for emotional distress and those with additional suicide-related behaviour (71).

Domain 4: Information, evidence, and research

Efforts in this domain focused on building the necessary systems and mechanisms to obtain reliable and timely information on mental health determinants, service utilization and system performance, and implementing research projects, to inform policy and service development for mental health.

In terms of information systems, mental health indicators are being defined for all levels of care and the possibilities of their integration within existing national health information systems (such as the information systems for PHC or for hospitals) is under assessment. A core set of indicators on MHPSS service utilization was developed for humanitarian actors doing MHPSS programming to inform the identification of gaps and service planning. An online MHPSS service mapping platform (4Ws-Who is doing What, Where and until When) was developed in 2017 and updated in 2022. A national mental health registry for psychiatrists was developed and piloted, with the aim of identifying trends in mental disorders and treatments as well as help-seeking behaviour, for service users consulting a psychiatrist for the first time. A situation analysis on suicide monitoring and surveillance was initiated to inform the development of an action plan to strengthen it.

In terms of research, circulars related to the regulation of research in the field of MHPSS and substance use were issued by the MOPH to ensure alignment with ethical principles and protection of vulnerable populations. Multiple research projects were completed or are in progress to inform service development and scale-up. Randomized Control Trials (RCT) were completed or under implementation on various MHPSS interventions. Implementation research

studies on the scale-up of specific interventions within the national system are also being completed. Other research studies are focused on informing the strengthening of governance for mental health system reform.

Domain 5: Vulnerable groups

Efforts in this domain focused on improving access to equitable evidence-based mental health services (preventive and curative) for all persons in the identified vulnerable groups living in Lebanon. Some examples are provided below:

- ✓ Annual action plans were developed for the MHPSS task force (TF), the national coordination mechanism for the MHPSS response to the Syrian crisis, chaired by the MOPH and co-chaired by WHO and the United Nations International Children's Emergency Fund (UNICEF). Key coordination functions were carried, as well as capacity-building and the development of tools and guidelines.
- ✓ Mental health was integrated in the national standard operating procedures for response to sexual and gender-based violence (SGBV) that were under development under the Ministry of Social Affairs (MOSA) as well as in guidance notes for SGBV case management. Capacity-building was conducted for frontliners working in the SGBV sector on identification of mental disorders in survivors and safe referral.
- ✓ Multiple steps were completed in the development process of a national strategy for mental health in prisons (Situation assessment, theory of change, strategy initial drafting, etc). Inter-ministerial coordination was started to move towards an inter-ministerial strategy. In parallel, mental health consultations were being provided in Lebanon's largest central prison.
- ✓ Research studies were conducted to assess the needs and accessibility to mental health services for migrant workers. Multiple advocacy actions were conducted, including the development of an advocacy plan by a committee under the MHPSS TF to increase equitable accessibility to mental services for foreign domestic workers.

National Mental Health Strategy mid-term evaluation

An external independent midterm evaluation of the implementation of the national mental health strategy was conducted in the end of 2018. The evaluation concluded that most objectives of the strategy set for the mid-term had been attained. Key recommendations were formulated (72), including: extending the integration of mental health care in PHC; strengthening the already initiated development of collaborative care between PHC and specialized services; focusing prevention activities in the areas in which more robust evidence already exists (e.g. suicide, support to parenting, certain interventions in schools) and supporting the implementation of effective programmes in these areas; and putting in place a specific strategy focused on providing integrated care to and social inclusion of persons with severe mental disorders.

V. Gaps, challenges, and opportunities

1. At the level of leadership and governance

Having a functional mental health unit in the MOPH, with an allocated budget and responsibility for strategic planning is key to ensure the development and implementation of effective national policy and legal frameworks (47). The presence of the NMHP, and its leadership and efforts in engaging stakeholders and creating a collaborative governance model were described in key informant interviews as one of the main contributing factors to the mental health system developments in Lebanon in the past years. The passing of the new mental health law proposal in parliament would allow the legislative institutionalisation of the NMHP (73).

Also, in terms of governance, the creation of the first service users' association is an opportunity to increase the effective participation of service users in the development and governance of the mental health system.

In terms of coordination, the MHPSS TF has been perceived as an effective mechanism for the coordination of the MHPSS humanitarian response to the several crises that the country has been facing (e.g. Syrian crisis, Beirut Port Explosion, etc.) and creates opportunities for mainstreaming mental health in different sectors and synergizing the efforts of partners. Another identified

strength of the TF is the role of the MOPH in chairing it which creates a bridge between organisations operating in MHPSS and the MOPH and promotes alignment with the national mental health strategy. However, human resources are required to support the coordination of the TF, as per stakeholder interviews and per preliminary results of a study examining the facilitators and barriers for the work of the TF (GOAL study). The overall architecture of the humanitarian system and the place of mental health within it also pauses a challenge as it limits the harmonization of action across the various sectors that link to mental health, in addition to limiting the availability of effective and adequate budget for mental health.

In terms of policy development and advocacy, having a national mental health strategy is essential in ensuring clarity of vision and direction of action towards where it is most needed in the most effective way possible. The development of the first national strategy for mental health in 2015 was described by stakeholders as one of the key policy developments that has shaped the mental health system and led the direction for the reform. The updated national strategy will be an opportunity to continue and strengthen the consolidation of efforts to achieve set objectives for the mental health system strengthening. The planned development of a sub-strategy focused on the mental health of children, adolescents and youth, as well as an action plan for persons living with dementia will also support in ensuring actions to protect and promote the mental health of these vulnerable groups are as responsive and effective as possible. Furthermore, windows of opportunity remain critical to look out for to ensure mainstreaming of mental health in other sectors, as has been done so far. Additionally, the accumulated experiences of responding to emergencies such as the Syrians displaced humanitarian crisis, the COVID-19 pandemic and the Beirut Port explosions, present an opportunity to build on the lessons learned and strengthen MHPSS emergency preparedness.

When it comes to legislative reform, on one hand, passing the mental health comprehensive draft bill will be a key step to complete the work on addressing the legislative gaps in relation to regulation of involuntary hospitalization, governance and scale-up of community mental health services. Legislative reform for mental health, however, is highly dependent on the political situation in the country, as any legislative action. On the other hand, implementing legislative

reforms in other areas such as employment, social protection, poverty reduction, judicial systems, education, etc. is also critical to ensure the determinants of mental health are effectively addressed. This will require the engagement and commitment in other sectors beyond health and in the wider government.

In terms of financing of mental health services, there are disparities in the coverage of public funding mechanisms [MOPH, National Social Security Fund , Military and General Security Forces (GSF) or Cooperative for Civil Servants] where most of the hospitalization covered by these funds occurs in psychiatric institutions rather than general hospitals (74). Also, according to data from the MOPH and the GSF, more than 70% of their spending on mental health goes to inpatient care (75, 76). As for private insurance schemes, they do not explicitly cover mental health treatment (35, 74). Consequently, the burden of financing mental health services falls on out-of-pocket expenditure. However, outpatient mental health services are increasingly available at the PHC level as part of the efforts to increase the integration of mental health at this level of care. These services are for the most part subsidized by international organisations and provided free of charge or at minimal fee. Indeed, in terms of funding, in addition to the MOPH, the primary source of financial support for mental health services in Lebanon is external donor funding. While it has been relatively efficient in filling a significant gap, reliance on project-based donor funding for mental health hinders building programs that can help strengthen the mental health system, affecting sustainability. This reality necessitates advocacy efforts for the development of benefit packages and the integration of priority mental health conditions into insurance schemes. The costing of the comprehensive set of community mental health services that are needed in the country that is currently being finalized by the NMHP and WHO, including of basic packages for mental health care, is an opportunity to inform advocacy efforts for effective investment and adequate budgetary allocation for mental health.

2. At the level of reorganization of mental health services

Ensuring the integration of mental health within Universal Health Coverage (UHC) basic packages of essential services and financial protection schemes will be critical to close the mental health care gap as emphasized by WHO (47). The national packages of care that were developed for

priority mental health conditions, and that are currently being piloted, constitute an opportunity to move in this direction.

It is critical to build on the work done so far at this level to accelerate progress on the development of community-based mental health services, as increasing availability of services becomes a growing pressing need, especially in the context of the multiple crises adding stressors on the population. This includes scaling-up primary and secondary mental health care services as well as increasing the number of and geographical coverage of inpatient mental health care beds in general hospitals. The major challenge facing this priority action is the lack of financial resources, as well as the availability of competent/trained human resources for health and social care. Considering the economic crisis, the health system has been losing a critical mass of its workforce including psychiatrists and other mental health professionals due to the increasing migration and "brain drain". This severely impacts the provision and availability of mental health care services in Lebanon, including the scale-up of services. For instance, one of the reported challenges to open mental health wards in public general hospitals is the unavailability of human resources and more so those that are trained on mental health and who are willing to work in the public sector, as well as the unavailability of general health professionals that can be trained in mental health, such as nurses, due to the economic situation affecting the retention of skilled resources. Nonetheless, discussions have begun between the key stakeholders in the country to set up a roadmap to address this challenge, including to increase the availability and retention of mental health professionals, and to scale-up the capacity of other health care professionals in mental health where relevant.

Increasing community-based mental health services will be one of the critical strategies to achieve the deinstitutionalisation of mental health care. Other strategies include supporting long-stay residential institutions in shifting to community-based care and decreasing the number of inpatient beds in institutions. This process, as agreed amongst stakeholders, is a long and heavy one requiring system-related changes and the engagement of other sectors than the health sector including establishing supported housing, providing work opportunities, etc. This is particularly challenging in the current country context. However, the closing of several long-stay

residential facilities due to breaches of human rights as well as due to COVID-19 has created a momentum for accelerating deinstitutionalization.

Another obstacle limiting accessibility to mental health services are challenges linked to physical accessibility, either due to unavailability of services in certain areas, or due to increasing costs of transportation because of the economic crisis. There are multiple opportunities to address these gaps, including exploring the use of telehealth services as well as scaling-up "Step-By-Step", the national e-mental health guided self-help service that has proven to be effective in the treatment of depression and anxiety disorders.

The recent establishment of the Lebanese Order of Psychologists and the presence of a national society for Psychiatrists within the Order of Physicians constitute important opportunities for collaboration to strengthen these professions, and to address the gaps in qualified professionals, that is increasing with the current brain drain. It is also important to build on the progress made at the level of building local capacity in evidence-based therapy approaches and moving towards exploring how these trainings can be made available pre-service, in addition to in-service. Building the capacity of non-specialized frontline workers is also increasingly important to ensure timely identification of mental health needs and linkage to appropriate services. Working with frontline agencies such as security forces who may be present on-site when legally mandated during response to suicide attempts or other emergencies to increase capacity for effective support is also needed.

Emergency situations are another unpredictable challenge that can face the health system, including the mental health system. For instance, the COVID-19 and cholera outbreaks have impacted indirectly the provision of mental health care. One of the challenges, for example, to opening inpatient mental health units in the current context is the prioritization by hospital management of communicable disease outbreaks such as COVID-19 and cholera. The risk of such contextual variables arising needs to be mitigated for through emergency preparedness plans. These emergencies are also increasing stressors on human resources for health (HRH). Protecting the mental health of HRH is a critical need as part of any effort to maintain resilience of and strengthen the national health system.

3. At the level of scale-up of prevention and promotion

Prevention of mental ill-health and promotion of mental health starts with addressing the social and structural determinants of mental health. Action at this level would require a whole-of-government commitment and engagement in that direction as most of the determinants lie outside the health sector. The continued contribution of the health sector is nevertheless needed through advocacy and through integrating promotion and prevention efforts within health services where possible.

Increasing awareness on mental health and tackling misconceptions and stigma remains key to promote mental health as well as help-seeking and to reduce stigma-related barriers to care. Mass media communication on mental health increased in the past years through the national yearly campaigns that were implemented in collaboration with partners. The use of social media in communication on mental health also increased, benefiting from the presence of various organisations and influencers tackling it, as well as awareness-raising interventions in the community. Stakeholders pointed to an increased awareness in the population about mental health and to an increased realization of the impact of social and structural determinants on mental health. This may provide an opportunity for knowledge, attitude and behaviour change towards mental health.

A powerful platform that is important to capitalize on when it comes to promotion and prevention is the media. Engaging and partnering with media professionals is critical, as they constitute a key stakeholder that has an important role to play in promoting mental health. Expanding the work already initiated on building the capacities of media professionals in playing this role will be a priority. The motivation of many professionals and recognition of the importance of mental health among them is an opportunity. Nevertheless, given the complexity of the media world and the competing priorities and interests within this ecosystem, changing the systems through which media professional operate to enable systemic changes that can ensure effective reporting and portrayal of mental health in the media remains a challenge to be addressed.

Schools constitute another important platform for promotion and prevention, as they constitute both a place of opportunity and risk for mental health. The implementation of key evidence-based interventions at that level, such as school-based social and emotional learning programmes at a national scale is one of the most effective strategies (47). In addition, tackling risk factors for mental health within the school environment, such as addressing bullying, would ensure protective learning environment within the education sector. However, the design of any intervention will have to take into consideration the current challenges facing the education sector because of the economic crisis, which can make the implementation and scale-up of interventions in schools challenging.

Beyond the school, protecting and promoting the mental health of children and adolescents start at home, and enabling good parenting is a core intervention. Parenting support goes beyond parental training and interventions such as ensuring adequate paid maternity and paternity leaves, universally accessible quality day care, social protection (including insurance and income assistance), etc are essential. Addressing these structural determinants is critical yet challenging as it is also beyond the scope of the health sector alone. Advocacy and implementation of feasible evidence-based interventions to build support systems for good parenting are both needed.

The workplace constitutes another important platform for protecting and promoting mental health (47). Multiple risk factors to mental health can play out in the workplace. Many are increasing in the current economic context in the country that is putting a strain on workplaces, such as the sharp reduction in wages due to the inflation and currency devaluation, the impact of increased stress on interpersonal relationships, etc. This makes interventions to protect and promote mental health in the workplace all the more important, but also more difficult to implement. The increasing awareness around mental health in the workplace globally, as well as locally based on anecdotal reports, is however an opportunity to start implementing actions in this direction.

4. At the level of mental health information systems and research

Integration of mental health related indicators and monitoring tools within existing national health information system (HIS) is critical to ensure information related to mental health conditions is collected along with information for other health conditions. As a result, the challenges that are hindering the development of a national HIS, will also be faced when integrating mental health in this overarching system. The lack of unified patient ID, the limited interoperability between the different systems used, the non-standardization of indicators used by the different stakeholders, etc. are all examples of these challenges. Navigating these complexities will be challenging to address as the need for information remains critical to inform planning and policy development for mental health system strengthening. The availability of data is also important for surveillance, particularly for suicide. The absence of a national system to pool and analyse suicide-related data from the various authorities and stakeholders, the challenges in the death reporting system in general, as well as the stigma that often impacts the reporting of deaths by suicide by families and communities are among the factors that are limiting suicide surveillance.

Furthermore, when it comes to availability of information to inform policy development, there remains a need to set-up participatory mechanisms and tools to facilitate coordination of mental health research in the country to ensure tackling priority areas for the mental health system reform and ensure complementarity. The presence of local researchers and academic institutions and partnerships with global academic entities constitutes an opportunity if efforts are well concerted.

Mental Health Strategy 2023-2030

Vision

All people living in Lebanon will have the opportunity to enjoy the best possible mental health and wellbeing.

Mission

To ensure the development of a sustainable mental health system that guarantees the provision of and universal accessibility to high quality, integrated, people-centred mental health preventive and curative services, with an emphasis on recovery, human rights and alignment with scientific evidence.

Values

Dignity and respect: Any intervention should be delivered taking into consideration that every person has the right to be treated with dignity and respect and the right to self-determination. Services should be equally accessible and cater to the varied needs related to an individual's health status, gender, age, religion, sexual orientation, socio-economic status, legal status, geographic location, language, culture, and other personal attributes.

Participation and autonomy: Effective participation of stakeholders, including persons with lived experience, in the governance of the mental health system and in the design, planning and implementation of system-strengthening interventions should be sought. Mental health services should be planned and provided in partnership with the service users such that they enhance independence and self-sufficiency. Persons have the right to be in control of their recovery journeys and they should be supported to take personal responsibility for their own recovery journey to ensure that their unique goals, strengths, and needs are identified and acted upon.

Quality: Quality is to be prioritized for all system-strengthening interventions and across all levels of the mental health system, through building on evidence and best practices to ensure effectiveness, safety, people-centeredness, timeliness, equity, integration, and efficiency.

Accountability and integrity: Accountability to the public, individuals with mental disorders and psychosocial disabilities, and all institutional stakeholders impacted by the system's decisions and actions, should be promoted in line with international human rights conventions. Maintaining transparency, enhancing the provision of respectful and quality interventions and upholding the rights of service users and their families are key pillars to uphold these values.

Key principles for design and implementation of the strategy

- System-strengthening
- Evidence-based practices
- Universal health coverage and continuum of care
- Human rights-based
- Person-centred
- Innovation and technology
- Multisectoral collaboration
- Contextualization and cultural adaptation

Domains of action and goals

1. Leadership and governance	Strengthen and sustain effective leadership and governance for mental health
2. Community-based mental health services	Increase availability of acceptable, affordable, and accessible comprehensive, integrated, person-centred and responsive mental health services in community-based settings and decrease institution-based services
3. Promotion and prevention	Increase protective and promotive factors for mental health at the individual, social and structural levels
4. Information, evidence, and research	Increase availability of evidence-based knowledge to inform policy development and implementation for mental health to support system strengthening

Strategic objectives by domain of action

Domain of Action I: Leadership and governance

Goal: Strengthen and sustain effective leadership and governance for mental health.

Strategic objectives:

1.1 Governance mechanisms

1.1.1 Establish effective governance mechanisms and tools for the mental health system as per the draft mental health bill.

1.1.2 Establish mechanisms for increasing the engagement with and meaningful participation of persons with lived experience in the governance of the mental health system.

1.1.3 Support capacity-building of persons with lived experience on advocacy for mental health system strengthening.

1.1.4 Strengthen the national MHPSS Task Force as the coordination body for all actors working in MHPSS in Lebanon.

1.2 Policy development and advocacy

1.2.1 Mainstream mental health policies in other sectors where relevant (e.g., Social Protection, Education, Labor, etc.) and promote inter-sectorial collaboration.

1.1.2 Implement effective advocacy activities to support the implementation of all strategic objectives of the national mental health strategy and to address any arising issues related to mental health that require advocacy at the national level.

1.1.3 Develop and implement a national emergency preparedness plan for MHPSS and ensure its mainstreaming in other national emergency preparedness plans where relevant.

1.1.4 Strengthen the implementation of priority actions and advocacy for preventing and reducing the impact of harmful substance use.

1.1.5 Develop a national sub-strategy for the mental health of children, adolescents, and youth.

1.1.6 Develop a national action plan for the public health response to dementia.

1.1.7 Support the role of the relevant professional orders and syndicates (such as the Lebanese Psychiatric Society and Order of Psychologists) in regulating, organizing and advancing the professions related to mental health.

1.1.8 Advocate for the inclusion of disability related to mental health conditions within the classification of disability for health and social protection eligibility.

1.3 Financing

1.3.1 Conduct a comprehensive analysis of mental health expenditure in public funds in Lebanon to inform the reform of mental health financing.

1.3.2 Conduct a situation analysis on modalities to reorient governmental financial resources towards community-based mental health care.

1.3.3 Advocate for sufficient and sustainable financing for community-based mental health services by the various third-party payers and coverage schemes.

1.4 Legislation

1.4.1 Advocate for the adoption of the mental health comprehensive draft bill[2] and its implementation mechanisms.

1.4.2 Advocate for the adoption of a revised drug law that stipulates the decriminalization of illicit drug possession and personal use, in line with international treaties and public health principles.

1.4.3 Advocate for the amendment of article 232 of the Lebanese Penal Code to ensure persons who commit a crime and are identified to have a severe mental disorder are not incarcerated until cure (i.e. for life).

1.4.4 Propose amendments to the national legislation for a redefinition of fundamental legal concepts that pertain to human dignity and rights (such as legal capacity, protection of persons with lived experience, criminal liability, human dignity, mental disability, etc.), in line with international conventions and treaties.

Domain of Action II: Community-based mental health services

Goal: Increase availability of and accessibility to comprehensive, integrated, person-centred and responsive mental health services in community-based settings and decrease institution-based services.

Strategic objectives:

2.1 Service re-orientation and development

2.1.1 Work towards ensuring the financial sustainability and scale-up of the "Step-By-Step" e-mental health guided self-help service for adults with depression and anxiety disorders.

2.1.2 Explore the adequacy of the "Step-By-Step" e-mental health guided self-help service for youth.

2.1.3 Develop integrated community-based inter-linked primary and secondary mental health services (specialized and unspecialized) in line with the national model of care, within the PHC centres in the national MoPH network.

2.1.4 Pilot the linkage of schools to community mental health services.

[2] The draft bill tackles the protection of persons with mental disorders, the strengthening of governance for public mental health and the scale-up of community-based mental health services.

2.1.5 Increase availability and geographical accessibility of inpatient mental health services in general public hospitals in line with the WHO *QualityRights* standards and national guidelines through supporting these hospitals in opening inpatient mental health units[3].

2.1.6 Strengthen mental health emergency response capacity and liaison mental health care in general hospitals where new inpatient mental health units are established.

2.1.7 Work towards ensuring the financial sustainability of the National Lifeline 1564 for Emotional Support and Suicide Prevention.

2.1.8 Work towards the scale-up and financial sustainability of the piloted national response mechanism[4] to support persons going through a mental health emergency.

2.1.9 Assess all facilities providing inpatient mental health care for quality and human rights protection in line with the WHO *QualityRights* standards and with international treaties, conventions signed or ratified by the Government of Lebanon in addition to the national constitution and laws in place and support them in developing improvement plans.

2.1.10 Support long-stay mental health facilities in the implementation of de-institutionalization plans.

2.1.11 Conduct a feasibility study on establishing and sustaining community apartments for persons with severe mental disorders.

2.1.12 Integrate mental health services in health services in prisons where possible.

2.2 Availability of qualified Human Resources

2.2.1 Increase capacity of local mental health professionals on evidence-based therapy approaches (such as IPT and EMDR, etc.) through in-service training and integration of training within relevant university curricula.

2.2.2 Develop a national plan to address the shortage in psychiatrists due to migration.

2.2.3 Develop a national plan to increase the availability of psychiatric nurses.

2.2.4 Increase capacity of health and social care professionals on maternal mental health in line with the national *Guidelines for healthcare providers on maternal mental health*[5] through in-service training and integration of training in relevant university curricula.

2.2.5 Build the capacity of relevant non-specialized frontline workers operating in relevant sectors (such as the protection sector) on evidence-based mental health interventions to identify mental health conditions, and properly support and refer persons.

[3] These units should be linked to mental health services at the primary and secondary levels of mental health care with clear referral pathways in line with the national model of care.

[4] This mechanism includes mobile teams that support persons going through a mental health emergency at their location and ensure their accompaniment in the Lebanese Red Cross ambulance in case hospitalization is needed based on the assessment of the person's situation.

[5] Maternal Mental Health Guidelines For Healthcare Providers (moph.gov.lb)

2.2.6 Build the knowledge and capacity of relevant internal security forces frontliners on mental health and on providing support to persons experiencing a mental health emergency or attempting suicide.

2.2.7 Build capacity in mental health service development and organization through sustaining the established university diploma.

2.3 Availability and rational prescription of psychotropic medications

2.3.1 Ensure continuous availability of and accessibility to psychotropic medications in line with the national list.

2.3.2 Increase the capacity of psychiatrists practicing in Lebanon on the national *Guide for the rational prescription of medications for priority mental and neurological conditions for specialists in the public health system*[6] through in-service training and integration of training in relevant university curricula.

Domain of Action III: Promotion and prevention

Goal: Increase protective and promotive factors for mental health at the individual, social and structural levels

Strategic objectives:

3.1 Influencing the determinants of mental health

3.1.1 Advocate for addressing the social and structural determinants of mental health.

3.2 Building individual capital for mental health

3.2.1 Implement evidence-based prevention interventions[7] to build needed life skills and to support good parenting.

3.2.2 Promote knowledge, behavior and attitude changes related to mental health via annual national awareness campaigns.

3.2.3 Increase public awareness about mental health services available and how to access them.

[6] Psychotropic medications guide- FINAL- EN- 19 Sept 2018 (1).pdf (moph.gov.lb)

[7] These interventions are to be defined in the national sub-strategy on children and adolescents, to be developed under the framework of this national mental health strategy.

3.3 Supporting the creation of work environments that protect and promote mental health

3.3.1 Increase the number of workplaces that sign the National Charter for Mental Health in the Workplace.

3.3.1 Build the capacity of Human Resources managers and other relevant focal points in workplaces on mental health in the workplace[8].

3.3.2 Build workers' mental health literacy and skills in stress management[9].

3.4 Supporting the creation of enabling learning environments

3.4.1 Advocate for and support the implementation of evidence-based interventions to create protective learning environments[10].

3.5 Engaging and partnering with the media

3.5.1 Continue capacity-building of media professionals on the national guidelines for reporting on and portraying of mental health and substance use in the media through in-service training and through integration of training in relevant university curricula where possible.

3.5.2 Explore with the management of local media agencies the development of mental health sensitive editorial policies.

Domain of Action IV: Information, evidence, and research

Goal: Increase availability of evidence-based knowledge to inform policy development and implementation for mental health to support system strengthening.

Strategic objectives:

[8] In line with the WHO guidelines for mental health in the workplace, this training should aim to improve managers' knowledge, attitudes and behaviors for mental health and to enable them to know when and how to support team members who may require support related to mental health. It can also enable them to adjust job stressors in working conditions.

[9] In line with the WHO guidelines for mental health in the workplace, this training should aim to improve knowledge about mental health, reduce stigmatizing attitudes in trainees, and enable workers to appropriately support themselves or colleagues (e.g. through identifying the signs of emotional distress and taking appropriate action such as seeking or facilitating help).

[10] As per the WHO World Mental Health Report recommendations, this includes improving school culture and safety, Preschool education and enrichment programmes, Anti-bullying programmes, anti-racism and anti-sexism programmes, Peer support groups and mentoring programmes within schools, Health literacy in mental health for teachers. Interventions to be advocated for with relevant stakeholders or implemented may be further specified in the national sub-strategy on children and adolescents, to be developed under the framework of this national mental health strategy.

4.1 Information systems

4.1.1 Integrate a core set of mental health indicators within the national existing Health Information System at all levels of care (outpatient and inpatient).

4.1.2 Develop a national system for suicide monitoring and surveillance.

4.1.2 Ensure regular availability of an updated mapping of MHPSS services.

4.2 Research prioritization, regulation, and knowledge translation

4.2.1. Develop a national research agenda for mental health with the aim of informing policy making and service development.

4.2.2. Advocate for the uptake and implementation of the national mental health research agenda and the translation of research findings into policy actions and interventions.

4.2.3. Integrate mental health in relevant national needs assessments conducted when possible.

4.2.4. Develop a national mental health research network to support coordination between local researchers.

4.2.5. Maintain an updated repository of mental health research conducted or under implementation in Lebanon.

4.2.6. Sustain and reinforce the implementation of MoPH Circular 22 issued on 9/3/2018 related to research on mental health to ensure protection of vulnerable groups in line with ethical principles.

4.2.7. Develop national guidelines on conducting mental health research in line with highest ethical principles and human rights and MOPH circular number 22 and orient relevant stakeholders on them.

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