

MoM-North MHPSS TF-12

Date	Monday August 8	Venue	Restart Center
Time	10am to 11am	Minutes prepared by	Nour Kik

Organizations attending	Caritas, International Committee of the Red Cross, Handicap International, International Medical Corps, Medecins Sans Frontieres-Belgium, Medecins Sans Frontieres-Swiss, Ministry of Public Health, Restart Center, Save the Children International, UNHCR, and Utopia.
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Agenda

1. **Review of 2016 Action plan implementation**
2. **Brainstorming sessions for 2017 Action plan**
3. **General updates**

Discussion	Action / Decision / Suggestion
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1. **Review of 2016 Action plan implementation**

<ul style="list-style-type: none"> ➤ The status of the activities on the 2016 Action plan of the task force was reviewed. ➤ All activities are on track. <ul style="list-style-type: none"> - Develop a referral system for crisis management: Crisis management protocols developed; Series of trainings for front-liners completed; Protocols to be translated and disseminated; TOT under planning; Referral system working group identified challenges and key considerations and Hub system to be piloted in the Bekaa. - Maintain an online 4Ws: process of development initiated. Mapping exercise to be launched meanwhile. - Develop and report on key indicators on MHPSS community service utilization: List of indicators drafted and reviewed by the TF and currently under review by co-chairs. - Develop and implement a dissemination plan for staff care recommendation uptake based on assessment results: staff care assessment report under finalization - Develop a code of conduct for NGOs working in MHPSS: Code of conduct drafted and currently under review by professional associations. To be reviewed by TF before finalization. - Identify a range of salaries and benefits of MH professionals working in the humanitarian field: Salaries and benefits collected from TF organizations and analyzed. Exploratory study to be conducted to identify 	
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perceptions of psychologists and psychiatrists on work conditions in the humanitarian field.

- **Harmonize recruitment criteria for hiring MH professionals:** Model for recruitment criteria drafted and under review by WHO and by professional associations. To be reviewed by TF before finalization.
- **Scale-up MH trainings for ER staff in selected key hospitals:** Implementation in collaboration between MOPH, WHO, UNHCR and Restart Center. Training material was revised and ER staff in all public and private hospitals to be trained starting end of August.
- **Develop and implement a capacity-building plan for non-specialized staff:** PFA trainings conducted with 45 participants. Under planning: two-way capacity-building activities with CP and SGBV sectors.
- **Conduct IPT trainings and supervision for 20 participants**
Completed: TOT + S&S + Advanced TOT. Continuation of supervision until existing participants reach competency levels

2. Brainstorming sessions for 2017 Action plan

➤ **Challenges brought up by participants:**

- Absence of a referral system
- Securing transportation for crisis management
- Admission in psychiatric hospitals:
 - Very long waiting time for admission in Cross Hospital and no other hospital accepts admitting.
 - When displaced families cannot cover 10% that are not covered by UNHCR, patients are forced to stay in hospital.
 - Big problem as well for Lebanese who need to be admitted in hospitals and who cannot pay the extra 15% that is not covered by insurance.
- Only IMC offers services for Lebanese and they have a long waiting list.
- Very limited number of psychiatrists in the region and very expensive. In Tripoli, 2 to 3 psychiatrists; in Wadi Khaled, no psychiatrists.
- Limited mobility for those who are unregistered or who cannot afford transportation, particularly for displaced Syrians in Akkar area.
- Difficulty of accessing mental health services for disabled patients who are unable to leave their homes.
- Observation from field from Restart: Rates of mental health service utilization have decreased. In particular, displaced Syrians not as interested in receiving mental health services as before.
- Hospitals are not willing to receive patients for stabilization mainly due to the lack of medical staff able to look after the patient constantly. Aggressive patients are often discharged from hospitals right after stabilization and they the day after.
- Most hospitals in the North do not have psychiatrists and contact NGOs such as Restart asking for their psychiatrist to come to the hospital.
- Poor attendance of medical staff (GPs) at mhGAP trainings organized by NGOs and weak participation in support and supervision.
- In PHCCs, medication is not provided to patients on time.

➤ **Suggestions made by participants:**

- To hold a workshop with all stakeholders (including YMCA, PHCCs and hospitals) to discuss challenges related to referrals and develop the referral system.
- For crisis management, to develop a more advanced protocols than the crisis management protocols developed which is more detailed in terms of procedures for case management, referral, and which delineates clearly the responsibilities of concerned stakeholders (ex: who should transfer to the hospital).
- To establish mobile team that can offer mental health services in under-served areas and for persons who cannot access services.
- To conduct participatory assessments to assess needs and challenges of displaced populations.
- To conduct trainings for ISF and for Lebanese Red Cross on management of persons in crisis.

- A short online questionnaire will be circulated to further gather the feedback of all task

	<p>force members, including those who are unable to participate in the monthly meetings on the challenges and issues that need to be addressed in the coming year.</p>
<p>3. General Updates</p>	
<ul style="list-style-type: none"> ➤ Short MHPSS TF Performance evaluation questionnaire to be sent out by the end of the month. The questionnaire will be online and anonymous. 	<ul style="list-style-type: none"> ➤ The input of all TF members is highly needed for the continuous improvement of the MHPSS TF efficiency and effectiveness.
<ul style="list-style-type: none"> ➤ 4Ws (Who is doing What, Where and until When) mapping exercise to be launched this coming week. 	<ul style="list-style-type: none"> ➤ The active collaboration of all MHPSS TF member organisations is critical for a comprehensive and reflective mapping that is timely and useful for everyone.
<ul style="list-style-type: none"> ➤ MSF Belgium are offering mental health services in Akroum at the municipality (Monday and Tuesday). ➤ MSF services are continuing in Wadi Khaled. 	
<p>Next meeting: To be determined.</p>	