

MoM-Bekaa MHPSS TF

Date	26 th of June 2018	Venue	UNHCR Zahle
Time	12:00 to 13:00	Minutes prepared by	Alain Gebrayel
Organizations attending	International Medical Corps, MAGNA, Medair, Medecins du Monde, Ministry of Public Health, Relief International, UNHCR, World Vision		

Agenda

- 1. Presentation of MHPSS indicators for Quarter I**
- 2. Updates on MHPSS TF action plan implementation**
- 3. Discussion around key issues/arising challenges in implementation of MHPSS activities**
- 4. General Updates**

Discussion	Action / Decision / Suggestion
1. Presentation of MHPSS indicators for Quarter I	
<ul style="list-style-type: none"> ➤ The preliminary results of the MHPSS yearly indicators for year 2017 and monthly indicators for Quarter I were presented for feedback of the task force. ➤ Out of 23 actors who should report on a monthly basis on their mental health activities, 21 have reported in Q1. The 2 remaining actors will start reporting as of Q2 due to time lapse needed to adapt their internal data collection mechanisms. ➤ It was highlighted by some participants that they perceive higher dropout rates in persons with protection issues. ➤ There is a high rate of underreporting on indicators 6 and 7 related to psychiatric admission and follow-up after discharge from psychiatric inpatient care. It is critical for actors to establish ways to do this follow-up as all actors agree that this is an important indicator to monitor. ➤ A question was asked regarding measuring success rates of mental health interventions. ➤ It was clarified that the purpose of the indicators is to monitor MHPSS service utilization and some quality indicators. These are not outcome level indicators. A national mental health information system is under development by the MOPH which will include outcome level indicators at all levels of care. 	<p>Suggestions by MHPSS task force participants for consideration in the review of the indicators reporting form:</p> <ul style="list-style-type: none"> ➤ Mental health diagnosis to be segregated in a way to reflect Child Protection cases. ➤ It was suggested that some protection risks to be added to the vulnerabilities monitored (i.e: violence, detention, eviction...) ➤ It was suggested that “no need for treatment” to be dissected into the following categories: <ul style="list-style-type: none"> ○ Successfully discharged ○ No more symptoms ○ External factor ○ Travel ○ Financial issues

<ul style="list-style-type: none"> ➤ One participant raised a concern that there is no follow-up or shadowing happening in the Bekaa to the GPs that were trained on the mhGAP. 	<ul style="list-style-type: none"> ○ Protection issues ➤ It was clarified that support and supervision was being provided to centres in the MOPH network trained on the mhGAP by technical supervisors (psychologists and psychiatrists) from the ministry through the support and supervision unit in the National Mental Health Programme.
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2. Updates on MHPSS TF action plan implementation
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<p>Various MHPSS actors are supporting the implementation of different objectives in the action plan.</p> <p>Action points whose implementation has been initiated:</p> <ul style="list-style-type: none"> ➤ Development of self-care curriculum for frontliners (with support of Abaad) ➤ Capacity-building for protection staff on mental health (with support of IOM) ➤ Capacity-building on Psychological First Aid (PFA) and crisis management protocols (with support of FPS) ➤ Development of M&E tools for MHPSS programmes (with support of IMC) (under planning) ➤ Conduct a systematic needs assessment of the MHPSS response (under planning) <p>Action points pending funding to be secured for implementation:</p> <ul style="list-style-type: none"> ➤ Establish public psychiatric inpatient wards in North and/or South and/or Bekaa governorates ➤ Pilot a psychiatric emergency response mechanism 	<ul style="list-style-type: none"> ➤ MOPH will be forwarding by email today the invitations from FPS to the PFA training. ➤ Actors willing to support implementation of the action plan to coordinate with MOPH
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3. Discussion around key issues/arising challenges in implementation of MHPSS activities

<p>Main issues raised:</p> <ul style="list-style-type: none"> ➤ A participant raised a concern that the 4Ws in the Bekaa is missing which means that there is a gap to identify who works where and that some populations are left unattended. ➤ A participant also raised the limitation of PHC staff of participating in trainings because of prior needed approval of MOPH. It was emphasized that this is the official process of the MOPH for the PHC centres in its national network and it is important to ensure coordination of capacity-building 	<ul style="list-style-type: none"> ➤ It was reminded that there is a mapping of mental health services that is regularly updated. MOPH will be sending out the 4Ws sheet for every actor to update it soon New arising updates are preferred to be sent proactively to Nour or Alain from MOPH
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<p>interventions and alignment with national priorities.</p> <ul style="list-style-type: none"> ➤ Duplication of some services was raised and suggested that the Bekaa to be divided into Hubs as was done before. ➤ Hermel/Kaa area have PSS and psychotherapy services but no psychiatrist. People are finding difficulty commuting to Aarsal because of cost/legal documents/distance. 	<p>with every change in project/grant at the beginning of the preparation phase.</p> <ul style="list-style-type: none"> ➤ As per MOPH Circular 64 issued in June 2017, actors considering planning for new projects in the field of MHPSS should communicate and coordinate with the NMHP in the MOPH, from the conception phase, to avoid duplications and to ensure alignment with the national priorities.
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4. General Updates

<ul style="list-style-type: none"> ➤ In line with the national mental health strategy for Lebanon 2015-2020, the below key guidelines and resources are under development or under finalization: <ul style="list-style-type: none"> • National guidelines for rational prescription of medication • Media toolkit on responsible reporting and portrayal of mental health and substance use • Manual on evidence-based practices for mental health professionals working with persons from the LGBT community ➤ One participant asked if there is a Mental Health Committee for research only that was recently formed. 	<ul style="list-style-type: none"> ➤ There is no such committee. A circular (number 22) was issued by the Ministry which regards research in Mental Health or Substance Use in Lebanon. Every research done in Mental Health and Psychosocial Support involving displaced or refugee populations must take prior official approval from the MOPH. All requirements are highlighted in the circular: <ul style="list-style-type: none"> Link in Arabic Link in English
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Next meeting: Tuesday July 24 at 12pm in UNHCR Zahleh

