



Central MoM-MHPSS TF

Date	12 th of February	Venue	Lebanese University Central Administration - WHO (-1) Conference Room
Time	2:00pm to 3:00pm	Minutes prepared by	Alain Gebrayel (MOPH-National Mental Health Programme) and Hiba al Halabi (MOPH-Intern)
Organizations attending	Abaad, Caritas Lebanon, Dorcas Tabitha, EMDR Lebanon, Focus Fund at AUBMC, Fundación Promoción Social de la Cultura (FPS), HelpAge International, Humanity and Inclusion (Formerly known as Handicap International), International Committee of the Red Cross, International Medical Corps, International Organization for Migration (IOM), Makhzoumi Foundation, Medecins Du Monde, Medecins Sans Frontieres – Belgium, Ministry of Public Health – National Mental Health Programme, Ministry of Social Affairs, Relief International, SIDC/Escale, UNHCR, UNRWA		

Agenda

1. MHPSS TF Action Plan 2019 Implementation Scheduling
2. Discussions around Challenges Related to Triage for Referral to Psychiatric Admission
3. Updates on Information Management Systems, MHPSS and 4Ws
4. Any Other Business

Discussion	Action / Decision / Suggestion
1. MHPSS TF Action Plan 2019 Implementation Scheduling	
The MHPSS TF 2019 Final action plan developed by the task force includes the following actions: <ol style="list-style-type: none">1. Develop criteria for triage of persons to be admitted for psychiatric admission.2. Roll-out self-care training for frontliners.3. Develop staff care policy for NGOs.4. Harmonize compensation of mental health professionals across organisations.5. Create consensus among actors on a model for technical support and supervision for mental health in organisations.	The below numbered decisions correspond to the action plan objectives on the left: <ol style="list-style-type: none">1. Objective to be implemented in Q1. First step will be focused discussions on challenges related to triage for referral to psychiatric admission with organizations during the MHPSS TF meeting. After that interviews will be conducted with psychiatrists working in referring organisations about the challenges faced. Based on the situation analysis, criteria will be drafted and reviewed by the MHPSS TF. They will then be piloted.



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| <ol style="list-style-type: none">6. Harmonize clinical files across organisations.7. Establish mental health emergency response mechanism.8. Scale-up capacity-building for emotional crisis management among frontliners.9. Increase substance use response services in North and South.10. Develop shelters/supported housing for persons with mental disorders.11. Integrate the standardized M&E tools developed in MHPSS programmes and ensure monitoring system.12. Increase services for children with special needs in remote and rural areas.13. Develop guidelines for evidence-based quality MHPSS services for children. | <ol style="list-style-type: none">2. Implementation has begun (Q1), the plan for roll-out of the trainings is under development. Trainings are based on the national self-care training manual for frontliners developed in 2018 by MOPH and Abaad in line with the 2018 Action Plan of the Task Force.3. Funding has been secured for this objective. Implementation will begin in Quarter 2.4. The process will start in Q2 with an online anonymous survey to clinical psychologists working in organizations to get their feedback on what they find reasonable in terms of ranges and benefits. Organizations will also be asked to send their salary scale and benefits package if possible.5. Implementation will begin in Q46. Q4. A standardized clinical file template for the Community Mental Health Centers is currently under development. Building on that, a template will be developed for mental health service providing organizations.7. Funding needed. The national mental health programme is starting discussion with the Lebanese Red Cross on this objective. All those who wish to support in this objective can meet with the programme bilaterally to discuss how to move forward.8. Budget is secured for 2019 with FPS and further trainings will be given. In 2018, 5 groups of frontliners were trained in Beirut and all governates in Lebanon.9. For the North funding is secured as part of project with Skoun and Medecins Du Monde funded by Agence Française de Développement in line with the national |
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	<p>mental health and substance use strategy for Lebanon. Implementation will begin towards the end of 2019. Funding is needed for the South.</p> <p>10. This objective has no funding. All those who wish to support in this objective can meet with the programme bilaterally to discuss how to move forward.</p> <p>11. Q1. This project is funded by IMC. We are currently in the process of hiring a consultant to develop with the task force in a participatory process the M&E tools.</p> <p>Coordination has started with the PSS committee to join efforts around PSS and set out a joint action plan. The three 11, 12 and 13 set by the MHPSS TF will be part of the joint action plan.</p>
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2. Discussions around Challenges Related to Triage for Referral to Psychiatric Admission

- The objective of “Developing criteria for triage of persons to be admitted for psychiatric admission.” In the 2019 MHPSS TF action plan came from the challenge raised that there are long waiting lists for referral to admission to inpatient psychiatric care and thus the need to have triage criteria to prioritize cases. In preparation for the development of the criteria, a focused discussion was held during the MHPSS TF meeting on the following questions to probe on the matter:

Knowing that there are challenges concerning bed availability, time for admission and mobility/transportation:

- What are the specific operational challenges you face related to triage?
- Have you done anything to face these challenges?
- What worked and what did not work?
- What are the lessons learned?
- Do you have any suggestions?

UNHCR:

- There is a long queue for persons at risk of suicide who need inpatient care. Criteria for scoring of level of risk are needed to prioritize the cases.
- Till now, referral to inpatient care is based on “first-come-first serve” basis.
- There is a need for a more detailed medical report from the referring psychiatrists in NGOs to inform prioritization by UNHCR.
- A psychiatric reassessment should be done to persons who have been waiting for more than a week for admission to check if inpatient care is still needed.



Other challenges in relation to hospitalization that were raised by actors and that are not related to triage but to the challenge of securing hospital bed for persons in need of hospitalization:

UNHCR

- Some persons remain hospitalized for very long period and can instead be placed in supported housing in the community if available, which would free up space for acute cases.
- For survivors of sexual and gender-based violence who are admitted for inpatient mental health care, they may occupy beds in inpatient care longer because there are legal issues that must be dealt with in parallel.
- Hopital de la Croix does not admit persons if they have comorbid disorders.
- It was clarified that the waiting time to get a confirmation of coverage from UNHCR for displaced persons is 24 hours. Then there is usually a queue of a few days to get the confirmation of Nextcare.

MSF:

- There are cases that are acute and that cannot wait a few days for admission.

Focus Fund at AUBMC:

- Standardized tools for admission across hospitals are needed to avoid full re-assessment of the person multiple times if goes to different hospitals within certain limited period.
- Places for inpatient mental health care for children and adolescents are limited.

Other challenge raised by several participants:

- Persons referred to substance use disorders treatments are not covered by UNHCR.
- When admitting persons to hospitals, family members or legal guardians must sign on their behalf to be able to be admitted. Family members often refuse or are not present to sign. NGOs are not allowed to sign on behalf of caregivers.

- Establishing supported housing for persons with severe mental disorders was set as a priority in the MHPSS TF action plan for 2019. Funding needs to be secured for implementation and organisations interested in establishing this can contact the National Mental Health Programme.
- UNHCR specified that only overdose response service in emergency departments are covered.
- The new mental health law that was drafted and is currently being studied for approval in the parliament provides, among other things, a framework regulating forced hospitalization.
- One medical staff per shift in all hospitals in Lebanon have been trained on psychiatric emergencies by the Ministry of Public Health – National Mental Health Programme. Advanced trainings for all the ER staff of a selected pool of hospitals in all governorates was conducted. The next phase will include tailored comprehensive capacity-building of these selected pool of hospitals.



- Some persons who pose a danger to themselves or others should be admitted to a hospital but refuse to do so and there is no law to admit them involuntarily.

Other:

- ER staff are not always qualified to manage mental health emergencies.

3. Updates on Information Management Systems, MHPSS and 4Ws

- 4Ws Online Platform:
 - 40 organizations registered
 - 24 active organizations
 - 175 activities published until February 12th
- MHPSS Monthly Indicators:
 - 26 organizations registered
 - 18 organizations reported in January

- Kind reminder that the deadline to submit the online monthly report for January is on the 15th of February. **System would close after that!**

- Whenever you are done reviewing or reporting on the MHPSS indicators, do not forget to send to facility director

Kindly request a meeting with us for a walkthrough of any of the mentioned platforms. Any challenges? Questions? Please contact: Alain Gebrayel - gebrayel.alain@gmail.com

4. Any Other Business

- **MOPH Director General Circular No. 60, Issued on 20/06/2018 related to rational prescription of medication for priority mental and neurological conditions: [Arabic Link](#) – [English Link](#)**
 - The National Mental Health Programme developed tools for prescription of medication for priority mental health and neurological conditions. The tools are the following:
 - National list of psychotropic and neurological medications for humanitarian response
 - Guide for the rational prescription of medications for priority mental and neurological conditions for specialists in the public health system” which will be updated on a regular basis.

- **The MOPH urges all organizations, community mental health centers, primary health care centers and hospitals to comply with these tools at the outpatient level.**



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| <ul style="list-style-type: none">➤ ABAAD presented the concept of a research study they are planning to conduct in collaboration with the Global Women's Institute – The George Washington University that aims to document the link between GBV and mental health in Lebanon. ABAAD wanted to seek the feedback of the task force on the data collection tools.➤ The proposal was shared with and will be reviewed by the MOPH-National Mental Health Programme for MOPH approval in line with MOPH-Director general circular 22 related to the regulation of research related to MHPSS and Substance Use in Lebanon:
English Link/Arabic Link | <ul style="list-style-type: none">➤ As per task force meeting participants' request, ABAAD will be sharing a brief about the study and the data collection tools for feedback of the task force by email. |
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Next meeting: (12th of March from 2:00pm to 3:00pm, WHO Conference Room)