

MoM-MHPSS-TF-North-10

Date	Wednesday June 8, 2016	Venue	RESTART Center
Time	11:30am-12:30pm	Minutes prepared by	Farah Kerdy
Organizations attending	Caritas, Handicap International, Heartland Alliance International, International Medical Corps, Medecins Sans Frontieres, Ministry of Public Health, Restart Center, UNHCR, UNICEF, UTOPIA		

Agenda

1. Consultation on crisis management protocols
2. Presentation on the Inter-Personal Psychotherapy Project
3. General updates

Discussion	Action / Decision / Suggestion
1. Consultation on crisis management protocols	
<ul style="list-style-type: none"> ➤ The latest draft of the crisis management “Frontliner protocol” was presented. ➤ The frontliner protocol is meant to be used by any staff member in the field, regardless of educational background, to provide them with assistance on how best to aid a person in crisis. ➤ Two additional protocols have been developed to be used by those in the health-related professions: the Professional Agitation Protocol and the Professional Suicide and Self-Harm Protocol. ➤ The following feedback was gathered on the frontliner protocol: <ul style="list-style-type: none"> - In the demographic information section, to consider adding questions related to: <ul style="list-style-type: none"> ○ Pre-existing conditions or medication use (as what they are experiencing may be due to a medication side effect) ○ Nationality ○ Registration number (in case the person is Syrian) ○ Health coverage/insurance - To add general gender-sensitive recommendations such as: “If you are a man interviewing a woman, leave the door open” - To move the SOHHA box to the end because it crowds the flowchart and it contains general principles - For the section on “Make note of the person’s appearance”: to consider including a box where the front-liner can tick the relevant feature. - To add additional probes for depression (such as on sleep, etc.) in the section related to current situation. - To develop a simplified brochure that can be used by field workers during emergency settings - 2 and 3 should not be interchangeable: the default should be to begin with the medical screening first always; unless not possible for the situation then 	

<p>only, exceptionally begin with addressing agitation/distress.</p> <ul style="list-style-type: none"> - For exit point 1, to try to ensure immediate transportation, suggestion to add: Contact LRC to secure immediate transportation. - To consider simplifying through putting only keywords, since front-liners will be using the tool in a situation of crisis, it is best to try to reduce the length of the guidelines through putting keywords only that can remind them of the related actions to do. - To consider tailoring the trainings on the protocols to the field (through role plays for example) - To include tips and/or the names of actors involved in the exist point of medical conditions (i.e. LRC, ask a family member to accompany the patient to the ER, etc.). - To engage the Lebanese Red Cross and the Internal Security Forces. 	
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2. Presentation on the Inter-Personal Psychotherapy Projec

<ul style="list-style-type: none"> ➤ Action 10 on the MHPSS TF Action plan 2016, in line with the recommendations of the 4Ws report 2015: Conduct Inter-Personal Psychotherapy (IPT) trainings and supervision for 20 participants selected from TF organizations, universities and scientific societies ➤ The implementation of this project was supported by IMC as a partner of the NMHP and was implemented in collaboration with Columbia University ➤ Goal: building national capacity in IPT, adapted in content and delivery methods to increase local relevance for CMDs in persons affected by the Syrian crisis in Lebanon. ➤ A comprehensive implementation approach to capacity building was adopted, whereby: <ul style="list-style-type: none"> • Project trainees included future IPT providers (N=10) as well as more senior clinicians who will be the future IPT trainers (N=11) • These participants were selected based on specific qualification criteria developed by the NMHP, Columbia University trainers and IMC. ➤ The training was divided into 3 phases: <ol style="list-style-type: none"> 1. Training of trainers to reach competency levels as IPT providers. 2. Supervision phase: 3. Advanced training of trainers on intensive IPT skills and clinical management skills. ➤ Future steps: <ul style="list-style-type: none"> • Continuation of supervision until existing participants reach competency levels 	<ul style="list-style-type: none"> ➤ To share with the task force more a summary on what is IPT
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- Securing funds for the future phases - train additional 30 providers involved in the response in the Syrian crisis, which will also give the future trainers from this project the chance to learn to conduct supervision and training.

3. General Updates

- The MOPH in collaboration with the World Health Organization conducted a series of training workshops in May and June 2016 in Beirut on the mental health Gap Action Programme (mhGAP).
- The mhGAP- intervention guide is a tool developed by WHO for non-specialized staff to deliver mental health interventions.
- The focus this year is on the PHC centres that are part of the MOPH Emergency Public Health Restoration Project and the training is divided in two phases of 3-day training each, separated by on-site support and supervision.
- A total of 44 centres, spread over Mount Lebanon, the South, and the North, took part of the first phase of training, with a total of 85 staff, namely medical doctors, nurses, and social workers.
- After receiving the training, the facilities will be visited by MOPH supervisors, with the support of the International Medical Corps, as part of the onsite support and supervision in order to strengthen the skills learnt in the training and monitor the quality of care as well as assist in any problem faced.

- MSF-Begium will be suspending their mental health services from Makassed Hospital by the end of July 2016 (and the trauma center by the end of June) and will be opening mental health services in a different center in Wadi Khaled (location still under study) and maybe later on in other areas in Akkar.

- Caritas Migrant are recruiting a psychiatrist who will be present at their center (based in Dam W Farez area) twice a month to provide psychiatric services (medication will be provided free of charge).
Target beneficiaries: refugees
- Caritas are continuing group and individual therapy sessions
- Caritas are making referrals for psychomotor and speech therapy

- UNICEF:
 - Gap assessment revealed that there are very few services for disabled refugees
 - In response to this gap, a pilot project is being implemented to provide access to education (integration in schools) for 35 refugee children with disability (mental or physical) (including homework support, children training and parent training)
 - UNICEF are also looking for a national NGO to partner with for piloting a “Big sister, big brother” programme

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| <p>➤ Kind reminder for organizations which haven't done so yet to fill the capacity building form shared with the task force and to share the code of conduct, recruitment criteria and benefit packages that are used for hiring mental health professionals.</p> | |
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<p>Next meeting: To be determined in accordance with the EID holiday.</p>
