Lebanese Republic
Ministry of Public Health
National Mental Health Programme

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World Health
Organization
Lebanon

National Multisectoral Mental Health and Psychosocial Support Emergency Response Plan for the Current Escalation of the War on Lebanon

For more information or feedback, kindly contact:

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Partners

Ministries

- Ministry of Communication
- Ministry of Social Affair
- Ministry of Education and Higher Education

Academia and/or health care institutions

- American University of Beirut (AUB)
- Balamand University
- Cambridge University
- Islamic Health Society
- Lebanese University Task Force
- Université Saint-Joseph (USJ)

United Nations agencies

- International Organization for Migration (IOM)
- United Nations Children's Fund (UNICEF)
- United Nations High Commissioner for Refugees (UNHCR)
- United Nations Population Fund (UNFPA)
- United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA)
- UN World Food Programme (WFP)
- World Health Organization (WHO)

Orders, Syndicates and Scientific societies

- Lebanese Psychiatric Society (LPS)
- Order of Midwives
- Order of Nurses
- Order of Physiotherapists (LOPT)
- Order of Psychologists (LOPsy)
- Social Workers' Syndicate in Lebanon (SWSLB)

Local non-governmental and civil society organizations

- Abaad Mena
- Ahlouna
- Ajem Lebanon
- Al-Fayhaa Association
- Al Jana/ The Arab Resource Center for Popular Arts (ARCPA)
- Amel Association
- Anera Lebanon
- Association Najdeh
- Cénacle de La Lumière (CDLL)
- Centre Libanais des Droits Humains (CLDH)
- Community Based Rehabilitation Association (CBRA-Lebanon)
- Dar Al Aytam
- Development for people and nature
- Ecil Center
- Embrace Lebanon
- Himaya
- Himaya Daeem Aataa (HAD)
- Imam Sadr Foundation
- Insan Association
- Institute for Development, Research, Advocacy and Applied Care (IDRAAC)
- Junior Chamber International (JCI Lebanon)
- Justice for Mental Health
- Kafa
- Lebanese Center for Civic Education (LCCE)
- Lebanese Red Cross
- Lebanese Welfare Association for the Handicapped (LWAH)
- LebRelief
- Maarouf Saad Social and Cultural Foundation (MSSCF)
- Makhzoumi Foundation
- Migration Services and Development (MSD)

- Movement Social
- Multi Aid Programs
- Nabad Association
- Nusroto Al Anashid Association (Nusroto)
- Oum El Nour
- Red Oak
- René Moawad Foundation (RMF)
- Reset Clinics (Social Reset)
- Restart Center
- Safadi Foundation
- SAWA group
- Shield Association
- Skoun Substance Use Treatment Center (Skoun)
- Society for Inclusion and Development in Communities and Care for All (SIDC)
- Solidarity Association For Social and Cultural Development
- Tadamon
- Tafaol Association
- The Civil Counsel Against Addiction (CCAA)
- The Lebanese Women Democratic Gathering (RDFL Women)
- The National Institution of Social Care and Vocational Training (NISCVT)/ Beit Atfal Assumoud
- Together Beirut
- Union of Relief and Development Association (URDA)
- United for a Better Tomorrow (UFBT)
- YMCA Lebanon

International non-governmental organizations and foreign governmental development agencies

- Aida Ayuda Intercambio
- Association Soeur Emmanuelle (Asmae)
- Caritas Lebanon
- Chaine de l'espoir
- Concern Worldwide
- Danish Refugee Council (DRC)

- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)
- Expertise France
- FHI 360 (formerly Family Health International)
- General Union of Palestinian Women
- German Agency for International Cooperation
- German Red Cross (DRK)
- Help Age International
- Humanity & Inclusion - Handicap International
- Humedica
- Institut Européen de Coopération et de Développement (IECD)
- International Alert
- International Committee of the Red Cross (ICRC)
- International Medical Corps (IMC)
- International Network for Aid, Relief & Assistance (Inara)
- International Orthodox Christian Charities (IOCC)
- International Rescue Committee (IRC)
- Intersos
- Jésuites Refuge Service (JRS Lebanon)
- La Guilde
- MAGNA
- Medair
- Médecins du Monde (MDM)
- Médecins Sans Frontières (MSF)
- Mentor Arabia
- Mind Mend
- Near East Foundation
- Ordre De Malte Liban
- Plan International
- Première Urgence Internationale
- Première Urgence Internationale (PUI)
- Relief International
- Røde Kors - Norwegian Red Cross

For information and coordination, please contact the National Mental Health Programme at: mh.moph@nmhp-lb.com

- Save the Children International
- Secours Islamique France (SIF)
- Service Civil International (SCI)
- Syrian American Medical Society (Sams USA)
- Tabitha Dorcas
- Terre des Hommes (TDH)
- The Association of Volunteers in International Service (AVSI)
- War Child
- Women and Health Alliance (WAHA) International
- World Vision International

The escalation of the aggression on Lebanon is creating severe consequences on many fronts: internal displacement, loss of homes and livelihoods, loss of life, injuries and disabilities, etc. Repercussions at the level of mental health are considerable and risk exponentially increasing without an immediate ceasefire.

On September 23rd, 2024, and after almost a year of continuous aggression on Lebanon's south villages, Beirut's southern suburbs were bombed by Israel in a series of the most violent airstrikes since the 2006 war. Since then, the Ministry of Public Health (MoPH) recorded more than 3,200 casualties (including direct attacks at healthcare workers) and more than 14,000 injured persons. The airstrikes caused the displacement of over 1 million persons, the largest number of IDPS since the civil war. This situation of extreme adversity is causing all people in Lebanon to live in fear, grief and uncertainty and consequently their mental health is deteriorating.

To address this, the National Intersectoral MHPSS Emergency Preparedness and Response Action Plan was developed, in line with IASC guidelines. It aims at safeguarding the immediate mental health needs of persons and communities residing in Lebanon and it outlines key areas for urgent intervention and resource allocation, setting the stage for a comprehensive response to the acute-phase of the current emergency. It has been developed by the MHPSS TF co-chairs: NMHP, WHO and UNICEF in collaboration with local and international NGOs, sector leads in the humanitarian system, professional bodies and orders, etc. The list of the different partners will be finalized and added soon.

Below are the main domains of action:

- Coordination and advocacy
- Capacity building
- General awareness-raising and dissemination of key information
- Continuity and accessibility to mental health and psychosocial support, and substance use response services for all persons, including IDPs and host communities
- Staff care and mental health support for frontliners

Annex I presents the action points by target group.

Aim

To respond effectively to the urgent mental health and psychosocial needs of all persons (including children, adolescents, women, men and older adults) living in Lebanon affected by the aggression and war in line with the below principles.

Principles

Core principles for MHPSS response in emergencies (IASC guidelines)	Effective coordination	Building Back Better sustainable mental health care after emergencies
- Human rights, protection, and equity - Participation - Do no harm - Building on available resources and capacities - Integrated services and multi-layered support systems - Impartiality and non-discrimination against nationality, religion, gender, or other - Accountability. - Gender, age, vulnerability and culturally sensitive	- Partnership and participation - Maximizing timely and effective responsiveness to the need - Engaging all stakeholders including local communities and persons with lived experience - Ensuring complementarity and avoiding duplication	- Ensuring support for the mental health reform and the mission of building a sustainable mental health system accessible for all persons living in Lebanon

I.   Coordination and advocacy

1. **Update the MHPSS services mapping** on the online national mapping platform[1] or through alternative channels.

2. **Map resources and capacities** under the MHPSS TF (e.g. PFA trainers, SH+ trainers, etc.) for proper coordination of the response.

3. **Disseminate periodic updates on available mental health services per governorate** to MHPSS Task Force Members and relevant sectors (i.e. health, GBV, CP...), to account for security changes and subsequent impact on service provision.

4. **Develop a comprehensive multi-sectoral MHPSS guidance note for the current emergency in Lebanon.**

5. **Develop a roster of volunteering psychiatrists, psychologists and social workers** who can be mobilized for the emergency response as needed.

6. **Coordinate activities, needs assessments, and resource allocation** by all actors in MHPSS **across working groups and thematic areas** (protection, health, livelihood, education, PSS committee, shelter, etc.) and ministries (MEHE, MoSA, etc.) through the nationally established channels.

7. **Mainstream MHPSS in other relevant sectors'** response plans, standard operating procedures, guidelines and needs assessments.

8. Coordinate with Protection actors to **ensure the contact of unattended children and adolescents with mental health services.**

9. **Advocate for and emphasize the importance of:**

- Equitable access to safe shelter for all populations, regardless of nationality.

- Ensuring adequate living conditions for IDPs in shelters.

- Promoting adequate nutrition and sleep for IDPs in shelters, with a particular emphasis on children, adolescents, and pregnant women.

- Increasing disability-friendliness of shelters.

- Effectively supporting unattended children and adolescents.

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[1] MHIS (nmhp-lb.com)

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- The protection of IDPs, including children, adolescents, persons with disabilities, migrant workers, and refugees, from violence, abuse, stigma and discrimination.

- Equitable access to healthcare services (including treatment of chronic conditions, antenatal and childbirth care, as well as essential care and healthy nutrition, including early initiation and continued breastfeeding, appropriate complementary feeding and micronutrient supplementation for mother and child as needed).

II.   Capacity-building

1. **Scale-up trainings on psychological first aid for all frontliners and first aid responders** in all relevant sectors (i.e. shelter, health, protection, etc.) who are mobilized for response in the current emergency, including community focal persons and frontliners supporting IDPs in the different stages of displacement, search and rescue teams, host communities, frontliners operating in shelters and mobilized primary healthcare centers and their satellite units, and hospitals.

2. Build capacity of relevant community focal persons dealing with IDPs and frontliners operating in **shelters, primary healthcare centers (and their satellite units) and in protection**, on the **identification of mental health red flags and safe referral**.

3. **Continuing the provision of trainings on evidence-based interventions for frontliners** (SH+, PM+, etc.) within the programs of the national MHPSS TF actors.

4. Train **MOPH hotline operators** and other relevant hotline operators on **phone-based psychological first aid principles** and **how to orient persons to mental health care.**

5. **Train psychologists, psychiatrists, and social workers on the principles of supporting specific populations[2].**

6. **Train health care providers at the hospital level -especially at ICU and ER- on mental health in the context of emergencies.**

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[2] PFA, common reactions after a traumatic event, basic do's and don'ts, breaking bad news, ways to reduce grief and pain

7. Provide **tips for health care professionals treating injuries on how to break bad news** to the families of the casualties and the injured and regarding the state of injury, in an age-sensitive manner.

III.   General awareness-raising and dissemination of key information

1. **Promote access to general information** that affected persons might need such as information related to basic needs, health (physical and mental health) and protection services[3].

2. **Integrate information about MHPSS services in all relevant information points across sectors** (i.e. websites, leaflets, posters, emails to information center operators, etc.).

3. **Raise awareness among the population** about common symptoms of distress in response to adversity in both adults and children, mental health red flags, available mental health services and resources, and self-help (or self-care tips for managing these symptoms).

4. **Disseminate tips and guidelines for journalists and media reporters** on ethical coverage following a traumatic event, on child protection, on ways to engage with displaced persons, families of persons lost or missing and the wounded, and on how to orient towards available mental health services and resources.

5. **Establish a dedicated pool of sensitized and trained media reporters**, who would advocate for the principles and guidelines for ethical reporting within their respective media channels.

6. Promote knowledge on the **available national mental health resources, remote services and hotlines** (National Lifeline, Step-By-Step service, and other actors' hotlines) through all available channels.

7. Increase **knowledge of relevant municipality personnel and shelter focal persons** on the **principles of psychological first aid** and on the **available mental health services and resources to orient persons to when needed.**

8. Raise awareness of families of casualties, missing persons, injured persons, as well as parents/caregivers of injured **children** and adolescents, on **when and how to access mental health services** if needed.

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[3] This will be achieved through various channels, including social media campaigns, IEC materials, equipping frontline workers with knowledge on available resources, and distributing flyers to community focal points in shelters and other key locations.

9. Increase **knowledge and skills of parents and schoolteachers** on **how to respond to their children's expected manifestations of distress**, how to support them in protective and effective ways, and on available mental health services and resources for them and for their children in case needed.

10. Raise awareness of IDPs and host communities, including **parents and other caregivers (including pregnant women and new parents)** on normal reactions to the adversities experienced, the importance of seeking mental health care when needed, when to seek care, and where to access it, and how to try to support each other emotionally.

IV. Continuity of and accessibility to mental health and psychosocial support, and substance use response services for all persons, including IDPs and host communities

1. **Support the ongoing implementation of the contingency plan** for the **national hotline** for emotional support and suicide prevention 1564, for continuity of services.

2. **Support the ongoing implementation of the contingency plan** for the **national e-mental health service** "Step by Step" to ensure continuity of services.

3. I**ncrease availability of mental health services** at PHC and PSU levels.

4. **Secure and monitor the stocks of oral and injectable psychotropic medication** distributed to primary health care centers and in-patient mental health units to prevent their shortage.

5. **Address the current reported shortage of psychotropic medication administered via injection** in inpatient and outpatient mental health units.

6. **Develop and implement a contingency plan for the accessibility to OST treatment** for persons currently receiving it to prevent abrupt discontinuation.

7. **Coordinate with long-stay mental health care facilities** that are in higher-risk areas to ensure they have a contingency plan to safeguard stocks of food, non-food items, water, medication, and an evacuation plan.

8. **Finalize and disseminate the guidelines** for mental health professionals on the provision of remote mental health support.

9. Develop **a mechanism and guidance for online mental health consultations and psychotropic medication dispensing when prescribed for IDPs and host populations who do not have geographical access** to the specialized mental health services in the PHC network.

10. **Explore and facilitate referral and coverage options for vulnerable IDPs and host populations requiring psychiatric hospitalization**.

11. Provide **Parenting Support programs[4] for caregivers among the IDPs and host populations** on normal manifestations of distress in children and adolescents, on their emotional needs in displacement, on how to create and maintain some form of routine and normalcy, on how to try to respond to these needs and on how to identify mental health red flags.

12. Promote **spaces and opportunities for adolescents in shelters** to interact and build relationships with peers.

13. Identify and implement **most impactful and relevant community-based psychosocial interventions in and outside of shelters targeting children, adolescents[5], and their caregivers,** including interventions that can contribute to addressing post-traumatic stress in unharmful and evidence-based ways.

14. Identify **evidence-based, feasible and culturally accepted interventions[6] that may support the elderly in shelters** amidst the difficulty of coping with what they are going through.

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[4] [Caregivers Guidelines within the Emergency Prepardness Plan](#)
[5] Based on [Guidelines for Provision of Psychosocial Support for Children](#)
[6] Support groups may be considered.

V.   Staff care and mental health support for frontliners

1. Ensure that **frontliners operating in relief and emergency response, hospitals, PHCs and their satellite units, shelters and national emergency hotlines** are aware of **symptoms of burnout and compassion fatigue and self-care strategies** they can use, including mental health resources and services available.

2. Raise awareness of **media professionals, journalists and schoolteachers** on **self-care strategies** they can use, including mental health resources and services available.

3. Follow-up on the **wellbeing of the operators of the National Lifeline and Step-By-Step service** and implement **staff care interventions** as needed.

4. Ensure **mental health support for frontliners through support groups and individual support sessions** if needed.

5. Ensure the **availability and accessibility of remote self-care interventions targeting frontliners** (self-help+ podcast, SbS, etc.).

Annex I. Action points by target group

Target group	Sub-group	Mental health related needs	Actions
Internally Displaced Populations (IDPs)	All IDPs	● Support to be provided to them in a dignified way ● Adequate living conditions ● Adequate nutrition ● Protection from violence and abuse ● Protection from stigma and discrimination ● Coping with feelings of loss or homesickness ● Access to healthcare (physical and mental)	● Train frontliners supporting IDPs during the different stages of displacement on Psychological First Aid to provide humanitarian aid to IDPs in a respectful manner ● Advocate for ensuring adequate living conditions and nutrition for IDPs in formal shelter centers ● Advocate for the protection of IDPs from violence, abuse, stigma and discrimination ● Train frontliners supporting IDPs on safe identification and referral of cases of abuse ● Raise awareness of IDPs on normal reactions to the adversities experienced, the importance of seeking mental health care when needed, when to seek care, and where to access it, and how to try to support each other emotionally ● Develop a mechanism for online mental health consultations and psychotropic medication dispensing when prescribed for IDPs who do not have geographical access to the specialized mental health services in the PHC network

	Newborns	• Access to essential care, including growth monitoring and promotion, and intervention and referral when indicated • Healthy baby nutrition • Primary caregiver(s) able to care for them in the best way possible • Access to neonatal and antenatal healthcare including vaccinations	• Emphasize the importance of access to essential care and support for healthy nutrition, including early initiation and continued breastfeeding, appropriate complementary feeding and micronutrient supplementation for mother and child as needed • Raise awareness of new parents and other caregivers on normal manifestation of distress, when to seek care for their mental health, and where to access it, and how to try to support each other emotionally in these difficult times • Raise awareness of new parents on available support resources for postpartum and breastfeeding
	Children	• Routines • Protection from harmful support • Effective caregiving and support - At least one primary caregiver able to care for them • Play opportunities • Sense of safety • Protection from violence, abuse, and exploitation • Adequate nutrition • Good sleep • Addressing post-traumatic stress in unharmful and evidence-based ways • Support and a sense of belonging	• Raise awareness of parents and other caregivers in shelters on normal manifestations of distress in children, on how to respond to children's needs in displacement, and on how to identify mental health red flags • Provide tips for parents and other caregivers on how to create and maintain some form of routine during displacement • Raise awareness of parents and caregivers on the importance of seeking mental health care when needed, when to do so, and where to access it • Identify and implement impactful and relevant psychosocial interventions in shelters targeting children and their caregivers, including interventions that can contribute to addressing

		• Equitable access to health care including vaccinations	post-traumatic stress in unharmful and evidence-based ways • Provide quality stimulating, and age-appropriate play and reading opportunities for children in shelters and outside shelters and spaces to use that are secure and protected (through mobile libraries and the organization of storytelling activities, provision of play items/play boxes with open-ended play items[7] and books, organization of guided group play activities by facilitators trained on psychological first aid for children and caregivers, etc.) • Emphasize the importance of ensuring protection from violence and abuse • Advocate for and support where relevant efforts to promote adequate nutrition and sleep for children in shelters
	Adolescents	• Having/maintaining at least one stable, secure relationship with a supportive parent or caregiver • Protection from parental neglect and provision of effective parental support-maintaining positive parental/child relationships • Protection from violence, abuse and exploitation • Protection from having to take on adult roles	• Raise awareness of parents and other caregivers in shelters on normal manifestations of distress in adolescents, on their emotional needs in displacement, on how to respond to them, and on how to identify mental health red flags, including suicide risk • Support efforts where relevant to ensure the protection of adolescents in displacement from violence and abuse • Identify and implement the most relevant psychosocial interventions in shelters targeting adolescents and their caregivers, including interventions that can contribute to addressing

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[7] Including ones adapted for children with a disability

		• Coping with feelings of loss or homesickness • Social interactions such as peer relationships	post-traumatic stress in unharmful and evidence-based ways • Promote spaces and opportunities for adolescents in shelters to interact and build relationships with peers
	Pregnant women and women who recently delivered	• Adequate nutrition of pregnant women[8] (including access to essential prenatal vitamins) • Equitable access to antenatal and childbirth care[9] (including immunization during pregnancy) • Coping with additional burden on their mental health	• Advocate for equitable access to antenatal and childbirth care and promoting adequate nutrition of pregnant women (including access to essential prenatal vitamins) • Raise awareness of pregnant women and women who recently delivered on normal reactions to the adversities experienced, and on when and where to seek mental health care
	Unattended children and adolescents	• Facing grief and loss due to separation from or death of a parent/primary caregiver/critical protective source • Support in coping • Protection from exploitation and abuse	• Emphasize the importance of supporting effectively unattended children and adolescents • Coordinate with protection actors to ensure the contact of unattended children and adolescents with mental health services
	Elderly	• Coping with difficulty for them to have left their homes and to adjusting to a new environment	• Identify evidence-based, feasible and culturally accepted interventions that may support the elderly in shelters amidst the difficulty of coping with what they are going through

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[8] Nurturing Care Framework

[9] Nurturing care framework

	Migrant workers	- Access to safe shelters - Protection from stigma and discrimination inside shelters, in health services, and other relevant spaces	- Emphasize the importance of equitable access to safe shelter for all populations, regardless of nationality - Advocate for the protection of migrant workers from discrimination, violence, abuse and exploitation in shelters
	Palestinian refugees and Syrians displaced	- Protection from stigma and discrimination inside shelters and in other relevant spaces - Access to safe shelters	Ensure that relevant agencies are working on long-term support for internally displaced Palestinian refugees and Syrian displaced.
	Persons with disability(ies)	- Support to be provided to them in a dignified way - Access to disability-friendly adequate living conditions - Protection from violence and abuse - Protection from stigma and discrimination	- Advocate for resource mobilization for increasing disability-friendliness of shelters - Emphasize the importance of ensuring the protection of IDPs living with a disability from violence, abuse, stigma and discrimination - Increase accessibility to and disability-friendliness of mental health services provided
	Persons/Families who lost their homes or livelihoods	Coping with the emotional and financial burden of the loss and of rebuilding their lives	Suggest linking them to the available mental health services (in PHCCs or remote services) if needed
	Injured adults	- Support in a dignified way - Coping with the injury, especially severe and disabling injuries	Provide tips for healthcare professionals treating injuries on how to break bad news regarding the state of the injury

Populations affected by injuries			• Raise awareness of injured persons on when and how to access mental health services if needed
	Injured children	• Coping with the injury, especially severe and disabling injuries	• Provide tips for healthcare professionals treating injuries on how to break bad news to children and adolescents regarding the state of their injury • Raise awareness of the parents/caregivers of injured children on how to provide emotional support to their children and when and how to access mental health services
	Families of casualties and injured persons	• Coping with the loss or the emotional distress of having an injured loved one	• Raise awareness of the families of persons lost or injured on when and how to access mental health services and on how to provide emotional support to their family members
Host populations and persons not affected by displacement or in areas with no direct attacks	Children	• Coping with the stress due to their parents' stress and the major changes in their lives (no school, online schooling, inability to see friends, change of address, etc.)	• Increase knowledge and skills of parents and schoolteachers on normal expected behaviors and other signs of distress in children, as well as on how to protect and support them in protective and effective ways
	Adolescents	• Coping with the stress due to their parents' stress, witnessing the daily aggressions, and the major changes in their lives (no school, online schooling, inability to see friends, change of address, etc.)	• Increase knowledge and skills of parents and schoolteachers on normal expected behaviors and other signs of distress in adolescents, as well as on how to protect and support them in protective and effective ways

	Parents and other caregivers	- Coping with all the additional stress and uncertainty, including new worries for their children - Coping with the need to juggle between work and children at home, keeping the family safe, etc.	- Increase the knowledge and skills of parents on normal expected behaviors and other signs of distress, as well as on practicing self-care - Increase the knowledge and skills of parents on available mental health services and resources for them and for their children in case needed
	Persons with pre-existing mental health conditions	- Worries about continuity of access to mental health services and medication - Additional stressors and burden on mental health due to the situation	- Ensuring uninterrupted stock of psychotropic medication - Ensure increased accessibility of psychotropic medication to IDPs through contextualized SOPs and guidelines - Increase knowledge of remote mental health services they can access during the time of the crisis
	Persons in inpatient mental health care, including in long-stay facilities		- Address the current reported shortage of injectable psychotropic medications in inpatient mental health units - Coordinate with long-stay facilities that are in higher-risk areas to ensure they have stocks of food, non-food items, water, medication, and an evacuation plan - Advocate for coverage of inpatient mental health services
	Persons receiving OST treatment		Develop and implement a contingency plan for the accessibility to OST treatment for persons currently receiving it to prevent abrupt discontinuation

	General adult population	• Coping with all the stressors due to the adversities experienced and witnessed	• Raise awareness of all the population on normal symptoms of distress in reaction to the adversities experienced, mental health red flags and available mental health services and resources
Frontline workers	Civil defense and Lebanese Red Cross	• Coping with the confrontations of horrors, danger and misery • Coping with the increased stressors and load of work	• Ensure that frontliners operating in the field in areas targeted by bombardment are aware of self-care strategies they can use, including mental health resources and services available • Estimate and mobilize resources needed for the provision of mental health support (individual support, support groups, access to specialized mental health care) for frontliners involved in the response across sectors (including relief workers, health and social care professionals, media professionals, etc.)
	Frontliners in hospitals and other health facilities in areas targeted by bombardment	• Coping with the confrontations of horrors, danger and misery • Coping with the increased stressors and load of work • Coping with the increased stressors that everyone is experiencing due to the ongoing adversities	• Ensure that frontliners operating in hospitals in areas targeted by bombardment are aware of self-care strategies they can use, including mental health resources and services available • Estimate and mobilize resources needed for the provision of mental health support (individual support, support groups, access to specialized mental health care) for frontliners involved in the response across sectors (including relief workers, health and social care professionals, media professionals, etc.)
	Frontliners in hospitals in areas not	• Coping with the confrontations of horrors, danger and misery	• Build capacity of all relevant frontliners operating in hospitals on psychological first aid principles

	targeted by bombardment	• Coping with the increased stressors and load of work • Coping with the increased stressors that everyone is experiencing due to the ongoing adversities	• Ensure that frontliners operating in hospitals are aware of self-care strategies they can use, including mental health resources and services available, and ensure additional mental health support (such as support groups or individual support) if needed
	Frontliners operating in primary healthcare centers linked to shelters officially	• Coping with the confrontations of horrors, danger and misery • Coping with the increased stressors and load of work • Coping with the increased stressors that everyone is experiencing due to the ongoing adversities	• Build capacity of relevant frontliners operating in primary healthcare centers on identification of mental health red flags and safe referral, and psychological first aid principles • Ensure that frontliners operating in PHCs and satellite units are aware of self-care strategies they can use, including mental health resources and services available, and ensure additional mental health support (such as support groups or individual support) if needed
	Frontliners operating in official shelters	• Coping with the confrontations of horrors and misery • Coping with the increased stressors and load of work • Coping with the increased stressors that everyone is experiencing due to the ongoing adversities • Coping with the worry on how to support persons in the	• Build capacity of all relevant frontliners operating in shelters on psychological first aid principles • Ensure that frontliners operating in shelters are aware of self-care strategies they can use, including mental health resources and services available, and ensure additional mental health support (such as support groups) if needed

		most effective and dignified way	
	National Lifeline operators and operators of Step-By-Step Programme	- Coping with the confrontations of horrors, danger and misery - Coping with the increased stressors and load of work - Coping with the increased stressors that everyone is experiencing due to the ongoing adversities	- Follow-up on the wellbeing of the operators of the National Lifeline and Step-By-Step service and implement staff care interventions as needed - Train and orient operators on the emerging needs and challenges of service users related to the current emergency and how to respond to them
	MOPH hotline operators	- Coping with the confrontations of horrors, danger and misery - Coping with the increased stressors and load of work - Coping with the increased stressors that everyone is experiencing due to the ongoing adversities	Train MOPH hotline operators on remote psychological first aid principles and how to orient persons to mental health care
	School teachers	- Coping with the increased stressors that everyone is experiencing due to the ongoing adversities - Coping with the stress of providing education online or in difficult circumstances and	Raise awareness of media professionals and schoolteachers on self-care strategies they can use, including mental health resources and services available, and ensure additional mental health support (such as support groups) if needed

		managing the anxieties and distress of students	• Raise awareness of schoolteachers on normal and expected behaviors and manifestations of distress in children and adolescents in such circumstances and on how to support them
	Media professionals	• Coping with the confrontations of horrors, danger and misery • Coping with the increased stressors and load of work • Coping with the increased stressors that everyone is experiencing due to the ongoing adversities	• Raise awareness of media professionals on available mental health services and resources • Disseminate tips and guidelines for media reporters on child protection and ethical coverage following a traumatic event, and on ways to engage with displaced persons, families of missing persons, the casualties, and the wounded • Raise awareness of media professionals on self-care strategies they can use, including mental health resources and services available, and ensure additional mental health support (such as support groups) if needed
	Municipality personnel		• Increase knowledge of relevant municipality personnel on psychological first aid principles and on available mental health services and resources to orient persons to