

Inter-sectoral National Action Plan for the MHPSS Response To Beirut Explosion Disaster (0-3 months)

INTER-SECTORAL NATIONAL ACTION PLAN FOR THE MHPSS RESPONSE TO BEIRUT EXPLOSION DISASTER (0-3 MONTHS)

The tragedy of the Beirut Port explosion on 4 August has created severe consequences on many fronts, with direct impact on the living conditions and physical and mental health of persons affected. Repercussions at the level of mental health are only starting to emerge and the needs of men, women, children, Lebanese, refugees and displaced populations risk to exponentially increase in the months and years to come especially as Lebanon was hit by a heavy economic crisis and the COVID-19 Crisis that had already severely burdened people's mental health.

This multi-sectoral national action plan for the MHPSS response to Beirut Blast highlights priority areas of investment in the first phase and aims to guide effective allocation of resources.

Aim

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

Principles

Core principles for MHPSS response in emergencies (IASC guidelines)

- Human rights and equity
- Participation
- Do no harm, (including following COVID-19 preventive measures)
- Building on available resources and capacities
- Integrated services and multi-layered supports systems
- Impartiality and non-discrimination against nationality, religion, gender, or other.

Effective coordination

- Maximizing timely and effective responsiveness to the need
- Engaging all stakeholders
- Ensuring complementary and avoiding duplication

Building Back Better sustainable mental health care after emergencies

- Ensuring support for the mental health reform and the mission of building a sustainable mental health system accessible for all persons living in Lebanon.

1 With a regular updating of the 4Ws online mapping platform for MHPSS by all actors (Link).

2 Protection (CP and GBV), Youth, Education, shelter, livelihood, Health, Nutrition, SRH, WASH...

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I. Coordination

1. **Map resources and services** under MHPSS TF (e.g. PFA, specialized services, PFA trainers, etc.)¹
2. **Map relief organizations** active on the ground to link persons to needed services and for immediate dissemination of PFA-based tips and key messaging to their frontliners.
3. **Coordinate activities, needs assessments, and resource allocation** by all actors in MHPSS **across working groups and thematic areas** – CP and GBV including with the PSS committee, Youth, Health, livelihood, Education, SRH, etc.
4. **Mainstream MHPSS** in other sectors and in relevant needs assessments.
5. **Engage with new initiatives** to join the formal coordination mechanisms.
6. **Develop and disseminate guidance on evidence-based support following a traumatic event** targeting service providing organisations across the levels of the IASC pyramid, including for frontliners in all sectors.
7. **Take steps to continue developing a sustainable mental health system** as part of recovery.

II. Mental health and psychosocial support services

1. **Ensure provision of Psychological First Aid (PFA) as needed** by frontliners across sectors.²
 - Develop a common PFA module for all agencies to use, with adaption to the current context and inclusion of modules on PFA for children and phone-based PFA.
 - Ensure accessibility to migrant community through translation of material to relevant languages.
 - Provide a refresher training on PFA.
 - Deploy PFA trained frontliners in different sectors as needed to priority locations (e.g. tents in place in the affected area; field hospitals that are under establishment; etc.).
2. **Deliver evidence-based supportive parenting programmes.**

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- 3. Refer** persons in emotional distress in need to talk or to be oriented to mental health services **to the national hotline** for emotional support and suicide prevention (**1564-Embrace Lifeline**)
 - 4. Support the expansion of the operation of the national hotline** “Embrace Lifeline”, including coverage of the hotline 24/7.
 - 5. Scale-up the national youth Mental Health Campaign** and ensure targeting adolescents and youth affected by the explosion (focusing on normalization of expected distress reactions and when to seek help) through innovative and online messaging.
 - 6. Conduct refresher and new trainings for frontliners** from all relevant sectors on identification of mental disorders and safe referral.
 - 7. Develop a directory of mental health professionals** (psychiatrists and psychologists) to provide specialized mental health support when needed for persons affected by the explosion.
 - 8. Ensure provision of staff care/psychological support for frontliners** (whether staff or volunteers) and mental health professionals involved in the response across sectors² (including media) including:
 - Provide self-care tips and resources to frontliners
 - Conduct support groups (as per standardized national blueprint to be developed)
 - Ensure access to specialized mental health care when needed
 - Organisations to implement actions to promote and protect mental health in the workplace in line with the related [national Charter](#)
 - 9. Ensure availability and access to needed mental health medications** following a needs assessment of remaining usable stocks and procurement.
- 9. Mainstream mental health in the rehabilitation plans of the affected primary health care centers** by ensuring availability of proper staff and training to provide mental health and substance use interventions, linked with specialized services, and in line with the national model of care.

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10. Scale-up two of these PHC centers to become community mental health centers (with multidisciplinary team of specialized mental health professionals and linkage to outreach teams) providing evidence-based mental health and substance use disorder services in line with the national model.

11. Mainstream mental health in maternal care (inpatient and outpatient) and SRH.

12. Increase inpatient mental health care national bed capacity in general hospitals:

- Advocate and mobilize funds for opening inpatient mental health units in general hospitals starting with Rafic Hariri University hospital ward reopening.
- Advocate for mobilization of funds for physical rehabilitation of Saint-Georges and Hotel-Dieu inpatient mental health care wards.

C. Dissemination of information

1. Promote access to general information that affected persons might need.

2. Disseminate key mental health related messages (gender-sensitive and inclusive and accessible to all persons living in Lebanon) through, social media, TV and Radio appearances, communication trees and information points (CwC) (etc.) about:

- Normal reactions following a traumatic event in adults and in children
- Do's and Don'ts when supporting persons affected
- Coping messages and how we can support each other.
- Tips for parents/caregivers on supporting children cope with a traumatic event
- Tips for pregnant women and new mothers affected by the explosion with IYCF messaging mainstreamed.
- Self-care tips for front-liners, volunteers, and others involved in the response
- Psychoeducation for care givers on impact of physical/emotional distress and rehabilitation process (physical and psychological).
- Other topics as needed.

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3. **Develop tips for relief frontliners on how to support persons after a traumatic event** based on Psychological First Aid and disseminate widely (through field workers and frontliners, NGOs from all sectors², social media, etc.) : for adults ([Eng/Ar](#)) and for children ([Eng/Ar](#))
4. **Disseminate tips for media reporters** on professional and ethical coverage following a traumatic event ([Eng/Ar](#)).

Annex I: List of national public awareness material developed so far:

- a. Do's and Don'ts when supporting persons affected ([Eng/Ar](#)).
- b. Tips for volunteers in clean-up (to respect and preserve privacy of affected person ([Eng/Ar](#)))
- c. Normal reactions following a traumatic event in adults And How to cope ([Eng/Ar](#))
- d. Normal reactions following a traumatic event in children And tips for caregivers to support them ([Eng/Ar](#))
- e. How to support children cope with the current situation ([Eng](#))
- f. Tips for persons with a pre-existing mental health condition on how to cope ([Eng/Ar](#))
- g. Tips to cope with panic attacks ([Eng/Ar](#))
- h. Tips to cope with Depersonalisation and Drealisation after a traumatic event ([Eng/Ar](#))
- i. Tips to cope with insomnia which is normal after a traumatic event ([Eng/Ar](#))
- j. Tips for pregnant women and new mothers following a traumatic event ([Ar](#))
- k. Tips to support a loved one who is grieving ([Eng/Ar](#))
- l. When to seek support from a mental health professional after a traumatic event ([Eng/Ar](#))
- m. What do you need to know about specialized mental health interventions ([Eng/Ar](#))

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