<table>
<thead>
<tr>
<th>Date</th>
<th>Tuesday 17 October 2016</th>
<th>Venue</th>
<th>WHO Conference Room (-1)</th>
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<tbody>
<tr>
<td>Time</td>
<td>2:00-3:00</td>
<td>Minutesprepared by</td>
<td>Bedros Kazazian and Nour Kik</td>
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**Organizations attending**

**Agenda**
1. Presentation of gaps, challenges and potential actions to address them identified by task force members
2. Discussion around priorities for the 2017 action plan
3. Presentation of the MHPSS TF Performance Evaluation Results
4. General Updates

**Discussion**

<table>
<thead>
<tr>
<th>Action / Decision / Suggestion</th>
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<tr>
<td>1. Presentation of gaps, challenges and potential actions to address them identified by task force members</td>
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<tr>
<td>➢ The gaps, challenges and potential actions to address them identified by task force members compiled from the online feedback forms and from the discussions in task force meetings in all regions were presented during the meeting.</td>
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<th>2. Discussion around priorities for the 2017 action plan</th>
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<td>➢ A discussion around the top priorities was held during the meeting and the below priorities were identified by participants:</td>
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<tr>
<td>- Establishing a referral system</td>
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<td>- Addressing the gap of services in under-served areas through the establishment of community mental health teams</td>
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<td>- Capacity-building for non-specialized staff on identification of mental disorders and referral</td>
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<td>- Addressing stigma</td>
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<td>- Scaling-up evidence-based approaches</td>
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<td>- Conducting an assessment of the perceived needs, including mental health needs, of displaced persons</td>
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- Building partnerships between NGOs and hospitals on emergency referrals in case of the lack of mobile mental health clinics
- Addressing the long waiting lists for admission to psychiatric hospitals.
- Establishing a hotline for crisis management.
- Adapting psychometric tests and tools to the Syrian population

- It was clarified that the MOPH has started discussions with some general hospitals that have inpatient psychiatric to contract them for beds, in line with the national mental health strategy and that the hotline for crisis management is under development by Embrace Fund in AUBMC in collaboration with the MOPH.

3. Presentation of the MHPSS TF Performance Evaluation Results

- The MHPSS TF performance evaluation results were presented to task force members and discussed.

- The below feedback was given by participants:
  - The majority agreed that the timing of the meeting is good
  - The majority did not think that the taskforce needs to meet more frequently.
  - All agreed that the use of the English language is not an issue
  - All agreed that hard copy handouts cannot be handed out every time
  - All agreed that it would be useful to receive updates from the SGBV and Child protection and Education sectors during the MHPSS TF meetings and to have updates from the Health Working Group whenever it is relevant to MHPSS.
  - Participants had mixed feedback regarding assigning a focal point from every organization to regularly attend the meetings. Many said that this is not a feasible option due to the dynamic nature of the work. Different focal points may participate at different points in time.
  - Most participants agreed that they would like more information to be shared during task force meetings about mental health related legislation/regulation
  - All participants agreed that more information sharing from participating organizations is needed. More updates should be given by organisations about their activities during the meetings.
- A suggestion was made to develop an online resource folder where all resources (tools, assessments…) used by MHPSS organizations are pooled.

### 4. General Updates

- **4Ws (Who is doing What, Where and until When) mapping exercise**
- Around 30 organisations have contributed so far and still expecting some organisations to send their sheets in the coming week.

- One of the main challenges in MHPSS work identified by the task force at the end of 2015, was the low availability coupled with the low retention rate of qualified psychiatrists and psychologists working in the humanitarian field. This has been exacerbating the inability to respond to the needs of people who require special assistance such as psychological or psychiatric care.
- In line with the MHPSS Task force 2016 action plan, an “Exploratory study of the perceptions of psychiatrists and psychologists regarding their work conditions in the humanitarian field in Lebanon: will be conducted.
- The aim of this study is to:
  1. Gain a better understanding of the motivations of psychiatrists and psychologists to work in the humanitarian field in Lebanon
  2. Identify perceived advantages and disadvantages of working in this field and
  3. Identify opportunities for improvement of work conditions in this field.

- Psychiatrists and psychologists working or having worked in the humanitarian field for at least two years (after 2011) will be invited to participate.

- The report will be finalized by the beginning of November
- An invitation will be sent to be shared.

- The Inter-ministerial Substance Use Response Strategy for Lebanon is posted online for public review on the ministry’s website.
- Anyone can download the Arabic or English version of the strategy draft and provide feedback on it through filling an online anonymous feedback form.

- EMDR Association Lebanon are conducting a workshop on protocols related to addiction.
- Applicants should have completed levels I and II of EMDR training
- Details and all relevant information are available on the EMDR website.

- The following is the link to the strategy and the feedback form:
  [Inter-ministerial substance use response strategy for public review](#)

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**Next meeting:** Tuesday November 8, 2016 at 2pm in the WHO conference room (-1), Lebanese University Glass building, Mathaf.