20 February 2014 – Aiming at integrating mental health into primary health care, WHO Lebanon has conducted a series of training between November and December 2013 on the mental health Gap Action Programme (mhGAP) which seeks to improve access and care to services for people with mental health disorders by integrating services for mental health within primary health care centres.

Around four out of five people in contexts of low/middle-income countries who need these services do not receive them and when these services are available they are neither of high quality nor rely on evidence-based interventions.

With the advent of the Syrian crisis, Lebanon has witnessed a rise in its population by nearly one third. Refugees are hosted by local communities or in informal tented settlements, which accentuates the demand on the primary health care system to provide health services. Nongovernmental and international organizations and primary health care centres are reporting an increased demand for mental health services.

Data from UNHCR shows morbidity due to mental health with 55% due to severe emotional disorder, 10% due to epilepsy and 8% due to psychotic disorders.

The adequate provision of mental health services remains a major challenge at primary health care centres, with a severe shortage of psychiatrists, an increased need for referral to treatment/care and the lack of governmental hospitals for referrals.

In collaboration with the Ministry of Public Health, WHO Lebanon launched a series of training on the mhGAP Intervention Guide (mhGAP-IG) which is a model guide developed by WHO in 2008 to facilitate the delivery of evidence-based interventions, both pharmacological and non-pharmacological, in non-specialized health-care settings.

The training was organized in three phases. Phase I was the training of trainers; 4 psychiatrists and 10 psychologists/psychotherapists were trained on the mhGAP-IG, training skills, support and supervision guidelines in order to widen the pool of trainers on the mhGAP-IG. Phase II was the expansion of mhGAP-IG training to 20 primary health care centres across Lebanon. Phase III was the on-the-job training and supervision at primary health care centres. The total number of trained staff is 37, most of them were nurses (17), social workers (9), medical doctors (8) and pshychologists (3).

The number of primary health care centres selected for training was somehow proportional to the distribution of Syrian refugees in the area. Seven centres were selected in Bekaa and Beirut/Mount Lebanon with 33% and 25% of the total number of refugees, respectively. Five centres were selected in the south and only one in the north with 12% and 28% of refugees, respectively.

The criteria for selection of centres were:

- **no previous training on mhGAP;**
- **availability of staff handling mental health conditions;**
- **availability of mental health medication; and**
- **primary health care centres situated in areas populated with Syrians.**

The main goals of the training programme were to:

- **enhance the access of the population to quality mental health and psychosocial support services; and**
- **decrease stigma on mental health conditions.**

The main objectives of the training programme were to:

- **integrate mental health into primary health care; and**
- **widen the pool of professional trainers on the mhGAP-IG.**

The targeted outcomes were to increase the ability to:

- **assess mental health patients;**
- **manage mental health conditions through psychoeducation, medications, and referrals; and**
- **provide appropriate follow up for patients.**

The next steps are to widen the reach of mhGAP-IG training to more primary health care centres and to advocate for the Ministry of Pubic Health to establish a unit for mental health integration at the level of primary health care.

Related links

Mental health and substance abuse programme

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