# Case study: Lebanon

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| Title of the case study  |
| Name and email of person completing the form |
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| Wissam Kheir, Mental Health and Psychosocial Support Technical Coordinator, Ministry of Public Health, Lebanon  |
| DESCRIPTION  |
| Briefly describe the organization of the health system in your country: Governance mechanisms/structures (health policies/strategies/plans, legislation, etc.), financing mechanisms, human resources (their density, distribution) availability of service delivery packages (what are the preventive, curative and rehabilitative/palliative services included in the package), information system organization (core set of indicators, standard collection, collation, analysis and reporting mechanisms)The health system in Lebanon is characterized by a dominant private sector, an active nongovernmental organization (NGO) sector and a public sector progressively regaining its governance and regulatory role over the past two decades. The Ministry of Public Health has a health strategy in place that considers mental health as part of health. In addition, the Ministry of Public Health has developed and launched the National Mental Health Strategy for Lebanon (2015−2020) with the aim of reforming the mental health system in Lebanon and focusing on integrating mental health into general health care services. In terms of legislation, the mental health law dating from 1983 has been revised and is currently under discussion within the parliament. The draft law emphasizes the human rights of persons with mental health disorders and increases their access to comprehensive quality evidence-based mental health care. Out of the 1011 centres (PHC centres and dispensaries) managed either by the Ministry of Public Health, Ministry of Social Affairs, municipalities or NGOs, 207 PHC centres are affiliated with the Ministry of Public Health PHC network, providing various packages of ambulatory health services (namely reproductive health, vaccination, etc.).With a total of 172 private hospitals offering around 10 200 beds, there is an oversupply of private beds in comparison to a recovering public hospital sector accounting for 28 public hospitals which offer about 1700 beds. The health system is also characterized by a surplus of medical doctors and a shortage in nurses and paramedical staff, with the following estimates: physicians: 320/100 000 population; nurses: 307/100 000 population. Most of the aforementioned staff do not receive adequate training on mental health and psychosocial interventions. In terms of specialized human resources, 71 psychiatrists (1.26 per 100 000 population) and 193 psychologists (3.42 per 100 000 population) work in the mental health field (WHO-AIMS, 2015). An accreditation system for both PHC centres and hospitals is in place. With the advent of the Syrian crisis, the total resident population increased by more than 30%, positioning Lebanon as the host of the highest number per capita of displaced Syrians. This demographic change has impacted heavily on the country’s economy, infrastructure, employment, environmental health and basic services. In terms of financing, and despite the different financial schemes in Lebanon, around half of the population remains uncovered, excluding displaced Syrians and Palestinians living in camps (covered by UNHCR and UNRWA, respectively). For this section of the population, the Ministry of Public Health covers hospital stays and expensive medications and has recently engaged a pre-paid set of services to be delivered to the most vulnerable Lebanese through primary care centres. The Ministry of Public Health succeeded in reducing the out-of-pocket expenditures from 60% in 1998 to 38% in 2012; however, the burden of out-of-pocket expenditure remains the largest source of health expenditure in Lebanon. In addition, health spending as a share of GDP has fallen from 12.4% to 7.2%. Around 5% of the Ministry of Public Health health expenditure is directed towards mental health, covering mostly in-patient care and medication. Nevertheless, this percentage is an overestimation of the exact situation, given that the government’s health expenditure encompasses other ministries that invest mostly in health and little in mental health. As for mental health coverage, the majority of private insurance schemes do not cover any care. All other schemes cover psychiatric consultations, psychotropic medications and in-patient care, with inconsistencies in the level of coverage across different financing schemes. The Ministry of Public Health is currently piloting service provision of subsidized packages of care for depression, psychosis, developmental disorders and substance use-related disorders to the most vulnerable Lebanese through PHC. Specific sets of general health indicators are currently being reported on as part of the PHC health information system (HIS), with few indicators related to mental health (i.e. number of specialized consultations). More comprehensive mental health indicators have been developed and are in the process of integration into the current HIS.  |
| Briefly describe the process of integration of mental health in general health care/PHC in your country: Please indicate the proportion of PHC facilities which are providing integrated services and provide information about the governance mechanisms/structures put into place to facilitate integration, financing mechanisms, human resource development strategies (including training, deployment and continued development), package of mental health interventions being delivered in an integrated manner, and monitoring and evaluation mechanisms put in place to support the process of integration, including integrating a mental health component in the national health information system (core set of indicators, standard collection, collation, analysis and reporting mechanisms)At the primary care level, integration varies among different entities, ranging from delivery of essential psychotropic medication to very few having consultations by a mental health specialist. With the support of WHO, and as part of the Ministry of Public Health’s plan for integrating mental health into primary health care, PHC staff (GPs, nurses and social workers) from more than 120 centres within the Ministry of Public Health network have received training on assessing, identifying, managing and referring mental health cases using the Mental Health Gap Action Programme Intervention Guide (mhGAP-IG) since 2013. This was coupled with support and supervision for staff, but not at a steady pace. Currently, the Ministry of Public Health is preparing for piloting the stepped care community approach in provision of mental health packages at PHC centres with the support of the World Bank. A total of 40 centres were selected to receive more in-depth training on mhGAP and other modules (i.e. HIS, reporting, psychological screening tools, protocols of care, etc.). Staff from these 40 centres will receive regular support and supervision and will report on a specific set of mental health indicators. Moreover, from these 40 selected centres, 12 were identified to provide more specialized mental health services via a multidisciplinary team as part of this pilot. This pilot project is to be implemented from 2018 till 2022 and deployment of centres into the pilot is progressive. At general hospital level, during 2016−2017, more than 200 staff (doctors and nurses) working in emergency departments of 116 hospitals (public and private) were trained on management of psychiatric emergencies. Following an evaluation of this initiative, the full emergency department staff of 10 hospitals is currently being trained on managing psychiatric emergencies. These hospitals will receive psychotropic medication as well as staff support and supervision. Mental health indicators will be regularly collected. Moreover, in 2017, the Ministry of Public Health started piloting a model of care in a public hospital in Beirut which has a PHC centre linked to the hospital. The model of care is based on a comprehensive community mental health service that ensures continuum of care between the different levels, namely PHC, community mental health centre, general in-ward, emergency department and psychiatric in-ward.  |
| What challenges did you face?Stigma remains the most important challenge facing mental health (patients and professionals), cutting across all aspects of care and leading to discrimination. Little awareness of the public about mental health disorders and treatment, as well as established misconceptions, hinder people from perceiving the need to seek adequate and professional care. The media, on the other hand, further accentuates this by channelling scattered information which is not always evidence-based. In terms of human resources, the mental health workforce is mostly concentrated centrally and in the private sector, leading to limited access to care. In addition, there is no referral system in place to ensure the continuum of care. Narrowing down the scope to efforts in integrating mental health in primary health care, the availability of staff and retention of trained staff at PHC level is always a challenge. Moreover, misconceptions that PHC staff have on mental health disorders and treatment make it very challenging and time-consuming to integrate mental health care. Funding is not steady, which leads to instability in building capacities of staff and regular supervision and thus jeopardizes the transition towards community-based mental health services. Another major challenge is the lack of mental health professionals to conduct the supervisory visits.  |
| What are your future plans for the intervention/action?The Ministry of Public Health’s strategic partnership with WHO, UNICEF and IMC led to the establishment of the National Mental Health Programme in 2014 that is currently working on reforming the mental health system towards community-based mental health services in line with human rights and scientific evidence, along with an increasing number of partners from the NGO, academic and governmental sectors. In 2015, the National Mental Health Strategy for Lebanon (2015−2020) was launched. Next steps include continued integration of mental health in general health care (PHC and general hospitals) through the comprehensive integration of mental health services throughout the country.  |
| IMPACT OF INTERVENTION/ACTION |
| Any studies conducted to evaluate the process and impact of integration of mental health in PHC? |
| The first systematic approach to national capacity-building using evidence-based interventions in Lebanon is currently being evaluated in terms of feasibility, acceptability and preliminary effectiveness of implementation by tracking outcomes on provider, supervisor and patient levels in community and primary care settings. |
| What impact has the integration had (e.g. number of people treated, impact on patient outcomes, or reduction in stigma)? |
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| Are there any published studies/reports? Please provide references |
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| ADDITIONAL INFORMATION |
| Key references/documents (we can link electronically to these): |
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| Do you have any documents that you would be willing to share to be adapted and implemented in other settings, such as training manuals or intervention manuals? |
| * Brochures (English and Arabic): based on mhGAP; 5 modules: Depression, psychosis, developmental disorders, dementia, PTSD
* Job aids (English and Arabic): based on the mhGAP; designed to help staff in their daily practice
* Case studies (English and Arabic): used during training workshops to practice cases using the mhGAP
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