



CEMOFPSC

Seminar on humanitarian aid effectiveness: new humanitarian actors in in the Middle East

March 9th, 2016

Ambassadors Hall - Arab House

#CEMOFPSC_EFICACIA_AH

#CEMOFPSC_HA_EFFECTIVENESS



MINISTERIO
DE ASUNTOS EXTERIORES
Y DE COOPERACIÓN



Fundación
Promoción
Social de la
Cultura





Mental Health Reform and Syrian Crisis

09/03/2016

RABIH EL CHAMMAY, MD

Head of the National Mental Health Program

Ministry of Public Health

Lebanon

Lebanon is a country in the Eastern end of the Mediterranean sea which boasts 10.452 kilometers and a population of 4.055.000 inhabitants. The country is home to 400,000 Palestinian refugees and 1.132.00 Syrian refugees reported, because of the Syrian crisis, which began more than four years ago. It has had a big impact on Lebanon.

The service provision assessment of the Ministry of Public Health of Lebanon sets that there has been a lack of coordination, tools, and effectiveness of the system. Moreover, the consequences of the Syrian crisis has caused great tension between refugees arrived in Lebanon and the local community, caused also by the lack of basic services available to the affected Syrians.

The Ministry group is headed by the Minister of Public Health, co-chaired by the World Health Organization and UNICEF. It also has integrated 62 members, among them the United Nations and NGOs. It is to emphasize the great work of coordination achieved between local institutions and international NGOs such as FPSC. In recent years, its activity is aimed at the integration and harmonization of services for an efficient response to the Syrian crisis.

Action Plan 2016 focuses on the management of protocols of crisis (FPSC), the system of consultations, mediation psychotropic list and construction (mhGAP, PFA) capacity, promote interpersonal psychotherapy (IMC, Columbia), among other tasks.

The National Mental Health Programme was launched in May 2014, supported by the World Health Organization, the International Medical Corps and UNICEF.

The WHO 2015 goals were several: build five psychiatric hospitals, psychiatric eight rooms in general hospitals and create ambulance care mainly in the private sector. In addition, it will work to fill the gap suffered by the system, for example the lack of staff in the mental health system and the low coverage of private mental health services insurance.

The development of the strategy was marked by the realization of the corresponding drafts of the project:

- First draft with the support of WHO in 2011.
- Second draft in 2014 revised by the National Mental Health Program.
- Third draft in 2015 after revision by local and international experts/agencies.
- Fourth Draft March 2015.
- Final Document after the national consensus.
- Launching in May 2015.

The **vision** is: “All people living in Lebanon will have the opportunity to enjoy the best possible mental health and well-being.”

The **mission** is: “To ensure the development of a sustainable mental health system that guarantees the universal accessibility to high quality mental health curative and preventive services through a cost-effective, evidence-based, multidisciplinary approach, with an emphasis on community involvement, continuum of care, human rights, and cultural relevance.”

Values

- Autonomy.
- Dignity.
- Participation.
- Empowerment.
- Quality.
- Accountability.
- Integrity.

Domains of strategy

- Leadership and Governance.
- Service organization.
- Promotion and Prevention.
- HIS and Research.
- Vulnerable Groups.

Among that project, **vulnerable groups** are the groups that are prone to psychological distress or mental disorders due to their circumstances.

This does not mean that persons in these vulnerable groups necessarily suffer from mental disorders but we wanted to highlight the necessity of including them in the national strategy and, in some cases, cater for their specific needs”.

These vulnerable groups are:

- Foreign Domestic Workers.
- Older adults.
- Families of disappeared persons from armed conflict and war.
- LGBT community.
- Persons receiving Palliative Care.
- Displaced populations.
- Palestinian refugees.

We can set up some lessons learned: to avoid building parallel systems instead strengthen existing ones; to activate and involve local actors (MH specialists, Universities, Orders, Scientific societies) and to maximize resources by creating synergies between different organizations and agendas.