

The compounded economic, political and health crises currently facing Lebanon are weighing heavily on the mental health of people across the country. With **increasing stress, trauma and isolation**, the psychosocial wellbeing of refugees and Lebanese people is at critical risk. Mental health issues, such as depression, anxiety disorders and trauma-related stress reactions are reportedly increasing across populations, particularly among the most vulnerable. This is resulting in deteriorated physical health, inability to focus on daily tasks, weakening relationships within households, inability to properly care for family members and oneself and increased reports of self-harm, suicide attempts and suicides.

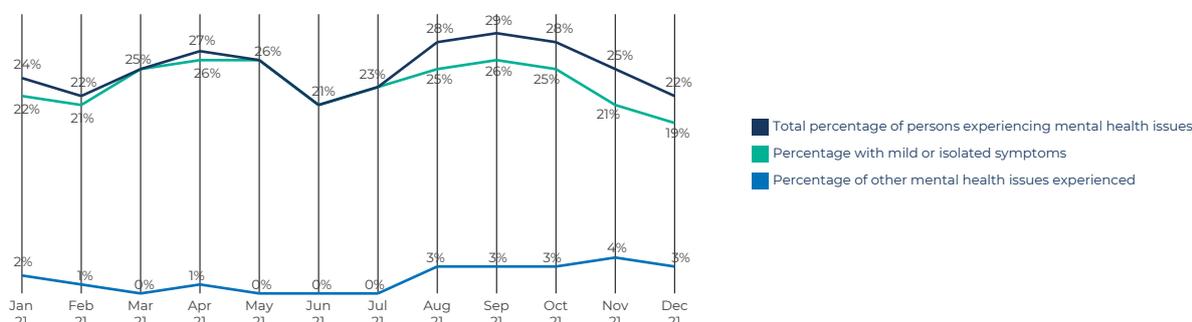
Lebanon Crisis Response Plan (LCRP) partners are assisting vulnerable populations with **mental health services, psychosocial support and specialized case management**. Partners' end-of-year LCRP activity reporting for 2021 shows a sizeable increase in services provided compared to 2020; however, this support is still outstripped by rising mental health needs.

This *In Focus* briefing compiles recent information and data related to mental health and psychosocial wellbeing, outlines the response by partners under the LCRP and sets out recommendations for the response moving forward.

INCREASING MENTAL HEALTH NEEDS REPORTED

Recent polling of the Lebanese population by Gallup found that three out of four people feel stressed several times a day, while 64 per cent say they are constantly worried, indicating an unprecedented rise in 'negative emotions' compared to previous surveys.¹ The Embrace Lifeline, a national emotional support and suicide

prevention helpline², has received more than 15,000 calls since 2017, with a two-fold increase from 2020 to 2021. Some 14 per cent of calls have been from people under 18 years of age and 52 per cent are aged 18-34 years, with the majority of calls relating to emotional distress.³

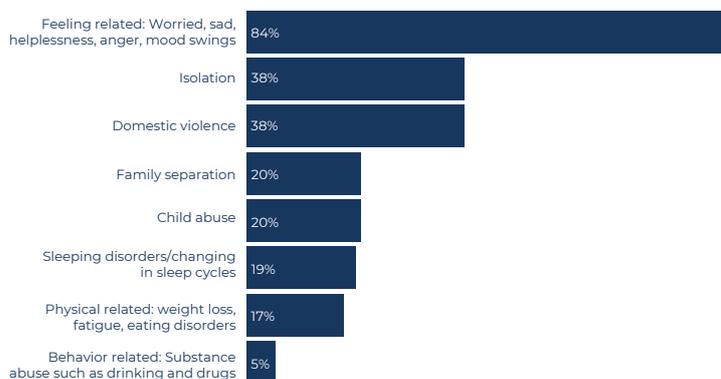


Households reporting mental health issues
Source: UNHCR Protection Monitoring data, January – December 2021

According to UNHCR Protection Monitoring, during 2021 an average of 25 per cent of adult displaced Syrians reported facing mild or isolated mental health related symptoms such as lack of sleep or appetite, concentration problems, mood swings, and irritability. It is worth noting that underreporting is assumed, given the sensitivity and stigma surrounding mental health issues. Almost all (97%) who reported the symptoms declared that the **pressure of the economic crisis was the main cause**. Other reported causes included the COVID-19 outbreak (33%), the current situation in Syria (3%) and personal problems (6%). Most of the symptoms reported were mild or isolated, but each month a small number of those surveyed also reported critical mental health issues, including suicidal ideation and attempts.

Regular protection updates reveal that **suicidal ideation and threats of self-harm** are on the rise throughout Lebanon. Incident reporting from December 2020 to November 2021 recorded 69 cases of death by suicide, with 56 per cent reported to have occurred in direct response to Lebanon's dire economic situation. Ten cases of death by suicide entailed self-immolation in public places, reportedly intended as public outcries in response to the decline in living conditions in the country. These incidents risk inciting large-scale protests and exacerbating community insecurity and compound the mounting pressures that people are facing.⁵

In the 2020-2021 UNHCR Participatory Assessment,⁴ refugees identified the following issues related to mental health and psychosocial wellbeing:



Top issues related to MHPSS
Source: UNHCR Results of the 2020-2021 Participatory Assessment Exercise.

PALESTINE REFUGEES

A February 2021 situational report by UNRWA⁶ also reflects a number of negative key mental health trends among Palestine refugees. Focus groups revealed self-reported psychological distress and feelings of depression and hopelessness, as well as a sense of worry and uncertainty about the future. Moreover, increased substance use among youth and adults in refugee camps were reported, and responses also reflected increased incidents of violence in the home. The findings build on NGO Anera Lebanon's needs assessment carried out with Palestine refugees living in refugee camps across Lebanon in 2020, which revealed that 33 per cent of respondents reported feelings of fear and distress; 29 per cent reported anxiety; 36 per cent reported emotional fatigue; and 26 per cent indicated feelings of depression or anger.⁷ Further, according to a rapid needs assessment conducted in Palestine refugee camps by Terre des Hommes in June 2020, 42 per cent of household respondents reported experiencing psychological distress and some 19 per cent stated that children are showing fear.⁸

1. Gallup (2021). **Leaving Lebanon: Crisis Has Most People Looking for Exit** (gallup.com)
2. More information on the Embrace Lifeline can be found here: <https://embracelebanon.org/WhatWeDo>
3. Embrace Lifeline: Lebanon's National Helpline (2021). **Caller characteristics for July 2021**.
4. UNHCR (2021). **Participatory Assessment Findings - 2020-2021**.
5. UNDP (2021) Incident Monitoring, November 2021

6. UNRWA (2021), unpublished. Perceptions among Palestine Refugees in Lebanon of protection risks in their communities
7. Anera Lebanon (2020). **COVID-19 Rapid Needs Assessment in Palestinian Camps**
8. Terre des hommes (2020). **COVID-19 Rapid Needs Assessment in the Palestinian Camps of Lebanon**. June 2020.

WOMEN AND GIRLS' MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING

Among adult displaced Syrians living in informal settlements in Beirut, Bekaa, North and South interviewed between 2018 – 2020 to screen for symptoms of depression, the prevalence of moderate to severe depression symptoms was 22 per cent, with being a woman, widowed or reporting a neurological or a mental health condition indicated as major risk factors for depression.⁹ Other studies and assessments have documented pervasive rates of **maternal depression** among both Syrian and Lebanese women.^{10,11} In order to address maternal depression, UN agencies with the Ministry of Public Health have recently developed a set of **'Maternal Mental Health' guidelines** intended to support the capacity of non-mental health specialists to screen for- and refer cases of maternal depression.

Inability to access **menstrual hygiene** products is another factor that negatively affects the wellbeing and mental health of women and girls. Some 43 per cent of women and girls report having experienced stress and anxiety due to their inability to access menstrual hygiene products.¹² With increased economic pressure, women and girls are being forced to cut their expenditure on menstrual hygiene products: 76 per cent of women and girls in Lebanon report facing difficulty accessing menstrual hygiene products due to the sharp increase in prices of those products and their limited economic resources.¹³

Nearly 75 per cent of lesbian, gay, bisexual, transgendered, queer and intersex (LGBTQI) respondents in a recent Oxfam survey said that their mental health has been negatively impacted.¹⁴ The research highlights barriers faced by people with **diverse sexual and gender identities** to access mental health services.

MENTAL HEALTH OF CHILDREN

School closures and distant learning measures have had an adverse impact on children's mental health and wellbeing, triggering their distress and anxiety and negatively impacting their learning outcomes. According to a UNICEF Child-Focused Rapid Assessment conducted in Lebanon in April 2021, 75 per cent of children aged 6-14 years had difficulty concentrating or were unable to concentrate on their studies at home.¹⁵ A Plan International assessment found that 73 per cent of adolescent girls and boys (72% of Syrians and 81% of Lebanese people) and 96 per cent of caregivers (94% of Syrians and 99% of the Lebanese) reported feeling stressed.¹⁶ **Adolescents** report that the main stress-causing factors include: fear of COVID-19; not being able to physically go back to school; not being able to participate in activities and staying at home; and the current economic challenges. When parents were asked about behavioural changes they have noticed in their adolescent sons or daughters, aggressive behaviour was the most common change reported followed by feeling sad. An alarming 89 per cent of all surveyed adolescents (87% of Syrians and 96% of the Lebanese) are not participating in any remote or face-to-face psychosocial support activity to help them cope with stress. Girls (62%) were more likely to report symptoms of stress and anxiety compared to boys (45%)¹⁷, which highlights the need to scale up activities for adolescents, particularly for adolescent girls.

INCREASED VIOLENCE AND SEXUAL AND GENDER-BASED VIOLENCE (SGBV)

The increase in mental health issues reported in Lebanon is linked to an increase in intimate partner violence and violent discipline.¹⁸ During a series of LCRP situation analysis workshops in September 2021, partners reported higher domestic violence levels, with women reporting that their husbands are becoming more aggressive due to the economic crisis and their inability to provide for their families. Further, incident monitoring in 2021 recorded an increase in SGBV incidents, including forced prostitution, sexual abuse of girls by family members or strangers and extortion (i.e., attempts to blackmail women and girls over sensitive or private material, often photographs).¹⁹ In UNICEF's real-time monthly monitoring survey, 85 per cent of respondents reported observing an increase violent incidents against children; 50 per cent observed an increase in child labour; and 46 per cent reported an increase in street and working children.²⁰ Half of children between the ages of 1 and 14 years have experienced at least one form of violent discipline in 2021.²¹

CHALLENGES AND BARRIERS TO ACCESSING MENTAL HEALTH CARE AND PSYCHOSOCIAL SUPPORT

Despite efforts to improve policies and programming for mental health in Lebanon, access to mental health support and services remains limited due to a lack of government resources. Although progress has been made in establishing community-based mental health services and opening psychiatry wards in general hospitals, mental health services are still not fully integrated within the public health care system. In addition, there are a number of specific barriers:

 **Limited inpatient psychiatric units:** During the COVID-19 outbreak, many mental health institutions closed and/or suspended new submissions (such as psychiatric wards).

 **Acute shortage of mental health professionals** including psychiatrists, psychiatry nurses and social care workers: Many are leaving the country due to the deteriorating economic situation. WHO estimates that nearly 40 per cent of skilled medical doctors and 30 per cent of registered nurses have already left the country, either permanently or temporarily.²²

 **Limited access to drugs, particularly in remote areas,** to treat mental health issues, such as anxiety, depression and psychosis: While the National Mental Health Programme is currently distributing medicines through the Primary Health Care Centers (PHCC) network, healthcare facilities are struggling to maintain medicines supply stocks. In addition, families cannot afford to pay for medicines.

 **Inability to access online or remote support:** Many services have shifted from in-person to online due to the COVID-19 outbreak. However, many partners report being unable to provide remote services (i.e., psychosocial support, case management and referrals to specialized services) due to fuel shortages, electricity cuts and unreliable internet services. There are also a number of challenges related to digital literacy and access to devices and/or internet services.

9. Naal et al (2021). **Prevalence of depression symptoms and associated sociodemographic and clinical correlates among Syrian refugees in Lebanon.**

10. Stevenson et al (2019). **High rates of maternal depression amongst Syrian refugees in Lebanon - a pilot study**

11. Hobeika et al (2020). **Postpartum Depression and Anxiety among Lebanese women: correlates and scales validation.**

12. Fe-male and Plan International (2021). **Period Poverty and its impact on women and girls living in Lebanon, National Survey, June 2021.**

13. Fe-male (2021). **More than two-thirds of women and girls in Lebanon have difficulty accessing menstrual supplies!**

14. Oxfam (2021). **Queer Community in Crisis**

15. UNICEF (2021). **Lebanon: Children's future on the line**

16. Plan International (2021). **Adolescent girls and boys needs in West Bekaa and Mount Lebanon.**

17. DRC (2020). **The Impact of COVID-19 on Syrian Refugee Adolescent Well-being and Coping in Lebanon.**

18. The GBVIMS reports increased intimate partner violence in 2021

19. UNDP (2021) **Incident Monitoring, August 2021**

20. UNICEF (2021). **Syria Crisis Humanitarian Situation Report, January-March 2021.**

21. UNHCR, WFP and UNICEF (2021). **Vulnerability Assessment for Syrian Refugees in Lebanon (VASyR) 2021. Accessed from: <https://data2.unhcr.org/en/documents/details/90589>.**

22. WHO (2021). **Joint statement by Dr Tedros Adhanom Ghebreyesus, WHO Director General, and Dr Ahmed Al Mandhari, Regional Director for the Eastern Mediterranean, on Lebanon.**



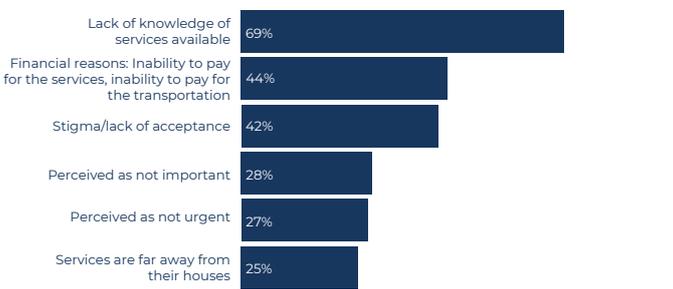
Financial hardship hampers access: As costs rise and with inadequate insurance coverage, many are unable to afford the cost of medicines and treatment, as well as transportation to access care. As a result, households are deprioritizing non-urgent healthcare, including mental health services. Furthermore, it should be noted that mental health and psychosocial support (MHPSS) services are typically privatized, and so are more expensive than other healthcare services.



Lack of safe shelters for SGBV survivors: SGBV survivors with mental health issues face barriers to access MHPSS as there is only one safe shelter in Lebanon with capacity to address serious mental health needs.



Demand-related challenges: Many people often do not recognize their need for mental health support or do not seek help due to the stigma surrounding mental health and psychosocial issues²³ and lack of knowledge or information about available MHPSS services.



Barriers to accessing professional mental health services in your area?
Source: UNHCR (2021). *Participatory Assessment Findings - 2020-2021*.

LCRP PARTNERS SEEK TO RESPOND TO THE INCREASING MENTAL HEALTH AND WELLBEING NEEDS

While LCRP partners are providing case management and psychosocial support services to vulnerable populations, this support is not enough to meet the increasing demand for MHPSS services.

OVERVIEW OF MHPSS SERVICES AND RESPONSE DELIVERED BY LCRP PARTNERS

- Delivery of safe and participatory basic services
- Non-focused community-based psychosocial activities including for children (including prevention and response)
- Psychological first aid
- Support to caregivers, including parenting programs and focused non-specialized psychosocial support
- Safe spaces for women and girls
- Community-based activities in community centres and social development centres for adults and children
- Case management and referrals for child protection, SGBV survivors and persons with special needs
- Psychotherapy and individual and group counselling
- Specialized mental healthcare services
- Integration of social emotional learning and psychosocial support (PSS) within educational activities through guidance and trainings provided by the Education sector

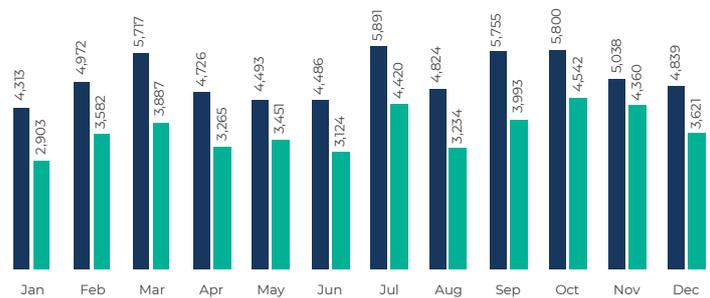


Sensitization and awareness-raising on topics related to wellbeing and referrals to specialized MHPSS services



Staff care includes mapping of wellbeing needs for frontline staff, staff counseling and peer support groups, as well as referral to specialized mental health services

The number of people accessing subsidized mental health consultations in PHCCs supported by LCRP partners increased by 32 per cent from 2020 to 2021, reflecting both increased needs and the increased efforts of Health sector partners to respond to these needs. In 2021, over 105,000 subsidized mental health consultations were provided to vulnerable populations through LCRP programming (including nearly 38,000 for Lebanese, 64,000 for displaced Syrians, 245 for Palestinian Refugees from Syria, 990 for Palestine Refugees in Lebanon and nearly 2,000 for the displaced populations from other nationalities including migrant workers).



Number of subsidized mental health consultations in 2021
Source: LCRP Health Sector partner reporting via Activity Info

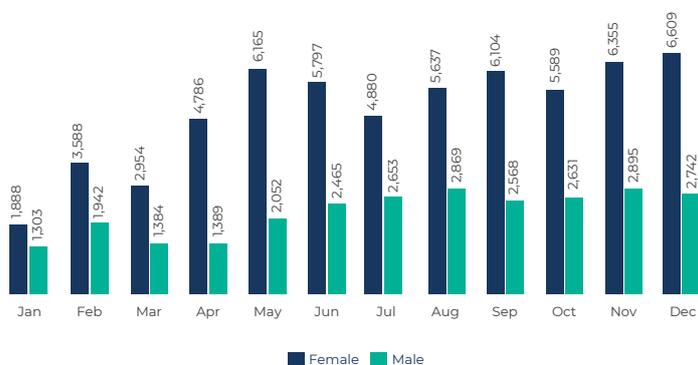
In 2021, nearly 22,500 persons with specific needs have been assisted with **individual counselling, case management and psychosocial support**, representing a significant increase compared to 2020. Of the people assisted in 2021 during January-December, 59 per cent were women, 8 per cent were minors, 9 per cent were people with disabilities, 74 per cent were Syrians and 25 per cent were Lebanese.²⁴



Persons with specific needs provided with MHPSS services (including individual counselling, case management and psychosocial support) in 2021
Source: LCRP Protection Sector partner reporting via Activity Info

23. During focus groups, up to 100% of people (women, men, girls and boys) mentioned stigma or lack of acceptance as the main barrier to accessing MHPSS. UNHCR (2021). *Participatory Assessment Findings - 2020-2021*.
24. ActivityInfo January-December (2021)

Almost 90,000 individuals participated in the **community centres and social development centres** from January to December 2021. Of these participants, 75 per cent were adults and 69 per cent were women. Non-focused PSS sessions were used to address the mental health and wellbeing of individuals.²⁵



Persons participating in community and social development centres in 2021

As seen above, women receive individual counselling, case management and psychosocial support and participate in community centers and social development centers in larger numbers than men. Fear of stigma, masculinity perceptions and lack of adapted services (such as providing services after working hours) might be preventing men from seeking help.²⁶ Elderly people are at high risk of not seeking help for mental health issues.

Support provided to SGBV survivors

In 2021, some 84 per cent of SGBV survivors supported by SGBV actors under the LCRP were referred to MHPSS services provided in community centres, social development centres and designated safe spaces for women and girls.²⁷ PSS interventions for SGBV survivors include non-focused and focused group PSS (with an established curriculum for girls and women used by different partners), case management and individual psychological counselling.

Support provided to children and caregivers in 2021

The following services were provided to children and caregivers by child protection partners in 2021:

Case management



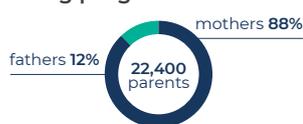
PSS sessions



Community-based PSS activities



Parenting programme activities



10,200 calls related to abuse, child protection and GBV were received by different hotlines coordinated by Child Protection Working Group partners

THE NATIONAL MENTAL HEALTH PROGRAMME (NMHP)

In May 2021, the NMHP announced the launch of the Step-by-Step²⁸ service implementation phase in Lebanon, which is managed by the NMHP and hosted by Embrace Lebanon. It aims to address depressive symptoms in adults with evidence-based therapeutic techniques. The service is comprised of a mobile application and website with the support of trained volunteer e-helpers and supervisors. Step-by-Step is an evidence-based guided self-help application available free of charge for all people living in Lebanon with more than 1,200 participants. The mobile application can be downloaded via the following links:

- <https://khoutouwat.com>
- Apple store: <https://apps.apple.com/de/app/step-by-step/id1487782077?l=en>
- Playstore: <https://play.google.com/store/apps/details?id=de.fuberlin.steppystep>

THE NATIONAL LIFELINE IN LEBANON (1564)

Embrace operates the National Lifeline in Lebanon (1564) for Emotional Support and Suicide Prevention Hotline, in partnership with the NMHP. The Lifeline is a preventive tool that offers an anonymous service for anyone who is in emotional distress or having suicidal thoughts. The service includes: immediate emotional support and psychological crisis intervention; assessment of suicide risk and de-escalation of suicidal crises; and orientation to community-based resources close to each caller's residence.

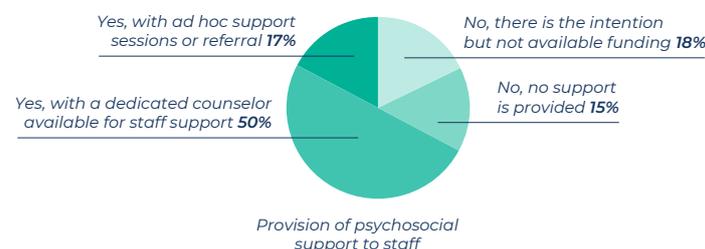
A SILENT THREAT: DETERIORATING MENTAL HEALTH OF FRONTLINE STAFF

The mental health and wellbeing of humanitarian and development staff is increasingly affected by difficult working conditions, long working hours, lack of electricity, increased insecurity and limited accessibility to project sites and communities served. According to a survey on the impact on fuel and electricity shortages on frontliner workers' wellbeing carried out during August 2021 by the SGBV Task Force, 94 per cent of the staff surveyed reported worrying 'often' or 'sometimes' about the circumstances in Lebanon²⁹. More than a third of surveyed staff have not received psychosocial support. Often, support to staff wellbeing is not provided by organizations due to a lack of resources and expertise, and is not included as a budget line in project proposals.

Impact of lack of fuel and electricity (August 2021)
Source: SGBV Taskforce Partners Survey, 2021



Staff worries about circumstances (political instability and community tensions)



25. Activity Info January-December (2021)

26. During focus groups, almost all men and boys mentioned stigma or lack of acceptance as the main barrier to accessing MHPSS. UNHCR (2021). **Participatory Assessment Findings - 2020-2021**.

27. Gender-Based Violence Information Management System – GBVIMS (2021). Information Sharing Protocol Monthly Data Sharing.

28. Step-by-Step (SBS) is an online guided self-help intervention for depression developed by WHO in collaboration with the NMHP in Lebanon, Freie Universität Berlin, and University of Zurich. SBS was adapted, refined and improved, through a substantial research programme in Lebanon led by the NMHP and WHO (2015-2020).

29. SGBV Task Force, August 2021



RECOMMENDATIONS

Recommendations to the Government of Lebanon

- Continue to integrate mental health services within the national health system under a unified comprehensive package of primary healthcare that is accessible to all populations through the primary healthcare network.
- Expand the availability of staff with expertise in mental health service provision in PHCs.
- Scale up training and supervision for healthcare workers on identification, referrals and psychological first aid.

Recommendations to LCRP Partners

- Support PHCs in remote areas to include MHPSS services.
- Continue to make medications available in remote areas, including through decentralization of storage and supporting community mental health centres to conduct screenings, interventions and referrals for mental health hospitalization.
- Support the implementation of the national Maternal Mental Health Guidelines.
- Develop adapted MHPSS interventions for elderly people who might not have access to information and services.
- Continue to raise awareness on mental health issues and stigma associated with accessing MHPSS services, including through the wide dissemination of information on available services. Develop a campaign with the community to address stigma around MHPSS that is linked to the national campaign.
- Strengthen the role of community volunteers in providing non-specialized community-based PSS and increase the number of community volunteers.
- Scale up interventions to provide in-kind menstrual hygiene products, cash to procure these products or support women's organizations to produce reusable menstrual hygiene products.
- Mainstream and integrate MHPSS services within relevant sector interventions, including Education and Protection sector activities.

Recommendations to Donors

- Provide funding to expand access to MHPSS services in line with the needs and areas identified by the MHPSS Task Force, including specialized psychosocial counseling, psychiatric services and focused non-specialized psychosocial support for children and caregivers.
- Provide funding to cover transportation costs and internet fees for people accessing mental health services, as well as for procuring fuel to continue to deliver lifesaving case management and MHPSS sessions for vulnerable people.
- Provide funding to establish specialized MHPSS services in safe shelters providing protection for SGBV survivors.
- Support existing suicide prevention services integrated within the MHPSS Task Force work plan and the National Mental Health Strategy.
- Support funding for staff mental health support services to promote the wellbeing of frontline workers.
- Ensure coordination with the MHPSS Task Force and the National Mental Health Programme for activities to optimize the use of resources and strengthen systems already in place.

Recommendations to the Private Sector

- Provide in-kind donations of menstrual hygiene products and hygiene kits to be distributed to women and girls.
- Invest in women-led small businesses producing reusable menstrual hygiene products.