Psychological Trauma: Theory, Research, Practice, and Policy

Using COVID-19 Responses to Help Strengthen the Mental Health System in Lebanon

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CITATION

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This paper describes national-level mental health responses to COVID-19 in Lebanon. It then notes factors that have supported the mental health response, including how COVID-19 represents a window of opportunity to help strengthen the mental health system in Lebanon.

Keywords: COVID-19, coronavirus, Lebanon, mental health, health system

While COVID-19 has been pushing humanity to question our priorities and is challenging the resilience of economies and the capacity of health systems, it has also shed light on our interdependence as nations, organizations, and individuals, and the central role mental health has in preventing long-term repercussions of COVID-19 on population health and wellbeing. In this paper, we describe national-level mental health responses to COVID-19 in Lebanon and how the COVID-19 crisis may present a window of opportunity to help strengthen ongoing mental health reforms in the country.

The first case of COVID-19 in Lebanon was confirmed on February 21, 2020, a state of emergency was declared on March 15, and more stringent lockdown measures were introduced on March 21. Importantly, this took place in a national context of high levels of poverty and a major political and financial crisis since October 2019. In addition, Lebanon hosts around a quarter of a million Palestinian refugees and well over a million people displaced from Syria, and there are major concerns about outbreak of COVID-19 in the overcrowded refugee settlements in Lebanon.

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Prior to COVID-19, high levels of mental disorder were also reported among refugee and vulnerable Lebanese populations (Karam et al., 2016).

The National Mental Health Response to COVID-19 in Lebanon

The National Mental Health Programme (NMHP) at the Ministry of Public Health in Lebanon has developed, in collaboration with WHO and UNICEF, a comprehensive Mental Health and Psycho-Social Support (MHPSS) Action Plan as part of the National COVID-19 Response (NMHP & MoPH, 2020; NMHP, WHO, & UNICEF, 2020). This COVID-19 MHPSS Action Plan aims to comprehensively address the MHPSS aspects of the COVID-19 outbreak in Lebanon using an integrated approach. This is being implemented in partnership with all relevant MHPSS actors, including other ministries, UN agencies, NGOs, universities, and scientific societies. Importantly, the action plan is aimed toward all persons living in Lebanon, including Palestinian refugees and forcibly displaced persons from Syria. The goals and example activities in the action plan are presented in Table 1.

The COVID-19 MHPSS Action Plan closely aligns with the overall Mental Health and Substance Use Strategy for Lebanon, which guides the reform of the mental health system in Lebanon. The mission of the strategy is to "to ensure the development of a sustainable mental health system that guarantees the provision and universal accessibility of high quality mental health curative and preventive services through a cost-effective, evidence- based and multidisciplinary approach, with an emphasis on community involvement, continuum of care, human rights, and cultural relevance" (MoPH, 2015). This strategy sprung from the humanitarian response in Lebanon to support over a million Syrians who were forcibly displaced into Lebanon in 2011 because of the war in Syria. The humanitarian response in Lebanon acted as a catalyst to "build back better" the mental health system in Lebanon for all persons living in Lebanon, including displaced Syrians (El Chammay & Ammar, 2014; Karam et al., 2016; WHO, 2013).

Table 1

Goals of MHPSS Action Plan for the National COVID-19 Response in Lebanon

Goal	Example activities
Goal 1: Promote mental health and mitigate COVID-19 related stressors including stigma and discrimination against persons affected and health workers	• Mainstreaming MHPSS awareness messages in training of frontline workers. • National campaigns on COVID-19 related stigma and supporting youth mental health. • Disseminating MHPSS awareness material for coping with stress and referral sources. • MHPSS checklists, training, and referral sources for COVID-19 hotline operators.
Goal 2: Provide mental health support to the persons in quarantine in the hospital or at home	• Checklists, training, and referral support for nurses and responders. • Phone-based MHPSS support. • Disseminating MHPSS guidance and tools for coping with stress.
Goal 3: Support the mental health of health workers and first responders in the response	• Brief training for nurses working in quarantine on self-care using recorded videos and a provided self-care tip-sheet. • Support system for health workers in the quarantines (including phone-based support from mental health professionals). • MHPSS information, regular meetings, and referral support
Goal 4: Ensure continuity of care for persons using mental health services in line with Infection Prevention and Control guidelines	• Guidance on conducting phone-based mental health consultations and follow-up. • Mandatory directive that all public and private hospitals with a psychiatry ward admit patients in need of urgent care regardless of their capacity to pay.

Note: MHPSS = Mental Health and Psycho-Social Support. (NMHP, WHO, & UNICEF, 2020)

Factors Supporting MHPSS Responses for COVID-19

The COVID-19 response for MHPSS has been supported by a number of factors, largely stemming from progress made through implementing of the Mental Health and Substance Use Strategy. First, the NMHP (established 2014 as part of the strategy) exists as a central governing body for mental health. Second, the Mental Health Strategy has laid out a clear plan for mental health system reform, which the COVID-19 response supports. Third, they have already implemented key activities prior to COVID-19, which then support the COVID-19 response, activities such as establishing a National Emotional Support and Suicide Prevention hotline, running an online platform for mapping of MHPSS services, and conducting training for health workers on psychological first aid, management of emotional crisis, interpersonal psychotherapy for patients at primary care level, and safe identification and referrals of persons in need of specialized care. Fourth, the implementation of the strategy used a collaborative governance model through a network of multisectoral stakeholders and a coordination mechanism including more than 40 partners chaired by the NMHP and cochaired by WHO and UNICEF. The collaborative governance model seeks to encourage different government ministries, community, and private and non-for-profit sectors working together to achieve more than any one sector could achieve on its own (Emerson & Nabatchi, 2015). This model of cooperation built trusting relationships that led to stakeholders rapidly unifying around the common MHPSS Action Plan for COVID-19. Fifth, mental health research projects are being utilized to help support mental health system responses, including the use of guided self-help interventions through mobile phones, which has become even more relevant given the increasing stress and restrictions on movement from COVID-19.

COVID-19 as a Window of Opportunity

Just as the Syrian refugee crisis helped to catalyze mental health strategy and systems reform in Lebanon, COVID-19 is an oppor-

tunity to further strengthen mental health system reforms. For example, the Prime Minister's Office has agreed to make the National Emotional Support and Suicide Prevention Hotline toll free as a result of the lockdown. Transportation has been improved for persons in need of urgent mental health care. Training on mental health topics and referral sources was conducted for key groups such as nurses, doctors, social workers, COVID-19 hotline operators, and first responders. Another key development has been successfully demanding that all hospitals with psychiatry wards, including private ones, provide persons in urgent need of inpatient care with this service regardless of their capacity to pay. This policy was accelerated as the two main psychiatric institutions in Lebanon had to stop admitting new patients because of fears their overcrowded conditions risked increasing COVID-19 transmission. This change constitutes an important step forward toward the long-term priority of deinstitutionalizing mental health care. Finally, COVID-19 and movement restrictions in the lockdown measures have led to new conversations on mental health and increasing coverage in the mainstream and social media. This is a key step in raising understanding and reducing stigma of mental health and highlighting sources of mental health support.

There are clearly many challenges in supporting mental health responses to COVID-19, such as very limited financial and human resources, limited access to MHPSS services, stigma and discrimination against people living with mental health disorders, and a high number of vulnerable populations such as refugees (MoPH, 2015). Importantly, the ongoing political and financial crisis in Lebanon risks magnifying these challenges. However, perhaps now more than ever, there is an awakening of persons, communities, and government to the importance of mental health. The scale of this opportunity is unprecedented, and out of the fear and suffering from COVID-19, there is also a real chance to profoundly affect people's wellbeing, health systems, societal priorities in a positive way.

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