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Liban : accès à des soins psychiatriques

Renseignement de l'analyse-pays de l'OSAR

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Sommaire

Ce rapport repose sur des renseignements d'expert-e-s et sur les propres recherches de l'Organisation suisse d'aide aux réfugiés (OSAR). Conformément aux standards COI, l'OSAR fonde ses recherches sur des sources accessibles publiquement. Lorsque les informations obtenues dans le temps imparti sont insuffisantes, elle fait appel à des expert-e-s. L'OSAR documente ses sources de manière transparente et traçable, mais peut toutefois décider de les anonymiser, afin de garantir la protection de ses contacts.

1 Introduction

Les questions suivantes sont tirées d'une demande adressée à l'analyse-pays de l'OSAR :

1. Quelles sont les possibilités de prise en charge au Liban pour une femme qui souffre de dépression et qui a des tendances suicidaires ?

2. Une femme qui a subi une opération chirurgicale et qui en garde des séquelles, peut-elle bénéficier des soins de réhabilitation/réadaptation et/ou obtenir un soutien matériel ou financier de la part de l'État, d'une association ou d'une institution lors de sa convalescence ?

L'analyse-pays de l'OSAR observe les développements au Liban depuis plusieurs années.[1] Sur la base de ses propres recherches ainsi que de renseignements transmis par des expert-e-s externes, elle apporte les réponses suivantes aux questions ci-dessus.

2 Accès à des soins de santé

2.1 Soins psychiatriques

Des services de santé mentale sous-financés. Disponibilité limitée des soins psychiatriques qui sont largement privatisés et concentrés dans les zones urbaines. Exode du personnel médical qualifié. Selon l'*Arab Reform Initiative*, un consortium d'instituts d'analyse politique indépendants, au Liban, les soins de santé mentale sont prodigués par trois acteurs différents. Il existe d'une part les institutions publiques composées de différentes branches au sein du ministère de la santé et d'autre part les cliniques privées. Il est également possible de s'adresser aux ONG locales et internationales. Avant l'explosion de Beyrouth, en août 2020, seuls trois hôpitaux psychiatriques et cinq unités psychiatriques placées dans des hôpitaux généraux fonctionnaient au Liban. Le pays compte environ 1.5 psychiatre pour 100 000 habitants, la majorité travaillant dans le privé ou pour des ONG. Les services de soins de santé mentale sont concentrés dans les zones urbaines. L'explosion de Beyrouth en août 2020 a réduit l'offre de soins avec la destruction de deux unités de psychiatrie hospitalière, alors que d'autres ont fermé en raison de la pénurie de lits due à la pandémie (*Arab Reform Initiative*, 28 septembre 2021). Selon *S M Yasir Arafat et al*., les services de santé mentale du Liban sont sous-financés et sont généralement limités aux centres urbains. Il existe également un nombre limité d'unités psychiatriques dans les hôpitaux, mais également une pénurie des professionnel-le-s de la santé mentale (*S M Yasir Arafat et al*., 1er novembre 2020). Selon *Médecins sans frontières* (MSF), les services de santé mentale au Liban sont dans un état particulièrement préoccupant, notamment en raison de la crise économique. Celle-ci a favorisé le départ de nombreuses et nombreux professionnel-le-s de la santé qui ont préféré tenter leur chance à l'étranger. Il en résulte un manque de personnel médical expérimenté et qualifié dans le secteur public (MSF, 14 octobre 2021). Selon *Natali Farran*,

[1] www.osar.ch/publications/rapports-sur-les-pays-dorigine

une chercheuse à l'American University de Beyrouth avec une formation de neuropsychologue, les services de santé mentale sont rares et fragmentés et ne sont pas capables de répondre aux besoins. Cette source note que le nombre de professionnel-le-s de la santé mentale, estimé à environ 15 pour 100 000 habitant-e-s en 2015, a depuis diminué, suite notamment à l'explosion de Beyrouth qui a touché plus d'un tiers des établissements de santé (*Natali Farran*, 24 septembre 2021).

Pénurie de médicaments. Selon l'*Arab Reform Initiative*, le pays fait face à une pénurie de médicaments car les patient-e-s ont tendance à stocker ceux-ci en période crise. Un autre facteur tient à la décision de la Banque mondiale de ne plus subventionner les médicaments (*Arab Reform Initiative*, 28 septembre 2021).

Coût des soins de santé mentale en forte augmentation depuis 2019. Couverture très maigre des soins psychiatriques par l'État et les assureurs privés. Les subventions de l'Etat se concentrent sur les patient-e-s hospitalisé-e-s dans 3 hôpitaux publics. Selon le site d'information libanais *The961*, ces dernières années, les prix d'une consultation psychiatrique ont connu une flambée importante, passant en moyenne de 70 000 livres libanaises, ou l'équivalent de 43 francs suisses[2], en 2019, à 300 000 livres libanaises, ou l'équivalent de 184 francs suisses, en 2021. Deux séances chez le psychiatre reviendraient donc à presque autant que le salaire minimum fixé à 675 000 livres libanaises (*The961*, 27 juin 2021). D'après l'*Arab Reform Initiative*, les soins de santé mentale ne sont que très faiblement soutenus par l'État et peu ou pas couverts par les assurances privées. Seul un pourcent du budget du ministère de la santé est alloué aux patient-e-s qui ont besoin de soins de santé mentale. Ces ressources sont essentiellement utilisées pour subventionner les patient-e-s hospitalisé-e-s dans trois hôpitaux publics désignés avec une petite partie pour les hospitalisations privées. La Caisse nationale de sécurité sociale couvre les frais hospitaliers dans les trois hôpitaux désignés, ainsi que les médicaments psychiatriques et une partie des frais de consultation privée (*Arab Reform Initiative*, 28 septembre 2021). Selon *Natali Farran*, seuls cinq pourcent du budget général de la santé sont alloués aux services de santé mentale. Ces fonds sont principalement utilisés pour financer la couverture des frais d'hospitalisation de longue durée dans les hôpitaux privés (*Natali Farran*, 24 septembre 2021). *S M Yasir Arafat et al*., relèvent l'absence d'une loi sur la santé mentale et le fait que les coûts élevés des soins de santé mentale ne sont souvent pas couverts par les assurances (*S M Yasir Arafat et al*., 1er novembre 2020).

Des soins de santé mentale réservés aux plus aisés en raison des coûts élevés et de la faible couverture de ces soins. *Natali Ferran* confirme que les soins de santé mentale ne sont pas couverts de manière adéquate par les assurances. Elle indique que cette couverture limitée est un des principaux obstacles à l'accès aux soins de santé mentale (*Natali Farran*, 24 septembre 2021). Pour *The961*, les prix très élevés des soins de santé mentale font que seules des personnes très aisées financièrement peuvent se permettre d'obtenir ces soins (*The961*, 27 juin 2021). Pour MSF, les populations les plus vulnérables ont un accès particulièrement restreint à ce type de soins, notamment en raison de la privatisation de ces services et donc des prix élevés. Le manque de ressources de l'État ne permet pas à celui-ci d'intégrer les soins de santé mentale dans l'offre gratuite des services de santé de base. En conséquence, les services de soins de santé mentale sont pratiquement inaccessibles pour les

[2] Selon le taux de change du 31 mars 2022.

personnes le plus pauvres et celles qui vivent dans des régions reculées du pays (MSF, 14 octobre 2021).

Accès très limité aux soins psychiatriques, exacerbé depuis 2019 par l'effondrement économique. Manque de ressources et stigmatisation des troubles mentaux qui contribue à retarder le moment de consulter. Pour l'*Arab Reform Initiative*, il existe des lacunes générales en termes de financement et d'expertise des soins de santé mentale, mais également des manquements dans le système d'orientation entre tous les niveaux de soins afin que les personnes souffrant de troubles mentaux puissent accéder aux services ambulatoires et hospitaliers. L'accès à ces services est limité en raison d'un manque de ressources, mais également en raison de stigmatisation et d'un manque de sensibilisation à ce type de troubles au sein de la population. Selon une étude citée par l'*Arab Reform Initiative*, au Liban, les personnes souffrant de symptômes d'anxiété mettent entre six et 28 ans avant d'aller consulter. Ce délai important peut entrainer une détérioration et aggravation importante de ces troubles. L'accès à ces soins s'est encore davantage détérioré depuis 2019 et l'effondrement économique du Liban, en particulier pour les populations particulièrement vulnérables telles que les groupes à faible revenu et les groupes marginalisés. Le nombre de personnes souffrant de troubles mentaux, notamment de dépressions, a également augmenté, en particulier à la suite de l'explosion de Beyrouth en août 2020, mais également en raison du confinement imposé par la pandémie COVID-19 (*Arab Reform Initiative*, 28 septembre 2021). *S M Yasir Arafat et al*. signalent également que la forte stigmatisation des troubles mentaux au Liban est un problème important (*S M Yasir Arafat et al*., 1er novembre 2020). Pour *Natali Farran*, le système de santé mentale souffre d'un manque de formation, mais également de faibles interactions entre les soins primaires et ceux de santé mentale. Les soins de santé mentale ne sont pas suffisamment intégrés dans les soins de santé primaires (*Natali Farran*, 24 septembre 2021).

Une assistance fournie aux plus démunis par les ONG de la société civile et internationales. Selon l'*Arab Reform Initiative*, les Libanais-e-s qui ne peuvent s'offrir une assurance sont aidés par diverses ONG de la société civile. Depuis 2013, une équipe spéciale de soutien psychosocial (MHPSS TF) a été mise en place pour mettre en œuvre diverses interventions en coordination avec 62 acteurs non-gouvernementaux. Les principales ONG impliquées dans la fourniture de soins de santé mentale, et qui travaillent en partenariat avec le ministère de la santé sont International Medical Corps, ABAAD, Embrace, IDRAAC et Médecins Sans Frontières (*Arab Reform Initiative*, 28 septembre 2021). Pour *Natali Farran*, dans ce contexte de la crise économique, l'aide internationale joue un rôle très important dans l'assistance aux personnes atteintes de troubles mentaux (*Natali Farran*, 24 septembre 2021).

2.2 Soins de réhabilitation/réadaptation

Les personnes au bénéfice d'une carte d'invalidité ont un accès gratuit à des services de santé, y compris des services de réadaptation et des soins à domicile. Toutefois, d'importants obstacles subsistent pour accéder à ces soins, y compris une couverture incomplète et un manque de disponibilité de ces services. Selon ANERA, une ONG active en Palestine, au Liban et en Jordanie dans l'assistance aux réfugiés et autres populations vulnérables, au Liban, les personnes handicapées et celles disposant de peu de revenus peuvent bénéficier de programmes d'assistance de la part du ministère des affaires sociales.

Une carte d'invalidité permet aux personnes qui remplissent les critères d'accéder à des services telles que l'éducation, des services de thérapies, des équipements spécialisés et de soins à domicile. Pour les familles à bas revenus dont le « score de vulnérabilité » remplit les critères établis, le *National poverty targeting program* permet d'accéder à des subventions à l'éducation, à la santé et à des biens alimentaires (ANERA, 10 novembre 2021). *Maysa Baroud*, une chercheuse libanaise qui se base sur une étude conduite en septembre 2017 auprès de personnes handicapées au Liban, confirme que les citoyen-ne-s libanais-es qui souffrent d'un handicap reconnu et qui ont reçu une carte d'invalidité, ont en principe le droit à un large éventail de services de soins de santé, y compris les services primaires, secondaires et de réadaptation/réhabilitation. Ces services sont entièrement pris en charge par les ministères concernés. En pratique, toutefois, les personnes handicapées rencontrent un certain nombre d'obstacles pour accéder à ces services. Plus de la moitié des personnes invalides interrogées pour cette étude ont rapporté que le manque de couverture pour les services de soins payants était un obstacle à l'accès à ces services. Bien que la loi 220/2000 prévoit une couverture complète des services de santé pour les personnes handicapées, aucun décret d'application n'a été publié pour cette loi. Même en possession d'une carte d'invalidité, les personnes handicapées se voient parfois refuser des soins par des organisations, au motif que l'État tarde à leur rembourser les services fournis. Un autre obstacle, signalé par plus de 56 pourcents des personnes interrogées, est le manque de disponibilité des services tels que ceux de réadaptation. Pour *Maysa Baroud*, les personnes handicapées qui n'obtiennent pas de carte d'invalidité font face à des difficultés encore plus importantes pour couvrir les frais de santé (*Maysa Baroud*, décembre 2017).

3 Assistance sociale

Un système de protection faible qui, dans le contexte de la crise économique actuelle, ne fonctionne presque plus. La responsabilité de fournir une assistance et des services au plus démuni-e-s a été largement transférée aux ONG locales et internationales qui manquent également de moyens. Plus de 50% de la population active n'a pas accès à la sécurité sociale. Selon *ANERA*, le système de protection sociale a toujours été faible et en comparaison avec d'autres pays de la région, le soutien offert est bien inférieur. Moins d'un pourcent du PIB est consacré à l'aide sociale. Dans le contexte de la crise économique et financière actuelle, le système social ne fonctionne presque plus et de nombreuses formes de soutien et d'assistance sont inexistantes. A cette crise économique et à une corruption endémique, vient s'ajouter le poids économique et social induit par le nombre considérable de personnes réfugiées de Syrie que le pays accueille depuis 2011. En raison de cette pression, la responsabilité de fournir des programmes de protection sociale a été transférée de l'État vers des organisations privées et à but non lucratif. Selon ANERA, ces organisations n'ont toutefois pas la capacité de coordonner efficacement tous les services de sécurité sociale et cela conduit à un manque de cohérence dans la qualité et la mise en œuvre des programmes. Le Fonds national de sécurité sociale, mis en place dès les années 1960, fournit en principe une gamme de programmes médicaux, éducatifs, de retraite et de soutien aux familles. Toutefois, en raison d'un manque de fonds et de la dévaluation de la monnaie, ce fonds ne fournit qu'une couverture minimale pour ces programmes. Pour être éligible aux programmes de sécurité sociale, il faut faire partie du secteur privé formel, donc avoir un emploi imposable. Les personnes actives dans le secteur informel, courant dans l'agriculture, la construction ou le travail domestique en sont exclues. Pour les personnes actives dans le

secteur public, un programme social distinct est disponible. Dans l'ensemble, depuis 2019, plus de 50 pourcents de la population active n'a pas droit à la sécurité sociale (ANERA, 10 novembre 2021).

4 Sources:

ANERA, 10 novembre 2021:

> « ***Government social safety net programs provide healthcare, health insurance, retirement funds, disability payments, education, and other welfare services to people. The social safety net system has always been weak in Lebanon, but due to the economic and financial crisis it barely functions, and many forms of support are nonexistent.***
>
> *Even before gaining independence from France in 1943, the political and cultural landscape of Lebanon was unstable. Following independence, Lebanon experienced civil war, sectarian violence, and an influx of refugees from Syria and Palestine. Multiple regional conflicts also drew the country in. This has led to exceptionally high levels of wealth inequality. Present day Lebanon is suffering a deep political and economic crisis.*
>
> ***Overall social safety net services in Lebanon receive little government funding and minimal coverage. On average the support it offers is much lower than other countries in the region. The Lebanese government spends less than 1% of GDP on social assistance, whereas the average for the Middle East and North Africa is 1.7%.***
>
> *Since 2019, the value of the Lebanese pound has plummeted, and political instability and debt are high. In the wake of the* ***Syrian Civil War*** *that began a decade ago, Lebanon hosts among the largest number of refugees per person in the world.* ***Along with endemic corruption, these issues have made it almost impossible for government social safety nets to serve their purpose****.* ***The strains on the government's administration have caused the responsibility of providing social safety net programs to shift. People in Lebanon rely on private and non-profit organizations to receive most social safety net benefits.***
>
> ***The many different nongovernmental organizations must do their best to coordinate the bulk of social safety net services. This has led to an inconsistency in quality and implementation, and poor coordination of programs****. It also leads to confusion about demographics and numbers. The combination of these issues makes it complicated for all private, public, and nonprofit organizations to administer programs.*
>
> *Outlining the (minimal) formal social safety net*
> *In the 1960s the Lebanese government created the National Social Security Fund to provide a range of medical, educational, retirement, and family support programs.* ***Currently the social security fund only provides minimal coverage for these programs due to a lack of funds and currency devaluation.***
>
> ***The social security fund only provides services for Lebanese in the formal private sector. These are jobs with taxable wages. People working informal jobs that are common in agriculture, construction, housekeeping, artisanal work, and childcare aren't eligible for***

social security programs. *(Those who work in government agencies have a separate program.)* ***As of 2019, 50% of the labor force isn't eligible for social security. The number now may well be higher.***

The Ministry of Social Affairs (MoSA) also offers three types of programs to cover people with disabilities, children in institutional care, and people with little to no income. *Displaced peoples from Palestine and Syria are not eligible for any of these programs.*

One of the programs MoSA offers under the social protection program is the personal disability card. The card lets the holder access assistance and resources as long as they register and meet certain criteria. Having a disability card allows a person to access education, therapy services, specialized equipment, as well as in-home care provided through the ministry and other providers.

MoSA also operates care facilities for children, where children receive food and education. Most of the children in the ministry's care are not orphaned or abandoned. The problem is that there is a growing number of children in need of assistance due to the economic situation in Lebanon. This program does not provide alternative care options for children or support for families to keep children.

*Currently****, the only cash assistance program for the poor (known as the National Poverty Targeting Program) facilitates the delivery of social assistance through education subsidies, health subsidies, and food assistance to eligible households. Eligibility is determined through a standardized assessment conducted by MoSA social workers****. Households are ranked in terms of poverty levels based on 'vulnerability scores.' These services are mostly funded by the UN, the European Union, Germany, Canada, Norway, Italy and France.*

The need for stronger social support services

Precise poverty numbers are difficult to come by due to the political situation. ***In 2020 the United Nations estimated that 55% of the Lebanese population was living in poverty, based on their income****. However, looking at poverty based on income alone does not provide a full picture of deprivation in Lebanon.*

Multidimensional poverty expands the definition of poverty beyond monetary metrics to include other forms of deprivation. Following this framework, 82% of the population lives in multidimensional poverty. This means 82% of the Lebanese population experiences deprivation of one or more of the following: healthcare, electricity, education, housing, food, medicine or clothing. *[…]* » Source: ANERA, Falling Through the Social Safety Net in Lebanon, 10 novembre 2021: www.anera.org/blog/falling-through-the-social-safety-net-in-lebanon/.

Arab Reform Initiative, 28 septembre 2021:

« ***In Lebanon, mental health needs are tackled by three main actors. Firstly, there are public institutions that consist of different branches within the Ministry of Health. Secondly, there are private hospitals and clinics that operate outside the public sphere. Thirdly, within civil society, there is a range of local, and international non-governmental***

organizations (NGOs) that fill the gap where state structures are insufficient. *The following sections seek to explore the role each has played in the treatment of the mental health of the population.*

Public Institutions

Before 2013, the establishment of mental health infrastructure in Lebanon had been led primarily by the private sector, that is, private hospitals. Beyond private actors, local and INGOs would additionally work alongside these private intuitions*. In 2014, the Ministry of Public Health launched the National Mental Health Program along with a five-year Mental Health and Substance Use Strategy to better adhere to the WHO's Global Action Plan for Mental Health 2013-2020. This strategy aimed to train primary care workers, introduce the dissemination of evidence-based treatments, and increase accessibility of services to Syrian refugees. Another pillar of this initiative has been to expand support for research in this sector. This research includes projects seeking to improve access to the WHO's Problem Management Plus program using technology, to enhance similar programs for children and adolescents, and to develop family-focused psychosocial support for at-risk youth.* ***The Ministry of Public Health typically contracts out private hospitals to serve those requiring inpatient care. Only three mental hospitals and five psychiatric units placed within general hospitals operated in Lebanon prior to the Beirut explosion.***

In terms of coverage, the Ministry of Public Health allocates only 1% of its budget for patients seeking treatment for mental health conditions. This percentage subsidizes the cases of hospitalization in three designated government hospitals, along with a small quota for private hospitalization. The Ministry also provides psychiatric medication. The National Social Security Fund covers hospitalization in one of the three designated hospitals, psychiatric medication, and a portion of private consultation fees. Members of the military and public employees also receive coverage for medication, a percentage of consultation fees, and hospitalization*. Specifically, public servants possess public health insurance through the Cooperative of Civil Servants. The United Nations Refugee Agency (UNHCR) covers 85-90% of fees for Syrian refugees and PCR tests for COVID-19, the United Nations Relief and Works Agency for Palestine Refugees (UNRWA) covers fees for Palestinian refugees in Lebanon, and various NGOs in civil society cover Lebanese who cannot afford coverage or insurance. With regards to vulnerable people, the Ministry has identified 13 vulnerable/marginalized communities in its strategy to improve mental health services in the country.* *Often, these are individuals who are not registered legally in the country and possess barriers to accessing services. Support for LGBTQI people also remains limited to services available within Beirut, with NGOs such as Mosaic, LebMASH, SIDC, and the International Medical Corps playing a large role in this community.*

In 2013, the Lebanese Ministry of Public Health set up, in partnership with WHO and UNICEF, a Psychosocial Support Task Force (MHPSS TF). According to a former employee of the MHPSS TF, the unit coordinates with over 62 mental health and psychosocial non-governmental actors and seeks to implement various evidence-based interventions. These strategies include the integration of mental health into primary healthcare, developing community-based multidisciplinary mental health teams, training service providers on interpersonal psychotherapy, and piloting e-mental health services. *Following the Beirut explosion, this initiative also established a comprehensive directory of mental health professionals for mental health support for those affected.*

The former employee of the MHPSS TF highlighted how the general concerns surrounding trust in governance does not affect the work of the task force, as their expertise is sectoral, non-political, and transparent. One way in which the task force claims to operate is to map which actors are working on which issues, highlighting which services are available and which mental health disorders are prevalent on a platform administered by the ministry. Organizations and relevant actors sign MOUs with the task force agreeing to report their activities, and in return they can access information regarding needs in the general population mapped by the task force. Despite the alleged positive relations between the task force and these organizations, not all their activities are reported consistently to the task force due to the burden of their own work loads, obligations to external donors, and/or an absence of funding contingent on this reporting as incentive.

We interviewed Dr. Georges Karam, to understand more about the role of civil society actors in the crisis.

Non-Governmental Organizations (NGOs, INGO)

Despite the claims made by the ministry of health, civil society actors painted a completely different picture concerning their work with the Ministry on the ground. The head of the 'Institute for Development, Research, Advocacy and Applied Care' (IDRAAC), an NGO, Dr. Georges Karam, asserts that the Ministry of Public Health has not performed its due diligence in providing adequate resources to civil society actors who function as part of the Task Force. He claimed that the ministry had not fulfilled its duty to address issues brought up by different NGOs, for instance the shortage of in-patient psychiatric facilities due to the pandemic. After a year and half of inaction, the ministry of health ultimately delegated responsibility to various NGOs to retrieve the necessary funds to build new facilities.

***Of the NGOs involved in mental healthcare, International Medical Corps, ABAAD, Embrace, IDRAAC and Médecins Sans Frontières remain the largest participants in the partnership with the Ministry of Public Health**. Specifically, with regards to the COVID-19 pandemic, MHPSS identified its goals in working with such partners is to raise awareness on ways to cope with the stresses associated with the crisis, orient individuals to the available national lifeline and call centers, provide mental health support for those in quarantine, and support the mental health of healthcare workers and first responders.*

IDRAAC gave some examples of the activities NGOs implement for mental health promotion. IDRAAC has played an active role in advancing academic work concerning the mental health sector, producing over 200 publications. Moreover, the institute has advocated for the reform of mental health legislation and led several public awareness campaigns. As a response to the Beirut port explosion, they have created a free walk-in clinic for psychological first aid and psychological assessments, as well as a 24/7 hotline.

Gaps and Challenges

Pre-crisis

Gaps exist in Lebanon's mental health infrastructure. Beyond a general need for increased funding and expertise, one main challenge is the need to establish a solid referral system between all levels of care to guarantee access to outpatient- as well as in-

patient services for persons with mental disorders. Lebanon has about 1.5 psychiatrists per 100,000 people, with most working in private practice or NGOs. In addition to a serious lack of resources, the majority of Lebanese with chronic mental health disorders do not seek help or treatment due to a lack of awareness regarding these disorders, along with various barriers (such as financial limitations and lack of resources) and social stigma. A study conducted in Lebanon showed that individuals with symptoms of anxiety may take 6-28 years to seek and receive the relevant treatment due to the societal barriers listed above. *The failure to assess these cases can lead to a more rapid progression of these chronic disorders towards a state of debilitation.* ***Mental health services receive minimal support from the state and qualify for little to no private insurance coverage. These services are concentrated in urban areas and remain underfunded. Geographical limitations are most pronounced in regions like Akkar, Marjeyoun, the areas near the Lebanese/Israeli border, and the Baalbek/Hermel area, which remain remote and demonstrate a lack of professionals in the mental health sector.***

Current Crisis

These mental health challenges have been exacerbated by the economic collapse of the country beginning in October 2019, only augmenting these barriers for those exhibiting chronic mental illness or new on-set disorders, particularly for especially vulnerable populations such as low-income groups and marginalized communities (e.g. refugees, migrant workers, etc.). Bouts of depression became more prevalent following the protests that erupted across the country in the same period and the subsequent economic crisis. Following the Beirut explosion in August 2020, many have reached levels of pathological depression. *Moreover, individuals experiencing other mental health disorders have since relapsed.* ***Lebanon's National Emotional Support and Suicide Hotline, administered by the NGO Embrace, reports receiving triple the calls in 2020 than they did in 2019, due in part to the factors described above along with pressures derived from coronavirus-related lockdowns. This rise in needs has been paralleled by a massive blow to the country's capacity to respond. In 2020, two in-patient psychiatric units were destroyed by the Beirut explosion and others were closed due to bed shortages in light of the COVID pandemic. Prior to the Beirut explosion, Lebanon was already experiencing a shortage of beds in such units. The head of IDRAAC urged for more in-patient psychiatric facilities due to the pandemic, which the ministry of health failed to coordinate. Dr. Karam added that medication shortages have become more common because patients have been rationing months-worth of psychiatric medications when they are restocked due to the economic crisis and the Central Bank's decision to no longer subsidize medications.*** *[…]*

According to the former member of the MPHSS Task Force, stigma and concern for confidentiality surrounding mental health disorders remain one of the largest challenges for treatment in Lebanon today. In a recent study, participants cited a lack of trust in the healthcare system, the quantity of services and the ability of specialists to adequately address needs and respect confidentiality. *Moreover, many people are unaware of the proximity of organizations and their available services. As a result, these organizations often only target the same category or people in their campaigns, typically teenagers and those with access to social media. Various campaigns have been carried out on television through the Ministry of Health, though this approach has become more infrequent since the advent of the recent crises.* ***Individuals from lower socio-economic status, the elderly, and those exhibiting extreme mental health conditions are the ones who are more likely to fall through the cracks of service provision.*** *The former employee of the MPHSS Task Force also cited*

funding as a concern up until the Beirut explosion. Following the explosion, there has been an influx of funding and services, which in turn has allowed for enhanced awareness. » Source: Arab Reform Initiative, Mental Health Reforms in Lebanon During the Multifaceted Crisis, 28 septembre 2021: www.arab-reform.net/publication/mental-health-reforms-in-lebanon-during-the-multifaceted-crisis/.

Maysa Baroud, décembre 2017:

*« **All Lebanese citizens with a disability can register for a disability card via the Ministry of Social Affairs (MoSA) as per law 220/2000 on the Rights of Disabled Persons, as long as they meet the definition for disability stipulated by the law. Cardholders are entitled to a wide range of healthcare services, including primary, secondary and rehabilitation services, to be covered in full by the relevant ministries.** […]*

Furthermore, the crisis has placed a heavy burden on both primary and secondary healthcare organizations in Lebanon in terms of infrastructure and financial sustainability, especially in the North and Beqaa governorates (Government of Lebanon, UN Resident and Humanitarian Coordinator for Lebanon, 2017).

***Though a number of Lebanese ministries and humanitarian agencies provide healthcare services for PwDs in Lebanon, PwDs still face several barriers to accessing healthcare, resulting in unmet needs, and having a detrimental impact on their physical and mental wellbeing**. Survey respondents reported a number of complications, as well as psychological stress, as a result of not receiving the healthcare services they require. Among survey respondents, 21.6% reported suffering from a secondary healthcare condition, such as diabetes, cardiovascular disease, hypertension and/or asthma.*

***Moreover, a number of respondents reported needing but not receiving kinetic aids and medical devices, the lack of which impacts their way and quality of life. As a result, respondents reported turning to relatives or friends for financial assistance (57.2%), abandoning treatment or medication (55.6%), and the sale of possessions or property (30.7%) as means of coping with the lack of services and unmet needs**. In some cases, respondents reported working on illegal migration (21.4%), begging (7.4%) and returning to Syria for care as coping mechanisms (7.0%). […]*

Lack of coverage for certain healthcare services
Respondents (55.8%) also reported lack of coverage for services that are not free as a barrier to accessing healthcare services. The law 220/2000 for the Rights of the Disabled mandates full coverage of healthcare services for all Lebanese PwDs, however no implementation decrees have been issued for the Law (Lebanese Civil Society's Coalition, 2015). Up to May 2015, only 90,583 Lebanese were disability cardholders, possibly due to the strict definition for disability set by the law, and to favoritism influencing its distribution (Raef & El-Husseini, 2015). Even with a disability card, PwDs are sometimes denied care by organizations, which state that ministries are late to reimburse them for services provided (Raef & El-Husseini, 2015). […]

Both Lebanese and refugees receive acute medications free of charge, and chronic medications and consultations at a minimal fee through certain centers in the MoPH network;

however, permanent medications (54.9%) and medical consultations (54.5%) were the two most common services cited as required by respondents.

*From among those who specified whether they had received the required service or not, the majority had not received it. In addition****, despite subsidies that cover laboratory and radiology tests for both Lebanese and refugees through the PHC network, lack of coverage for these services was cited as a barrier to accessing healthcare by 33.1% of respondents.***

Structural barriers
Limited availability of specialized services, such as rehabilitative services, for PwDs was reported as a barrier by 56.4% of respondents*. Other structural barriers cited included health centers not being equipped structurally to accommodate PwDs, such as centers lacking ramps or elevators or the proper equipment, and staff not having the proper training to deal with PwDs. […]*

Lack of documentation is an issue both for Lebanese and refugees. Lebanese who do not have the disability card face significant difficulties in covering healthcare costs*. […]*

Lack of information on healthcare services available
Discrepancies between the types of services that respondents reported as unmet, and the services available to them, point to a ***lack of information or awareness concerning available healthcare services. Moreover, 29.2% of respondents reported that lack of information about the healthcare services and healthcare centers available acted as a barrier to accessing healthcare for them****. The majority of respondents reported receiving health information from their communities, through WhatsApp groups, or via the directory prepared by informal groups of PwDs from their community.* *Very few reported obtaining information from humanitarian organizations, health centers, or the available hotline. »* Source: Maysa Baroud, Improving healthcare access for persons with disabilities in Lebanon: Together for justice in service provision, décembre 2017: https://www.aub.edu.lb/ifi/Documents/publications/policy_briefs/2017-2018/20171215_improving_health_access.pdf.

S M Yasir Arafat et al., 1er novembre 2020:

« Lebanon has a population of approximately 6·8 million people. The country has also been accommodating around 250 000 refugees from Palestine since the 1950s and 1·5 million refugees from Syria since 2010. ***Despite the prevalence of psychiatric disorders at 17% and a treatment gap of 89·1%, Lebanon's mental health services remain underfunded and are usually limited to urban centres.***

Mental health care in Lebanon faces many challenges, some of which include the absence of a mental health act, high stigma surrounding mental health, restricted government funding, a low general health budget, elevated costs of mental health care with inadequate insurance coverage, few inpatient psychiatric units, and a shortage of mental health professionals including psychiatrists, psychiatry nurses, and social care workers. These challenges have been aggravated by the COVID-19 pandemic, a major explosion in the port of Beirut on Aug 4, 2020, and political unrest occurring in the country since October, 2019*.*

To improve mental health care in a timely manner, the Lebanese Government and international organisations should focus on allocating appropriate funding for mental health services, treatment, and training for health-care workers; scaling up community services, promoting mental health through awareness campaigns, and providing appropriate psychological first aid.

In 2020, the Ministry of Public Health in Lebanon, in association with WHO and UNICEF, started a comprehensive Mental Health and Psychosocial Support action plan to address the mental health issues caused by the COVID-19 pandemic.

***Additional problems caused by the Beirut explosion and political unrest highlight the compelling need for global organisations such as WHO, UNICEF, United Nations High Commissioner for Refugees, and the World Psychiatric Association to support the Middle East Psychological Association and local mental health institutions**. This additional support would speed up the process of finding culturally appropriate, immediate, and effective measures to improve mental health care in Lebanon. Scientists, medical practitioners, and legislators need to formulate policies within the framework of existing mental health services to reduce the treatment gap and improve mental health of the Lebanese population. An immediate and dedicated crisis response team could be a primary initiative to deal with the current disastrous situation. »* Source: S M Yasir Arafat et al., Psychiatry in Lebanon, 1er novembre 2020: www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30415-6/fulltext.

Executive Magazine, 6 août 2018:

« In Lebanon, as in other countries worldwide, there is insufficient awareness of the importance of mental health and a dearth of good, free healthcare services geared toward those with mental illnesses. ***Given the reticence of profit-driven private insurance companies to cover mental health treatment and the government's lack of budgetary allocation for mental health, the burden falls on non-governmental and international organizations.***

Private sector

***Lebanese private insurance companies do not provide coverage for the treatment of mental illnesses. Pascale Abou Nader, head of the Medical Claims Department at insurance company Libano-Suisse, says that private insurance companies do not cover the potential psychiatric care-related expenses of their clients due to the long-held belief that "mental illness is not a real illness**." […]*

It is also worth mentioning that ***psychiatric disorders are treated differently from the usual exclusions stipulated by private insurers, such as cancer, chronic diseases, and pre-existing conditions. The Insurance Control Commission (ICC), a body in the Ministry of Economy and Trade, implemented a ministerial decision (No. 109) in May that required insurance companies to cover chronic diseases, pre-existing conditions, and cancer, and to offer guaranteed lifelong renewability of individual healthcare insurance if the client gets sick six months after they have entered the contract. This policy does not, however, include psychiatric illnesses, with some minor exceptions.***

These exceptions come with very strict limitations. First, consultations, tests, and medications are never covered, and hospitalization is covered only for those with schizophrenia and bipolar disorder, and only for 30 days. Hospitalizations due to attempted

***suicide, self-inflicted injury, or substance abuse are not covered because these afflictions are described as "caused by the individual**," Abou Nader says. The issue here is that because of the lack of physical proof and the intangible nature of such illnesses, a medical diagnosis is not seen as justified. **Dewachi suggests that one of the reasons for insurance companies' reticence to cover psychiatric-related costs is that they "are afraid of the fact that there are very blurry lines between what an illness is really and what isn't, because there are no real diagnostic tools, such as CT scans and blood tests for mental illnesses**."*

***Stigma aside, the associated costs also prompt insurance companies to exclude mental illnesses from their coverage**. As Abou Nader explains, **including psychiatric treatment in insurance policies would be very expensive for these companies, because psychiatric treatments are continuous and often last a lifetime. Such an inclusion would thus entail an unwelcome financial burden on these profit-oriented groups. And, unlike in the case of chronic physical illness, the lack of legal obligation to cover these treatments means that insurers have no motivation to do so**. […]*

Lebanon's two most prominent nonprofits for mental health, Embrace and the Institute for Development Research Advocacy and Applied Care (IDRAAC), work to compensate for the government's deprioritization of mental health. They also make it their mission to encourage the public sector to take action. "The public sector should do more when it comes to raising awareness and IAPT [Increased Access to Psychological Treatment] by training more people. They need to create dispensaries that people can easily access," says Aimee Karam, a clinical psychologist, member of IDRAAC, and president of the Lebanese Psychological Association (LPA). […] » Source: Executive Magazine, The social and economical cost of mental health in Lebanon, 6 août 2018: www.executive-magazine.com/special-report/the-social-and-economical-cost-of-mental-health-in-lebanon.

Natali Farran, 24 septembre 2021:

*« **Mental health services in Lebanon are scarce and fragmented, and at times fail to meet treatment demands (Karam et al., 2006). The budget allocated for mental health services constitutes 5% of the general health budget. Funds are largely devoted to cover long stay inpatient costs in private hospitals. Services are mainly available in the capital, and community based mental health services are lacking. The most recent report on the assessment of the mental health system in Lebanon was published in 2015 by WHO. The report highlighted several problems such as the lack of mental health training for primary healthcare workers as well as the poor interactions between primary care and mental health systems; this is crucial for preventing the development of psychiatric disorders** (Budd, Iqbal, Harding, Rees, & Bhutani, 2021**). The total number of human resources working in the field is 15.27 per 100000 population** (World Health Organization, 2015**); this number decreased following recent events** (Shallal, Lahoud, Zervos, & Matar, 2021). The WHO recommends a bare minimum of 4.45 skilled personnel per 1000 people in order to deliver safe healthcare (World Health Organization, 2016). **The report also highlighted issues around upholding human rights in Lebanon in the context of mental health such as the absence of authority to oversee these rights in individuals with mental conditions** (World Health Organization, 2015). **As a result of the 2020 Beirut explosion, the health sector incurred significant damages in the range of 95-115 million USD. About 36% of health facilities (292 of 813 facilities) were affected such as public and private hospital buildings and***

primary healthcare centers *(World Bank et al., 2020).* ***Additionally, Lebanon lacks specific professional training on trauma and trauma-related disorders*** *(El Hayek & Bizri, 2020).*

With such minimal resources, it should not be surprising that mental health needs of many individuals in Lebanon is not being adequately met, and that delivering adequate mental healthcare in the current situation as well as the foreseeable future, will most likely be extremely challenging *(Noubani, Diaconu, Loffreda, & Saleh, 2021).*

Mental Health in Lebanon: International Support and Gaps
International support continues to have a significant role in mental health related projects and activities in Lebanon*. Some examples include collaborations towards establishing and launching the National Mental Health Program (NMHP) and offering psychological first aid consultations and psychosocial support for individuals affected by the blast (International Medical Corps, 2021; United Nations Children's Fund, 2021).*

Treatment gaps remain evident and more can be done to improve psychosocial support services and mental health services in particular *(Baroud et al., 2020; Noubani et al., 2021). Some noted for instance that* ***current outreach activities are primarily targeted at Syrian refugees and do not reach Lebanese individuals*** *(Noubani et al., 2021). There are many issues in the supply and demand sides of mental health services in the country that can be targeted by national and international efforts to decrease treatment gaps. Some of these include perceptions around mental health disorders (ex. the problem would resolve on its own), awareness around the importance of early treatment, and stigma (Karam et al., 2019).* ***Barriers around finances are also critical since mental healthcare and psychotropic medications are not adequately covered by insurers in Lebanon. The issue of funding is furthermore relevant for enhancing the sector of community mental health services*** *(El-Khoury, Haidar, & Charara, 2020).* ***More support is also needed for various trainings, overseeing the human rights of individuals with mental disorders, as well as setting up mental health referral systems/networks and monitoring/tracking mechanisms to develop indicators especially around service utilization.*** *Few also highlighted the importance of horizontal and vertical scale up approaches of mental health services in conflict-affected populations such as Lebanon. International organizations and donors have been identified as essential in supporting a phased scale up (Fuhr et al., 2020).*

Integrating mental healthcare into primary healthcare was put forward by WHO as the most viable way to close mental health treatment gaps in Lebanon *(Hijazi, Weissbecker, & Chammay, 2011).* ***Implementing this recommendation is still in its infancy stages*** *(El-Khoury et al., 2020; Karam et al., 2019);* ***due to many reasons such as lack of coherent mental health information systems and inadequate service integration and coordination among mental health services and providers - including national and international NGOs****. These barriers result in duplicated efforts and service delivery gaps (National Institute for Health Research, 2019; Noubani et al., 2021).*

It should be noted that addressing the mental health sector solely is one domain in which Lebanese individuals can be supported during this crisis. Other psychosocial domains and factors however are also crucial for enhancing wellbeing. » Source: Natali Farran, Mental health in Lebanon: Tomorrow's silent epidemic, 24 septembre 2021: www.ncbi.nlm.nih.gov/pmc/articles/PMC8503814/.

MSF, 14 octobre 2021:

> *« In Lebanon, Médecins Sans Frontières (MSF) provides mental health services in south Beirut, in the Bekaa Valley, and in northern Lebanon. Our teams offer psychotherapy, drug therapy by trained public health doctors under the supervision of psychiatrists, and referrals of more complex cases after examination to other organisations. […]*
>
> ***The economic crisis in Lebanon is also affecting the health sector. If the state of health services today is bad, the services for mental health are even worse. There are multiple barriers to accessing mental health care. Since most mental health services in Lebanon are privatised, the most vulnerable communities, such as the poor and refugees, struggle to access treatment because they simply cannot afford it.***
>
> *Furthermore,* ***the public health sector's lack of experienced and qualified medical staff has worsened due to the massive brain drain of medical personnel over the past two years. Many medical staff have left the troubled country for a better life abroad. Add to that the lack of funds available to ensure mental health care falls within basic (and free) healthcare services.***
>
> ***All of these barriers mean that accessing mental health care is virtually unattainable, particularly for vulnerable communities and people living in remote areas.*** *[…]. »* Source: Médecins sans frontière (MSF), Breaking barriers to mental health care in Lebanon. 14 octobre 2021: www.msf.org/breaking-barriers-mental-health-care-lebanon.

The961, 27 juin 2021:

> *« Depression, anxiety, overthinking, hopelessness, and fear are rampant in today's Lebanese society. Even something as simple as watching the news has become a nightmare for the average citizen.*
>
> ***Unfortunately, all this decline in the overall mental health of society has been accompanied by a surge in clinical therapy prices.***
>
> ***One therapy session that used to cost 70,000 LBP now costs 300,000 LBP after it reached 150,000 LBP in 2020. Attending two therapy sessions would cost you almost as much as the minimum wage of 675,000 LBP.***
>
> ***This staggering price shows that therapy and seeking professional mental help have become a privilege only the rich elite can acquire. Those suffering the most from the catastrophic effects of this crisis are left alone to fight their demons and overcome their disorders and illnesses.***
>
> ***The inability to afford a helping hand has had very alarming consequences. Suicide rates have increased exponentially, especially among the youth, due to mental illnesses left untreated. We constantly hear of new people ending their life after having had struggled for a long time with no one to assist them.***
>
> *These people are not just numbers. Each one of them was a human being with infinite goals, ambitions, and dreams of changing the world. […]*

A number of NGOs are working day and night to offer emotional and mental support at no charge to those struggling. They believe that financial problems should never stop anyone from seeking help.

Embrace, a leading NGO that seeks to provide help to anyone affected, has a lifeline operation day and night with a team of trained volunteers ready to support anyone who calls. » Source: The961, Therapy Prices Quadrupled In Lebanon Amidst A Rising Mental Health Crisis, 27 juin 2021: www.the961.com/therapy-prices-quadrupled-amidst-rising-suicide-rates/.