



Lebanese Republic
National Human Rights Commission
including the Committee
for the Prevention of Torture
NHRC-CPT

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Submission of Lebanon’s NHRC-CPT¹ to the Office of the United Nations High Commissioner for Human Rights Call for Inputs on the Human Rights Council resolution 52/12 on mental health and human rights.

Supporting human rights for persons with psychosocial disabilities in Lebanon officially started with two major formal steps in launching [the National Mental Health Programme](#) in 2014 as part of the Ministry of Public Health-Lebanon and [the first National Mental Health Strategy 2015-2020](#) in 2015. At the time, the situation in the country was highly dominated by a chronic lack of funding, with coverage going mainly to psychotropic medications and inpatient care, gaps in legislation, and suboptimal access to appropriate care, as well as stigma and discrimination, as shown in the [World Health Report](#) and [WHO-AIMS report](#).

The Strategy has the vision that “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 provision and universal accessibility of high-quality mental health curative and preventive services through a cost-effective, evidence-based and multidisciplinary approach, with an

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emphasis on community involvement, continuum of care, human rights, and cultural relevance.” In 2018, an external independent mid-term evaluation of the Strategy implementation was conducted by two global experts with support from WHO. The report highlights the main achievements and recommendations for the next phase.

The below section will highlight achievements and areas of current work to improve Human Rights for persons living with Mental Health Conditions for each domain of the strategy:

1. Leadership and Governance:

a. Governance

The NMHP works with more than 150 partners (UN agencies, INGOs, NGOs, Academia and Professional bodies, Primary Health Care Centers, Hospitals, Orders and Syndicates, etc.) in a collaborative governance model to implement the strategy. The programme co-chairs the National Mental Health and Psycho-Social Support (MHPSS) Task Force with UNICEF and WHO.

Major achievements include reaching a consensus in the development of the strategy and establishing many partnerships across the years.

b. Laws

The programme ensured a leading role since 2015 by providing technical and legal support to the relevant parliamentary committees, of which the most important is the Human Rights and the Health committees, to review, amend and finalize the new mental health law.

It succeeded in integrating major human rights principles, mechanisms, and tools during the drafting process, consecrating service users’ rights, ensuring good governance of the sector within the MoPH, regulating hospitalization without consent, establishing community-based mental health services, and establishing specialized associations to protect the rights of service users and ensure their representation. The current draft bill is pending finalization.

c. Circulars and Decisions

The MoPH issued several circulars to further embed human rights principles in mental health and enhance the work of the NMHP.

To name a few:

- Circular N°46 (22 March 2016) requesting hospitals to not report on overdose ensuring privacy, human rights and care of persons.
- Circular N°48 (12 June 2017) and circular N°22 (9 March 2018) on the regulation of research in the field of mental health. This circular guided researchers on obtaining informed consent, ensuring confidentiality, and getting approval from MoPH prior to conducting the study.
- Circular N°64 (12 June 2017) on projects related to MHPSS and substance use in Lebanon; namely, the discussion of these projects in the planning with the NMHP.
- Circular N°60 (20 June 2018) on the rational prescription of medication for priority mental and neurological conditions for specialists in the public health system.
- Circular N°113 (22 November 2018) on the mandatory licensing for the practice of the profession of psychologist.
- Circular N°112 (27 November 2018) limiting the practice of psychologist in healthcare and educational institutions exclusively to professionals who have the license to practice from the Ministry of Public Health.
- Decision N°1155 (19 June 2018) further providing the NMHP the framework for work including leading mental health and substance use response, developing and executing policies and strategies, coordinating and leading the sector.
- [Decisions N°270/1 \(25 February 2019\)](#) and [N°271/1 \(25 February 2019\)](#). These decisions mandated shutting down an institution in which severe human rights violations occurred and requesting from the NMHP a series of training as well as conducting further assessments of quality of care and human rights.
- Decision N°650/1 (18 July 2024) whereby asking to establish a high-level multidisciplinary team to oversee the human rights situation in long term institutions.

d. Supporting the creation of the first user association

The NMHP advocated for the creation of the first service user association (26 January 2022, Notice Number 111) through technical support, liaising the association with key partners and providing a 3 full scholarship to one of the founders to a University

Diploma on Development and Organization of Mental health Services done jointly with Saint-Joseph University and WHO.

e. Formation of the first order of psychologists

The NMHP coordinated and supported the passing of a law to form the first order of psychologists that regulates the profession nationally. The order and the NMHP are working on normative national documents regarding the rights of service users, the ethical practice of psychology, and criteria for training centers.

f. Strategies

The NMHP coordinated the development of the ["Inter-ministerial Substance Use Response Strategy for Lebanon 2016-2021"](#) launched jointly in December 2016 by the ministries of Public Health, Social Affairs, Interior and Municipalities, Justice and Education. The main activity carried out by the program since 2019 is to secure the secretariat role within the Human Rights parliamentary committees by coordinating all the legislative initiatives proposed by the local actors, compiling the major reforms in this regard and presenting a comprehensive bill that was recently and fully adopted by the committee.

All the objectives embedded in the strategy are included in the final draft bill such as decriminalization of personal substance use.

g. Coordination with other sectors to mainstream Mental Health

Some of the actions under this area include:

- Integration MH in the national [SOPs for gender based violence](#) by the MOSA
- [Prevention of Violent Extremism \(PVE\) Strategy](#)
- Strategy for children and mental health including children with developmental disorders, in the pipeline

2. Reorientation and scaling up of mental health services

a. Digital Mental Health services to increase access to mental health care

The WHO in collaboration with the NMHP designed an e-service [“Step-by- Step”](#) (or Khoutweh Khoutweh). The program tackles depression in adults both in English and Arabic through sessions of narrated stories and minimal support sessions over the phone by a team of trained, nonspecialists called “e-helpers” for 15 minutes per week.

[Self Help+](#) podcasts are also available for persons wishing to improve wellbeing.

The NMHP is also raising awareness on human rights through encouraging partners to complete the WHO e-training on Mental health, Recovery, and Community Inclusion reaching more than 400 participants so far.

b. Integrating mental health into primary care

The model of care in integrating mental health into primary care under a bio-psycho-social approach was piloted in 11 PHCCs for packages for depression, anxiety, and PTSD. An evaluation of the Depression Package was conducted in 2024 to assess the success of the pilot program and scale up on a national level.

The work is challenged by staff turnover, lack of unified financial compensation for staff, and lack of external monitoring and support.

c. Work on QualityRights

The NMHP has been using the *QualityRights* toolkit to assess the quality of care and services and human rights in general hospitals that comprise mental health inpatient units, and psychiatric and long-term facilities. The work started in 2017 with a pilot project in two general hospital hospitals with mental health inpatient units. Subsequently, ongoing nationwide assessments are being conducted. Currently, there are 50 members of the assessment team among which 24 are persons with lived

experience in mental health and 7 are family members of persons with lived experience in mental health conditions.

Small steps have been made in recent years to initiate deinstitutionalization in long-term facilities in Lebanon with tentative to prepare the setting for social and economic support to live independently. This includes a mental health package formed of a guide and standard operating procedures for mental health inpatient units in line with the QualityRights standards. This package is being reviewed on the local level and by an international expert in the field.

Published data on the work on [QualityRights](#) in Lebanon

d. Shutting down two long-stay facilities due to violations of human rights

The implementation of human rights principles in Lebanon through the QualityRights toolkit was faced with two main violations that were portrayed in the media. The MoPH took active measures to shut down the concerned facilities and issued several ministerial decisions; decision 270/1 and 650/1 (mentioned above).

e. Training

Continuous capacity building is carried on based on yearly action plan, to name a few:

- Regular trainings for hospital staff on human rights, and QualityRights.
- The launch of the university diploma in development and organization of mental health services. The first cohort was completed in 2021 with 27 students graduating from various backgrounds (psychology, nursing, psychiatry, public health among others). Preparations for the second cohort are in place.
- ToT in human rights and QualityRights topics
- Capacity building for non-mental health professionals

3. Prevention and Promotion

- The national lifeline for emotional support and suicide prevention is operated by a local NGO (Embrace) in partnership with the NMHP. It is operational 24/7 on the phone number 1564.
- Evidence based therapies are integrated in all NMHP programs related to services.

4. Health Information System and Research

- The NMHP published multiple articles on various topics related to mental health and implementation of human rights principles. Themes include:

- o [The Need for Suicide Prevention and Response for Conflict-affected Populations](#)
- o [Mental health legislation in Lebanon](#)
- o [Mental Health Stigma at Primary Health Care Centres in Lebanon](#)
- o [Reforming mental health in Lebanon amid refugee crises](#)
- o [The integration of mental health into primary health care in Lebanon](#)

- The NMHP is involved in the GOAL project which had different components around governance and financing of mental health. It used a very participatory approach and focused on full participation of different stakeholders including persons with lived experience at the level of Mental Health Policy. There will be as well a paper on the service user association, etc.

Following the different crises and the need to respond to them, the renewal of the strategy was done in 2023, with the new [Mental Health Strategy 2023-2030](#) building on the success and the learned lessons of the previous one as shown in the document itself. It is noteworthy that the process of development of the strategy was very participatory and included persons with lived experience as described as one of the key principles for the design and implementation of the strategy (page 25 of the document).

In conclusion, Lebanon's complex socio-economic context offered an opportunity to join efforts to embed human rights covenants into all aspects of national mental health programs and activities. Lebanon has gained extensive experience in implementing QualityRights toolkit which led to objective findings that are guiding the development and implementation of improvement plans. Further efforts are needed to systematize the deinstitutionalization of mental health care across the country.

Continuous active advocacy is being made to ensure the passing of the new mental health bill, to implement the activities of the new strategy, and to address specific

concerns such as brain and neurological health, older adults care, and dementia policies and action plans as well as hospital accreditation standards and research. Finally, mental health is a cross-sectoral component that is not exclusive to health but also needs to be included in social, work, education, justice-related policies and coordination is to be further consolidated between relevant ministries and stakeholders on the matter.