

**R4HC-MENA Mental Health in Conflict: Lebanon**  
**Progress on Deliverables (Year 3: September, 2020 – December, 2020)**

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**Summary**

From September 2020 to December 2020, the Global Mental Health Lab (GMHLab) made considerable progress on grant deliverables to continue building national research and capacity in integrated, responsive, evidence-based mental health care - Interpersonal Psychotherapy (IPT) for all persons living in Lebanon, as part of our long-term collaboration with the Ministry of Public Health Lebanon and the National Mental Health Programme strategy. To meet the growing needs of all persons affected by the refugee crisis, COVID-19 pandemic, and the more recent Beirut Blast, MOPH Lebanon is prioritizing national capacity-building in evidence-based treatments that have shown feasibility in Lebanon. To that end, we completed the initial training workshop for a new group, the “third generation” of IPT trainee-providers, as part of the scale-up of IPT capacity-building in Lebanon. The maternal mental health situational analysis has been revised to align with the priorities set out in the *Inter-sectoral National Action Plan for the MHPSS Response to the Beirut Explosion Disaster* on mainstreaming mental health in maternal health with UNFPA. Therefore the focus will be on the MOPH-initiated stakeholder engagement plan designed to help determine the optimal depression care pathway, Monitoring and Evaluation (M&E) framework, and IPT quality assurance that can ensure high implementation standards of IPT for maternal depression in Lebanon.

***1. Scale-up of Interpersonal Psychotherapy in Lebanon***

As part of our collaboration with the National Mental Health Program at the Ministry of Public Health Lebanon (MOPH) to scale-up and build-capacity nationally in IPT in Lebanon, the GMHLab successfully completed an online, 4-day, IPT training workshop (November 16, 2020 – November 20, 2020) for a new cadre of specialized mental health providers in Lebanon who will be trained to become competent IPT providers (Generation 3 Trainee-Providers: n=36). This project to pioneer and implement IPT in Lebanon and the Middle East is part of Lebanon's National Mental Health Strategy, and spearheaded by Dr. Lena Verdeli (founder of the Global Mental Health Lab) and Dr. Rabih El Chammay (director of NMHP) since 2013. By the end of 2021, adopting a training-of-trainers model, we will have trained three generations of competent local IPT providers, supervisors and master-trainers, who are committed to tackling mental health issues for adults in Lebanon who are affected by the refugee and economic crises, the COVID-19 pandemic, and the recent Beirut explosions.

**Training Format and Content**

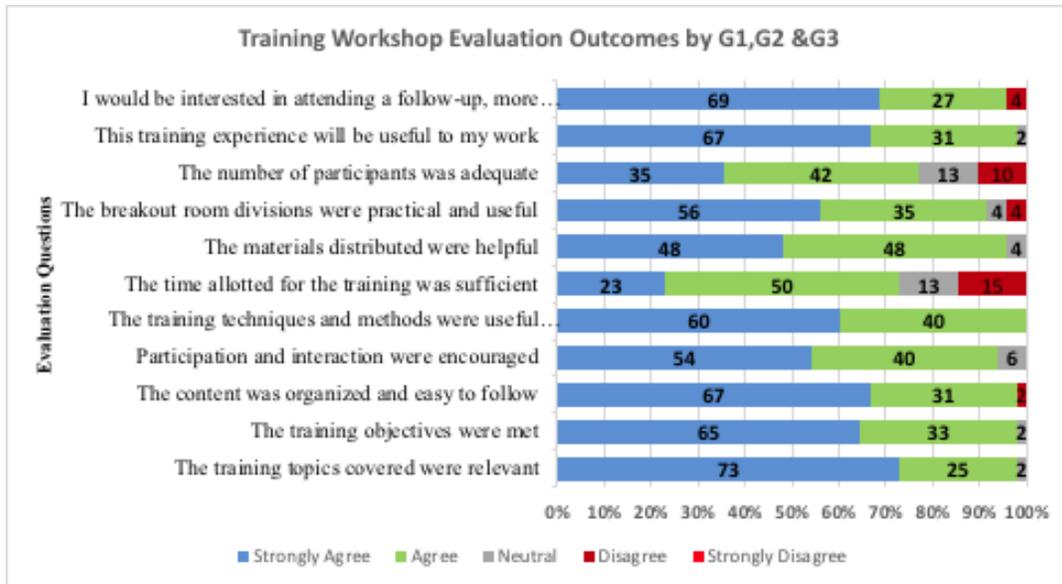
Given the safety restrictions of COVID-19, and the priority mental health concerns of patients affected by the multiple crises in Lebanon, we re-tooled and re-scoped the delivery and content of our training. We held the training online, through Zoom, with concurrent English and Arabic translation (provided by two translators). We were able to recreate a stimulating training environment online, with active engagement and interaction among trainees and trainers. The training workshop was led by US-based, IPT Master-Trainers, Dr. Lena Verdeli and Kathy

Clougherty (L.C.S.W.), with co-teaching and presentation of clinical case examples by two previous generations of competent IPT providers who will become local IPT supervisors and master-trainers (Generation 1 Trainee-Master-Trainers: n=8; Generation 2 Trainee-Supervisors: n=9). The didactics covered principles, strategies and techniques of IPT and suicide risk assessment and safety planning. Given the presenting problems of patients in the recent crises, the workshop also addressed the use of IPT for chronic and acute post-traumatic stress symptoms, and domestic violence. Provider burnout was also paid attention to. The end of each day concluded with breakout sessions with role-play facilitated by advanced trainees, where G3 trainees applied IPT skills for actual clinical cases of depressed patients seen in their routine care. In addition to live question-and-answer with the master-trainers, advanced trainees also helped answer questions and concerns raised by G3 trainees in the live chat. Throughout, advanced trainees also provided insights and allay G3 trainees anticipated barriers to adopting IPT by providing example cases and speaking from their experience of using IPT and of IPT supervision process. Per pre-established IPT competency criteria, a knowledge test will be conducted with the trainees during the week of Dec 14, followed up by starting regular, weekly group supervision in IPT. All providers will start with one clinical case and continue receiving supervision until completion of three clinical cases over one year, with assessment of competency benchmarks. Advanced refresher training after the trainees' first training case (April 2021) will place an emphasis on IPT for trauma, as requested by trainees given the increase in distressed patients reporting post-traumatic stress symptoms.

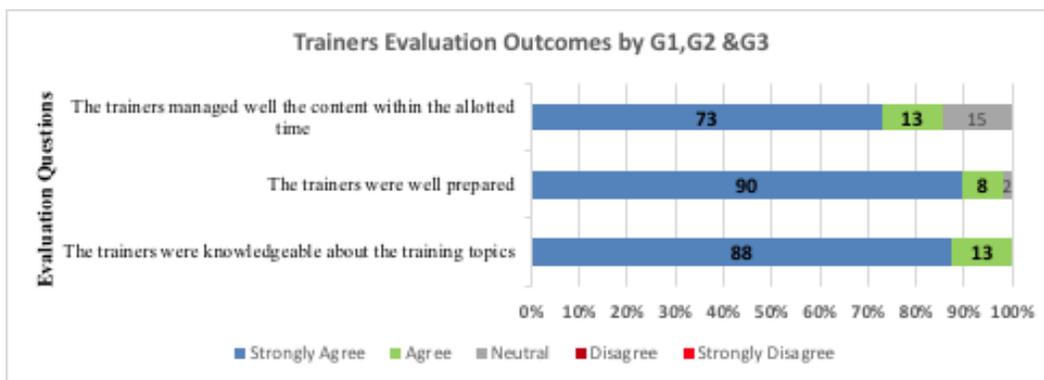
Trainees have also been invited to author case studies of IPT cases, to be compiled into a monograph expected to be published by the end of 2021.

#### *Post-Training Feedback*

Trainees provided overall positive feedback on the workshop and were highly satisfied with trainers. 100% of participants said they would recommend this training to others. 98% of participants (G3, G2 and G1) agreed that training topics covered were relevant, and the training content was organized, and that training objectives were met. Majority of participants (94%) reported that participation and interaction was encouraged, and all participants said that the training methods used were helpful. Nearly all participants (98%) reported that the training experience will be useful to their work and 96% of participants reported that they would be interested in a follow-up, a more advanced training workshop. Participants found that experienced and skilled trainers, practice of role plays in breakout rooms, and discussion of IPT case examples were the most useful training components. Finally, participants had recommendations to increase days of training and to allocate more time to breakout sessions.



**Fig. 1.** Training Workshop Evaluation Outcomes by three generations of trainees



**Fig. 2.** Trainers Evaluation Outcomes by three generations of trainees

### Trainee Demographics

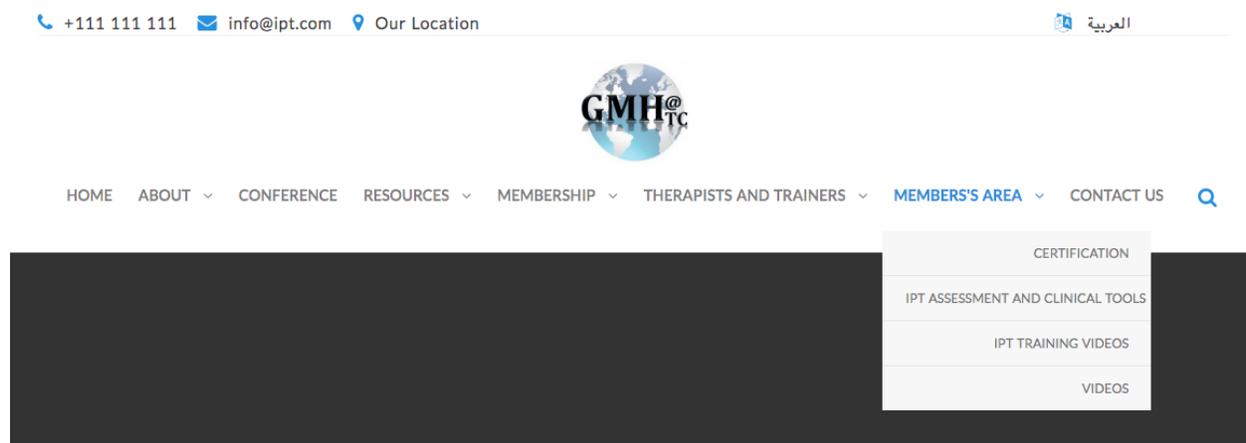
All trainees are licensed therapists, clinical psychologists, or psychiatric nurses, offering mental health services to the host community and displaced populations in Lebanon. The trainees work in different humanitarian settings (non-Governmental Organizations (NGOs), international organizations (INGOs), United Nations (UN) Agencies, as well as private and public hospitals, and primary health centers across all regions of Lebanon (Beirut, South, Baalback, Beqaa). In addition to their employment in organizations, some of the participants also have their private practices. Finally, in our third generation of trainees, we have four participants who are also faculty members in the Department of Psychology in Lebanese University (public university), who have been identified to assist in the national mainstreaming of IPT in the clinical training of future psychologists in Lebanon.

It is noteworthy to mention that some of G1 and G2 trainees have also taken consultancies in Middle East countries (e.g., Yemen, Syria), and some are working on IPT capacity building projects in Africa (e.g., Malawi & Senegal).

## 2. Lebanon IPT Online Learning Collaborative Platform

The online Learning Collaborative is an integrated information, education, and communication virtual platform for clinicians and practitioners, policy makers, as well as researchers and academics. It will be integrated within the MOPH Lebanon website, making accessible all materials and resources related to IPT practice and research in Lebanon and the region. It will include latest IPT research, IPT training and teaching resources and events, IPT provider and supervisor referral network, and forum for peer supervision for local IPT providers.

As of December 2020, with a local website developer, we have developed a beta version of the website (screenshots below), which includes relevant webpages, a member's area, and member sign-up form. The beta version also has the function of translating the website's content from English to Arabic. We are in the process of developing the website content, with input from trainees on what will be useful for them. The completed Learning Collaborative platform is expected to go live and integrated into the MOPH platform by mid-2021.



**Fig. 3.** Screenshot of beta version of Lebanon IPT Online Learning Collaborative

## 3. Regional IPT Conference in Lebanon

The virtual regional conference is slated for mid-2021. It will include a series of online interactive seminars and workshops with local and international IPT experts. Seminars and workshop topics include implementing collaborative care in primary health care settings (Dr. Amritha Bhat, University of Washington), and Global Mental Health, Disability and Human Rights: Linking Research, Advocacy and Policy (Dr. Sandra Willis, Columbia University). It will also include virtual poster sessions which will highlight national and regional evidence in IPT and evidence-based practices.

## 4. IPT Capacity-building in London, UK, in partnership with Anna Freud Center

Following the successful online workshop and seminar (May 26-28, 2020), we will be conducting an advanced training for five trainees in early-2021. Five UK clinicians will be trained and supervised in delivering Group IPT to vulnerable local populations in the UK.

### **5. IPT Capacity Building in Lebanon Targeting Vulnerable Groups (Expectant / New Mothers & Children / Adolescents)**

The MoPH sees the importance of the policy-related work with targeted vulnerable groups but the growing need for national capacity-building in evidence-based treatments that have shown feasibility in Lebanon, such as IPT, remains their central focus. Given this recent reprioritization and redirection by MoPH, the GMH Lab will respond by scaling down the originally proposed *Child and Adolescent Mental Health (CAMH) Situational Analysis and Policy*, with the possibility that it can be revisited next year, depending on the MoPHs' priorities.

In line with the *Mental Health and Substance Use Prevention, Promotion, and Treatment Strategy for Lebanon* and the more recent *Inter-sectoral National Action Plan for the MHPSS Response To Beirut Explosion Disaster*, the aim is to mainstream mental health in maternal care and Sexual and Reproductive Health. The focus for early 2021 therefore will be on the *Maternal Mental Health (MMH)* situational analysis and planning with the MoPH and the United Nations Fund for Population Activities - UNFPA to (1) design and conduct a MMH Rapid Assessment and (focused) Stakeholder Engagement Plan to gather critical information on the current service landscape (barriers, gaps, capacity, quality), (2) establish locally defined care pathways for screening, treatment, and referral of maternal depression in expectant and new mothers, (3) deliver targeted and tactical Capacity-Building in IPT (Interpersonal Therapy) for Maternal Depression Program for mental health professionals, (4) assess feasibility and pilot Capacity-Building in IPC (Interpersonal Counseling) for Maternal Depression Program for MOPH approved para- and allied health professionals, and (5) develop and implement an IPT Monitoring and Evaluation & Quality Assurance Framework to measure impact assessment and ensure high implementation standards, respectfully.





## MATERNAL MENTAL HEALTH IN LEBANON

GCRF MMH Revised Scope

*draft as of December 7th 2020*