



Mental health and international cooperation

The Armadilla experience in Lebanon

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Introduction

Armadilla is a social cooperative that is primarily engaged in the field of international cooperation. It also carries out training and information activities on the topics of the 2030 Agenda, proposed by the United Nations for defending human rights and achieving the 17 goals for sustainable human development. The notebooks are a tool for disseminating information, critical analysis, and possible answers to the priority problems that are faced. The collection of all Notebooks, from 2015 till now, can be found at: <https://armadilla.coop/en/armadilla-notebooks/>.

In this notebook, we address the issue of mental health in international cooperation by presenting the experience that Armadilla is carrying out in Lebanon.

Mental well-being is an essential component of the definition of health given by the World Health Organization (WHO). Good mental health enables individuals to fulfill themselves, overcome the tensions of everyday life, work productively and contribute to the community. Despite these premises, a lot of work still needs to be done globally to guarantee a suitable space. Many problematic trends must first be reversed: mental health services and care, which are too often forgotten, human rights violations, and discrimination suffered by people with mental disorders or psychosocial disabilities.

WHO has approved an action plan in which the expression "mental disorders" designates a set of mental and behavioral problems included in the International Statistical Classification of Diseases and Related Health Problems (ICD-10). They contain disorders that generate a high burden of diseases such as depression, bipolar affective disorder, schizophrenia, anxiety disorders, dementia, psychoactive substance use disorders, intellectual deficits, and development and behavior, which usually occur in childhood and adolescence, including autism. For dementia and diseases related to the use of psychoactive substances, some prevention strategies may be necessary in addition to the existing ones. Depending on the local context, some individuals and social groups are much more at risk. Among these vulnerable groups, we can identify family members living in situations of poverty where instead people suffer from chronic diseases, abandoned and abused infants and children, whereas adolescents who use psychoactive substances for the first time, in addition, minorities, the populations of indigenous people, older people, victims of discrimination and human rights violations, LGBTQ + people, prisoners and people experiencing situations of conflict, natural disasters or other humanitarian emergencies.

Armadilla considers this area of the disability sector to be crucial and for years has encouraged, with the precious collaboration of Italian partners and experts, interventions for the training of local staff and to make known the methods and tools of care they apply.

1. A picture of mental health in Lebanon

The numerous crises in Lebanon in recent decades have marked the country's population with a severe burden of physical and psychological injuries. Among the most relevant, we should remember the civil war, which lasted 16 years (1975-1990), the multiple Israeli attacks (1978-2006), the nearby Syrian crisis, which began in 2011, and the terrible explosion in the port of Beirut on 4 August 2020. and the ongoing financial, currency, and food crisis since 2019.

Research conducted on a nationally representative sample of the Lebanese population, which includes adults and young people, shows that anxiety disorders concern 25.8% of the population, mood disorders 12.6%, impulse control 4.4%, and substance use disorders 2.2%. Furthermore, only a minority of people with any mental illness received professional treatment, with delays between the onset of the disease and the initiation of therapy ranging from 6 to 28 years. Exposure to war increased the risk of the first onset of anxiety, mood, and impulse control disorders.

The authors concluded that about a quarter of the sample (25.8%) met the diagnostic criteria for at least one disorder at some point in their life. Others have further highlighted the consequences of the trauma, particularly in the context of war, on young people.

A second study showed that about three weeks after the war, 25.9% of Lebanese youth suffered from major depressive disorder (also known as clinical depression), 16.1% had a separation anxiety disorder, 28 % had an anxiety disorder, 26% had post-traumatic stress disorder, and 44.1% had some kind of disorder.

The persistence of these pathologies after one year has been associated with premorbid disorders with the testimony of war events, thus highlighting the importance of early diagnosis of individuals at risk. A systematic review also found that the prevalence of PTSD in Lebanese adolescents increased over time as wars and armed conflicts occurred. For example, the prevalence rates of PTSD ranged from 8.5% to 14.7% for the 1975 war, compared with those from 15.4% to 35% for the 2006 war. The study also found that risk factors for developing PTSD in this sample included financial hardship and varied based on the type and severity of the trauma.

Mental health services in Lebanon are scarce and fragmented and, at times, fail to meet requests for treatment. The budget allocated for mental health services constitutes 5% of the general health budget, and the funds are intended mainly to cover the costs of long-term hospitalization in private hospitals. Services are primarily available in the capital, while community mental health services are lacking.

The most recent report on the assessment of the mental health system in Lebanon, published in 2015 by the WHO, highlighted several problems, such as the lack of mental health training for primary health care workers and the poor interaction between primary care and systems. Mental health is essential to prevent the development of psychiatric disorders.

The total number of people working in the camp in Lebanon is just 15.27 per 100,000 inhabitants, further decreasing following recent events. WHO still recommends a minimum of 445 skilled workers per 100,000 people to provide safe health care.

The report also highlighted issues related to the defense of human rights in Lebanon in the context of mental health, such as the absence of authorities that can oversee the rights of people with mental disorders. **With such inadequate resources, it is not surprising that the mental health needs of many people in Lebanon are not being met and that providing adequate mental health care in the current and near future will be extremely difficult.**

The increase in the number of suicides in the last two years has drawn the attention of Lebanese institutions to the issue of social stability and mental health in the country, even if the needs in this context are far from satisfaction. The conflicts that have affected local communities for years and the arrival of millions of refugees from neighboring countries at war, Syrians in particular, have put Lebanon's social and health systems and services under stress. Despite efforts, especially in international cooperation, the mental health of Syrian refugees and host communities is fragile and at risk in many compromised cases.

2. What are the consequences in the near future?

Outlining the psychological impact of the tragedies that have hit Lebanon over the years and decades is very complex. A recent study combined the presence of pandemic-related fears, so financial hardship further increased stress and anxiety beyond the impact of each difficulty separately. 60% of those who experienced self-isolation reported that their mental health has deteriorated since the lockdown due to the pandemic. Shortly before the August 2020 explosion, a large sample of low-income Lebanese heads of households from various governorates was interviewed. Forty-five percent of respondents reported poor mental health. **83% of people reported feeling sad almost every day and having lost pleasure in things they like, 78% reported being very anxious and worried every day, and over 84% felt particularly sensitive to loud noises and dangers.** Even after the explosion in the port of Beirut, data collected by the World Bank on 3,400 people showed that participants identified mental health services as the most urgent need. A nationally representative sample of Lebanese youth showed that 11.5% had suicidal intent. Together, studies highlight

high rates of psychological distress among individuals in Lebanon due to various adversities that deserve consideration and intervention.



Previous research on a nationally representative sample of Lebanese adults exposed to wars had shown that individuals who experienced two war events tripled their risk of mental disorders. Those who experienced three or more events increased this risk five times over the long term.

Another crucial factor in mental health difficulties is **financial stress** in times of war, economic, health, or other crises. Generally, economic recessions are significantly associated with poor mental well-being, increased rates of common mental disorders, substance-related disorders, and suicidal behaviors. Although no direct causal relationship has been proven so far, the association between socioeconomic difficulties and poor mental health among young people and adults has been widely reported in the literature leading to the hypothesis that the existing circuit is excessively between these two aspects.

The impact of adversity on psychological well-being is significant to the age of development. Children in Lebanon face immense and unforeseen challenges from previous generations. The duration and type of trouble interact with genetic characteristics, the family environment, and other internal and external factors, with potential consequences on neurological development, the onset of stress, the immune system, and the emergence of

cognitive deficits, diseases, psychopathology, and social dysfunctions in adulthood. According to the WHO, adversities that increase toxic stress in the age of development can become biologically embedded and impact the person through symptoms younger generation at the first suicide attempt and an overall increase in suicide attempts. In addition, the risk of a worse prognosis also increases, as the risk of more severe A study in Lebanon showed that the annual suicide rate between 2008 and 2018 grew from 1.87 to 2.4 per 100,000 people, with a more marked increase in times of crisis. The economic crisis and the growing threats to the country's stability make the experts hypothesize an increase in suicide rates.

The study highlighted an unexpected aspect: **suicide has only become a real public health problem in recent years and not only during previous crises such as war.** The current economic and financial disaster, the country's most serious, could lead to a significant increase in suicide rates.

Finally, an underestimating but essential factor in the Lebanese context concerns early marriages, which are rising due to economic and social adversity. International human rights agreements consider the practice to be discriminatory and have a severe impact on the well-being of the person. **Any future intervention in Lebanon should therefore emphasize implementing a rights-informed psychosocial response and specific strategies for improving long-term mental health.**

3. A psychosocial response to the right to health

A rights-informed psychosocial response is based on equal opportunity and valuing freedoms. This response also supports the right to health, human rights in health systems, and the defense of human rights through health. The WHO **QualityRights** initiative aims to reform human rights in mental health.

While keeping the right to dignity, freedom, and health at the center, the initiative has developed awareness-raising policies and strategies to strengthen a holistic response to mental difficulties at the system level. Such an approach was recently proposed to address the long-term mental health needs of populations that suffered disproportionately during the COVID-19 pandemic.

International support continues to play a significant role in Lebanon's mental health projects and activities. Examples include collaborations to establish and launch the National Mental Health Program and offer psychological counseling, first aid, and psychosocial support for those affected by the blast. However, therapeutic gaps remain evident, and psychosocial support services, mainly mental health services, require profound interventions.

In the country today, there are problems both on the supply side and on the demand side of mental health services. Some of these include distorted perceptions of mental health disorders (for example, some believe that the problem does not exist or that it resolves itself), awareness of the importance of early treatment, and stigma. **Financial barriers are also crucial, as mental health care and psychotropic drugs are inadequately covered by health insurance in the country.** The issue of financing care is also relevant to improving the community mental health services sector. **There is also a need for more significant support for training courses for the supervision of the human rights of people with mental disorders, as well as for the creation of reference systems networks for mental health and monitoring, tracing mechanisms to develop indicators, especially on the use of services.** Few have also highlighted the importance of horizontal and vertical approaches to mental health services in conflict-affected populations such as Lebanon. International organizations and donors were identified as essential to support a gradual increase in scale.

WHO has proposed integrating mental health care into primary health care as the most viable way to fill gaps in mental health treatment in Lebanon. The implementation of this recommendation is still in its infancy due to many reasons, such as the lack of consistent information systems on mental health and the inadequate integration between mental health services and providers, including national and international NGOs. These barriers result in duplicated efforts and systematic gaps in delivery. Addressing the mental health sector is necessary because it is an area where for supporting Lebanese citizens during this crisis. However, other psychosocial domains and factors are also crucial for improving well-being.

4. Un nuovo piano d'azione

The worsening of the mental health status of the population during the 2020-2021 period has put back to the center a system hitherto underestimated and largely abandoned. At the World Health Assembly in May 2021, governments worldwide recognized the need to increase quality mental health services at all levels. And some countries have found new ways to provide mental health care to their populations. In 2019, the WHO Mental Health Action Plan 2013-2020 was extended until 2030. Subsequently, in 2021, the 74th World Health Assembly approved specific updates.

The new Mental Health Action Plan builds on the previous document. It sets out clear actions to promote mental health and well-being, prevent conditions that put mental health at risk and achieve universal coverage for mental health services. While the updated action plan includes new and updated indicators and implementation options, the original four headline goals remain unchanged; more effective leadership and governance for mental health; provision of comprehensive and integrated mental health and social care services

in community settings; implementation of promotion and prevention strategies; enhanced information systems, evidence, and dedicated research.



Among the fundamental points of this plan is the definition of "mental disorders" with which we have opened this notebook (ICD-10). It should be emphasized how the concept of "vulnerable groups" is updated. The expression identifies people or groups of vulnerable people due to the situations or environments they face and not due to an intrinsic weakness or lack of specific skills. In addition, in individual countries, the expression "vulnerable groups" must be used by adapting it to the national situation.

Depending on the local context, some individuals and social groups are much more at risk than others for suffering from mental disorders. These vulnerable groups are, for example, members of families living in poverty, people with chronic diseases, abandoned and abused infants and children, adolescents who use psychoactive substances for the first time, minorities, populations of indigenous people, older people, victims of discrimination and human rights violations, prisoners and people experiencing situations of conflict, natural disasters or other humanitarian emergencies.

Globally, the annual per capita expenditure on mental health is less than 2 dollars and reaches the minimum limit of 0.25 dollars per capita in low-income countries; 67% of these

resources are allocated to psychiatric hospitals, despite their poor health results and human rights violations within them. If this fund were redistributed to community services, including integrating mental health into general health services and in particular into maternal, sexual, reproductive, and child health programs, and the ones to fight HIV / AIDS and non-chronic disease transmissible, many more sufferers may have access to better and more cost-effective interventions.

The WHO action plan has the following objectives:

1. Strengthen leadership and governance in mental health;
2. Provide comprehensive, integrated, and responsive mental health and social support services at the territorial level;
3. Implement mental health promotion and prevention strategies;
4. Strengthen information systems, scientific evidence, and research for mental health.
5. **Include people with mental disorders as a vulnerable and marginalized group, requiring priority attention and commitment to development and poverty reduction strategies, such as education, employment and livelihood programs, and advocacy programs for human rights.**
6. Explicitly include mental health in general and priority health policies, plans, and research programs, including those related to non-communicable diseases, HIV / AIDS, women's, children's, and adolescent health, as well as horizontal programs and in partnerships such as the World Alliance for Health Workers and other international and regional associations.
7. Support opportunities for exchanges between countries on policies, legislation, and intervention strategies to promote mental health, prevent mental disorders and promote recovery, building on international and regional human rights frameworks.
8. Support the creation and strengthening of associations and organizations for people with mental disorders and psychosocial disabilities, family members, and caregivers, and their integration into existing disabled organizations, and facilitate dialogue between these groups, health professionals, and governmental authorities in charge of health, human rights, disability, education, work, justice, and social issues.
9. **Considering the context of international cooperation, the right to mental health is fundamental to guaranteeing sustainable development and the well-being of communities.**

5. Beirut, scars in the hearts

Context

When the disastrous port explosion hit the Lebanese capital on 4 August 2020, people's living conditions and interpersonal skills had already been undermined by economic failure

and the global pandemic. For this reason, Armadilla has collaborated with cooperation realities such as the AVSI Foundation, the Congregation of the mission (commonly called Lazarist or Vincentian), and the Center de la Jeunesse Catholique (CJC), managed by the Jesuit order to provide psychosocial and psychiatric support to people who survived the explosion but who have lost loved ones, places, objects, jobs, and motivations.

The REVIVE Project

Specifically, the action offered group and personal support sessions, first social and relational, then psychological and in some psychiatric cases, for 424 people.

Often, these moments have been transformed into paths that have also involved families in weekly meetings, reorganizing daily life at the center, and dealing with day-to-day problems with greater awareness while enhancing the positive aspects of family life.

Individual and group work aimed to accompany awareness of the roles of parents.

To ensure the sustainability of the intervention, REVIVE has also trained 60 operators, in turn, agents of change in the communities to which they belong as informal educators and active subjects in the acquisition of new social skills.

Part of the project involved taking care of children and adults with disabilities. If possible, this condition is even more difficult in a context where physical barriers and social stigma continue to hinder their inclusion in social life.

6. Nabatieh, percorsi per il diritto al benessere

Context

The city of Nabatieh is a province of the same denomination and comprises four districts: Nabatieh, Marjayoun, BintJbeil, and Hasbaya. The area of the town is 8.4 km² and is experiencing a rapid increase in population. In 1965 the population was 11,000; today, it has reached 60,000. In the city, about a third of households (32.5%) are run by women.

In this context, the percentage of families with people with a defined disability is 0.4%, less than half the national average of 1.1%.

Health services in the city of Nabatieh have seen significant progress in recent years of both the number of hospitals and the number of doctors in the hospitalization sector. In particular, the territory is witnessing a rapid increase in medical clinics, laboratories, pharmacies, and dispensaries. It should be noted, however, that a significant portion of the population of

Nabatieh and the region cannot afford the cost of hospital care, especially for health insurance covers just one-third (33.6%) of the region's population.

A territorial journey

Armadilla has been collaborating since 2018 with the municipal administration of Nabatieh to enhance the functioning of the Center for the Mediation of Conflicts, the Social Integration of Vulnerable People and Groups (SMC). In particular, priority was given to people with disabilities and those with pathological addictions. The interventions privileged the training and training of socio-health workers belonging to the Center through a dense training program on social, psychiatric, and psychosocial issues aimed at introducing innovative methods and techniques in treating people addicted to psychotropic substances.

This training course, structured by the social cooperative OpenGroup of Bologna, Armadilla's partner for years in projects in Syria and Lebanon, was divided into ten sessions for a total of 20 hours provided by two teachers. The program consists of a first didactic part and the second part of the analysis, management, monitoring, and solution of case studies, proposed by the daily professional experience of the participants and participants and selected jointly with a participatory method. Furthermore, benefiting from the screening carried out by two social workers employed and trained by OpenGroup within the project, a Referral System was organized during the psychosocial support group sessions - a referral system and access to psychological first aid services (PFA), internal to the project, provided by two specialized psychologists and trained by OpenGroup engaged in individual sessions for people benefiting from the service.

A strengthening of the capacities of local operators was guaranteed through training programs developed starting from the most relevant needs, which included a path of growth that was not only technical but, above all, cultural, which became the harbinger of positive change in the problematic Lebanese context. The training approach, developed by Italian experts according to a modern and compelling vision, contemplated a high degree of participation and teamwork dramatically absent in the socio-cultural context of the country, which stimulates discussions and creativity and encourages operators and local people to work from different perspectives and holistically to address health issues, including a social and cultural point of view in diagnosis and treatment.

7. Horizons

In collaboration with the Coress cooperative of Reggio Emilia, starting from May 2022, a new specialist training course on autism was launched.

Coress is a social cooperative promoting community well-being by designing and implementing quality services in the social welfare sectors. The cooperative operates locally in the Province of Reggio Emilia territory because it is the territory to which it belongs. The choice to work to contribute to the well-being of one's community of reference is accompanied by a dimension of international solidarity aimed at sharing one's experiences and knowledge with the "poor worlds" of the planet.

The training course on autism for Nabatieh operators on autism sees the involvement through E-learning of experts and experts on the subject: Dr. Maria Linda Gallo, pediatric neuropsychiatrist; Drs Virginia Giuberti and Chiara Ferrari, psychologists.

The training program will be set up by comparing the Italian context and experiences to the local needs and peculiarities of Nabatieh.

The definition of autism considers it a "qualitative rather than quantitative" disorder, emphasizing how it manifests itself in a wide range of severity levels. Having said this, all and all those who are affected have typical difficulties in some specific areas:

- alteration and impairment of the quality of social interaction;
- alteration and impairment of the quality of communication;
- limited, stereotypical, repetitive patterns of behavior and interests.

During the training course, the classification and diagnosis systems, the levels of severity, and the differential diagnosis will be studied. The application of treatments based on ABA behavioral analysis, and how to create a relationship with people with autism, the training of parents and relatives on how to deal with the subject of communication and autism.