

Turning crises into opportunities.

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Background

Lebanon, a small country in the Middle East, has been enduring a severe unprecedented crisis, with more than 80% of the population residing in Lebanon not having access to the most basic rights, such as adequate living, access to health services, etc. (World Report, 2022).

The compounded crises in the country, including the COVID-19 pandemic, the Beirut Port Explosion in August 2020, the ongoing severe socio-economic and financial crises have had their toll on the country's services and resources. In fact, the situation in Lebanon was considered by the World Bank as being in the top ten -possibly top three- most severe crises since mid-nineteenth century (World Bank, 2021). This is coupled with the recent effect of the Gaza war on Lebanon.

These compounded crises have put more pressure on the health- and mental health- system. Lebanon's health system is characterized by a public-private mix. For mental health, the MOPH expenditure is spent mostly on hospitalization and medications; and the mental health services are more skewed to the private sector and more concentrated in central rural areas.

Institutionalized individuals are considered one of the most marginalized population groups. Psychiatric institutions worldwide are associated with several human rights violations, ranging from degrading treatment and abuse to violence, seclusion and restraint, in addition to other violations spanning basic political, social, and civil rights.

The mental health reform

The Ministry of Public Health (MoPH) established the National Mental Health Programme (NMHP) in 2014. In 2015, the NMHP launched the first National Mental Health Strategy for Lebanon (2015-2020) to reform the mental health system in the country. The strategy is aligned with the World Health Organization (WHO) Global Action Plan (2013-2020) and human rights principles. The vision of the strategy is that “all persons living in Lebanon have the opportunity to enjoy the best possible mental health and well-being”.

A major pillar of the reform is directed toward monitoring and improving human rights for persons with psychosocial disabilities and scaling up community-based mental health services including the integration of mental health in primary health care, in addition to the work on reforming the mental health law in line with the Convention on Rights of Persons with Disabilities (CRPD).

The QualityRights experience in Lebanon

Process of implementation

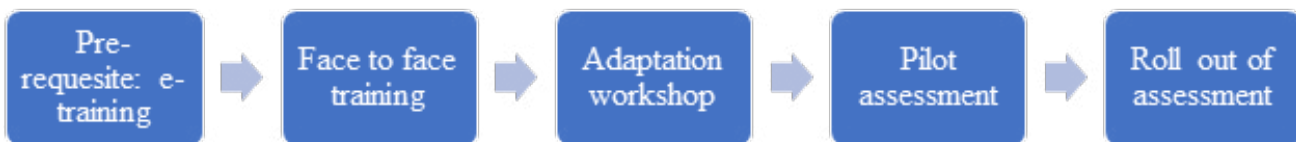
In Lebanon, the WHO QualityRights initiative has been used in different ways to support the ongoing reform and continues to be highlighted as an important tool in the revised National Mental Health Strategy for Lebanon (2023-2030), expected to be launched in November 2023.

The NMHP with WHO have been implementing the QualityRights initiative since 2017 through different phases (Figure 1 below). Phase 1 started with a pilot implementation that included training and adaptation of the QualityRights toolkit to the Lebanon context and piloting in two private general hospitals that have psychiatry wards. A pre-requisite to join the assessors' training was to complete the QualityRights e-training on Mental Health, Recovery and Community Inclusion. Following the online module, the training of the assessors included a theoretical overview of the QualityRights toolkit as well as an on-the-job practical session that focused on how to conduct the assessment. The theoretical part covered the different themes within the toolkit, which are based on the articles in the CRPD as well as the structure of the toolkit (themes, standards, and criteria). The training was led by WHO international trainers aiming at building the capacities of a national multidisciplinary team and service users. Following the training, the assessment team members were invited to attend a one-day adaptation workshop prior to the actual assessment to go over the Arabic version of the toolkit and adapt the language to the local context particularly with regards to some of the scientific and social jargon.

Phase 2 involved roll out of the assessments in four hospitals using the QualityRights toolkit. Phase 2 also included a refresher training of the previously retained assessors, in addition to recruiting new assessors and training them. In the roll out, the new assessors were teamed up with the previous more experienced assessors.

Figure 1

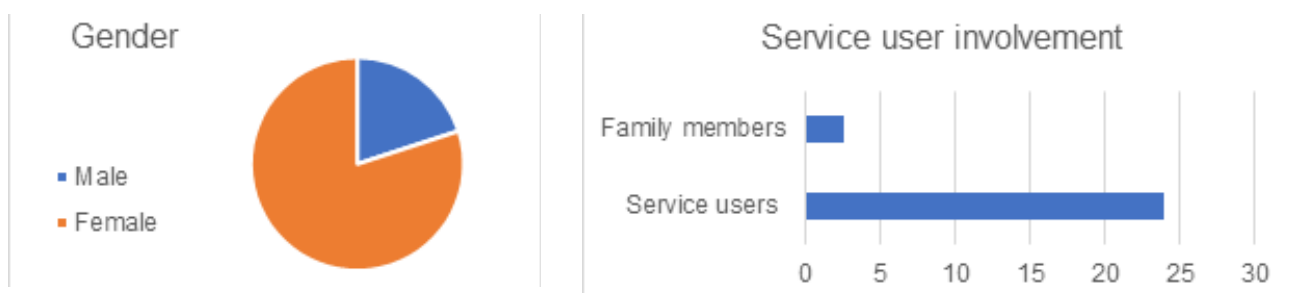
Process of Implementation

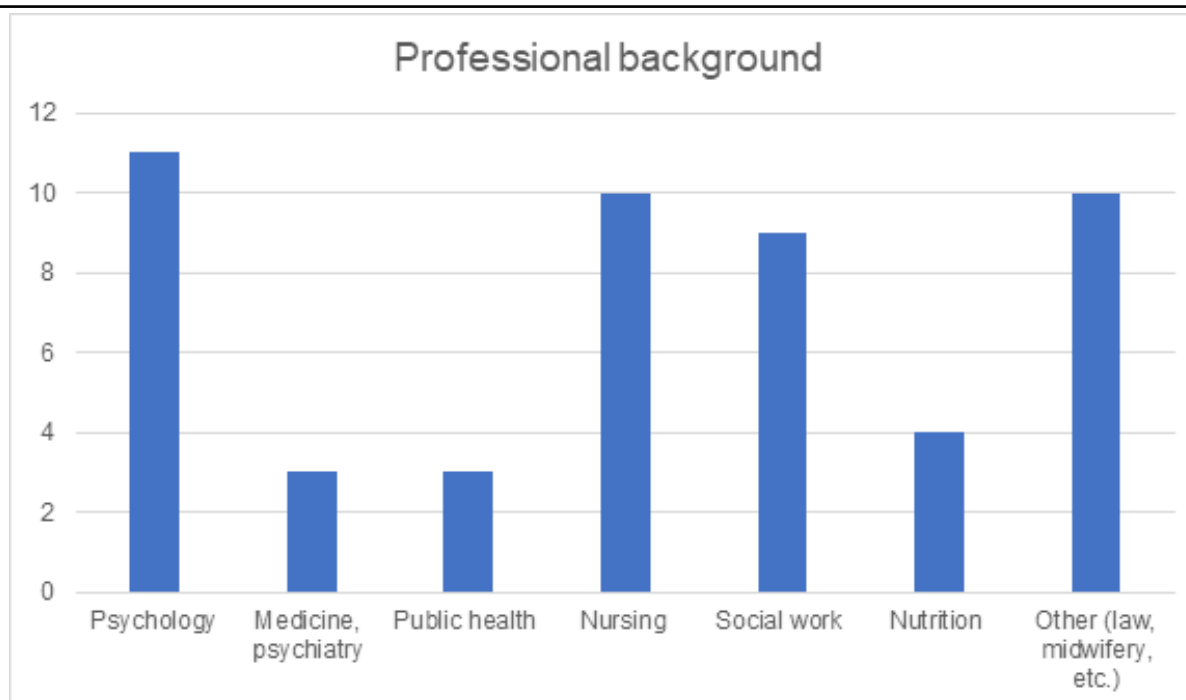


Currently, the NMHP has a team of 50 assessors from different backgrounds and different geographic locations in Lebanon. Figure 1 provides a summary of the assessors' details. Service users play a key role in the preparation, monitoring, and improvement of facilities since the pilot of 2017. Currently, the number of persons with lived experience in mental health conditions reached 24 out of the total 50 assessors and 7 are family members of persons with lived experience in mental health conditions. In addition, two members from the NMHP and 1 member of WHO are part of the management team; all members have been involved in the QualityRights in Lebanon since the pilot in 2017.

Figure 2

Details of assessors





In addition to training assessors, multiple capacity building sessions and Training of Trainers (ToT) were conducted to health care professionals and mental health professionals. A total of 467 participants also completed the QR e-training (data until September 2023).

Results of the assessments and discussion

The table below (see Table 1) provides a summary of the ratings for all six facilities assessed.

Table 1

Summary of ratings for assessed facilities

Rating	Theme 1 The right to an adequate standard of living	Theme 2 The right to enjoyment of the highest attainable standard of physical and mental health	Theme 3 The right to exercise legal capacity and the right to personal liberty and the security of person	Theme 4 Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse	Theme 5 The right to live independently and be included in the community
Average Rating	A/P Achieved partially	A/I Achievement initiated	N/I Not initiated	A/I Achievement initiated	N/I Not initiated

The overall results indicate that theme 1 was partially achieved; the physical structure in terms of buildings, rooms, etc. was found to be in overall good condition in the assessed facilities. Living conditions in terms of lighting, ventilation, hygiene and sanitation, as well as access to food was found acceptable in the assessed facilities. Access to natural lighting was a feature in almost all facilities. Service users' privacy and confidentiality were more or less respected; however, practices of involuntary admission, seclusion and restraint were still prevalent.

In terms of theme 2 on the right to enjoyment of the highest attainable standard of physical and mental health, treatment and care provided in the facilities was found more skewed to the biological rather than the psychosocial approach with no active participation of service users in their own health and health care.

Although care was provided by multidisciplinary teams (e.g., physician, nurse, psychologist, etc.), interprofessional collaboration was still suboptimal.

Theme 3 on the right to exercise legal capacity was not initiated by facilities; users' preferences and opinions were not always considered when providing care. Involuntary admissions are prevalent and service users were kept against their wills, for different reasons, sometimes such as not having anyone to support them in the community.

Although some practices of advance directives were noticed, they remained sporadic and limited to personal initiative.

The low rating of theme 3 is mainly due to the current national legislative framework governing the legal capacity of people with mental disorders, in particular a law that dates from 1983 that allows hospitalization without consent in certain cases while omitting to address or formalize any preventive and protection measures to guarantee users' rights. The NMHP is advocating for a reform of the mental health law that aims at protecting the rights of persons with psychosocial disabilities; this draft law is in line with the CRPD and is under review in the parliament.

For theme 4, facilities still resorted to restraint and seclusion in several instances. Several of them are receiving training on de-escalation techniques and crisis management. It is worth highlighting that the inexistence of an independent legal body outside the facility as a safeguard to prevent torture or cruel, inhumane, or degrading treatment affects tremendously the rating, particularly standards 4.5. This is mainly due to the current legal framework governing the mental health sector in general; and as mentioned above, the adoption of a new reformed law which is currently an ongoing process, will remedy and improve the situation.

As for theme 5, efforts for reintegration of service users in the community are increasing despite the little knowledge of available community services and resources. These efforts rely more on personal initiative. Policies and procedures are needed at facility level for service users' integration.

Discussion

The introduction of *QualityRights* approach in Lebanon started in 2017, targeting all mental health institutions. However, despite these efforts, several violations of human rights were reported on the media (Gerges, 2019; Khazem, 2021) regarding the abuse and maltreatment of patients with mental disorders in several residential facilities providing mental health services.

The first violation occurred in 2019 in a long-stay private institution. The second violation occurred in 2021. Subsequently, the facilities were shut down by the Ministry of Public Health. In both instances, with the support of WHO a multidisciplinary team conducted physical, social and psychological assessments for the service users in these institutions and a total of 252 inmates were relocated to other more *QualityRights-compliant institutions*.

The highly mediated violations opened doors for improvement in human rights conditions of persons living in institutions and excluded from society. With this momentum created, *QualityRights* provided a structured framework for assessing and improving human rights conditions in the facilities providing mental health services.

Moreover, the *QualityRights* tool and assessment were the basis of the concrete actions taken by the MOPH. In fact, following these two incidents, the MoPH issued several ministerial decisions including decision 650/1 (issued on 18 July 2023) asking to establish a high-level multidisciplinary team to oversee the human rights situation in long-term institutions; this has remarkably added to the governance capacity.

This momentum allowed for serious discussions and the initiation of a de-institutionalization process in one of the main long-stay mental health facilities in the country. This is in close collaboration with the facility's management and staff.

In addition to these cumulative steps towards better protection of Human Rights, Lebanon has recently ratified the CRPD. We hope that with the new law project in the pipeline, the commitment of the MoPH to human rights for persons with psychosocial disabilities and the coordination with partners, further steps will be taken to improve the quality of care and services.

Previous experiences in Lebanon could serve as the basis for enhancing the implementation of the national mental health strategy and deepening reforms in the mental health system.

Conclusion and Way forward

Lebanon is one of the very few countries in the region to implement the *QualityRights* initiative. Based on Lebanon's experience, the *QualityRights* tool was a leverage for improving quality of care and institutionalizing standards of quality in mental health institutions. The buy-in of the relevant stakeholders was encouraging as the tool provided an objective measurement of rights and quality of mental health care for institutionalized patients, and the MoPH governance capacity improved significantly as the tool allowed close monitoring based on well-defined indicators.

The way forward for the *QualityRights* implementation is to strengthen the implementation of the improvement plans in the facilities assessed as well as to provide needed training for the facilities staff on human rights and community inclusion. In addition to the facility level, there is a need to increase the uptake of the *QualityRights* e-training across health, social and other sectors.

More advocacy efforts will be needed to ensure the passing of the draft law as well as to support the facilities in the implementation of the law.

References

- World population dashboard-lebanon*. United Nations Population Fund. (2023). <https://www.unfpa.org/data/world-population/LB>
- World Report 2022: Rights trends in Lebanon*. Human Rights Watch. (2022, January 13). <https://www.hrw.org/world-report/2022/country-chapters/lebanon>
- WorldBank. Lebanon Economic Monitor: Lebanon Sinking (To the Top 3)2021 Global Practice for Macroeconomics, Trade & Investment Middle East and North Africa Region. Available on: <https://documents1.worldbank.org/curated/en/394741622469174252/pdf/Lebanon-Economic-Monitor-Lebanon-Sinking-to-the-Top-3.pdf>.
- Gerges, L. (2019) Al Fanar hospital scandal... Will other hospitals face a similar fate? [في فاشت سمّة حياضف دعب] [في رخأل اتاي فاشت سم لا رود يت أي له ...رانفلا] Availability: <http://www.annahar.com> [click here to access](#).
- Khazem, M. (2021, November 19). Santa Maria Hospitals shut down after scandal of poor conditions. 961. <https://www.the961.com/santa-maria-hospital-shut-down-after-scandal/>