

A Call To Action: Implementing best practices to support adolescent mental health in Lebanon by strengthening families and communities

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Prior to the devastating port explosions, economic crisis, and the COVID-19 pandemic, the prevalence of anxiety and depression within adolescent populations in Lebanon was already [higher](#) than the global average. The additional stressors families have faced over the last 18 months are likely to have exacerbated this distress, with over half of households in Lebanon, and two thirds of refugee households, living under the poverty line. The crippling impact of the devaluation of the Lebanese lira, hyperinflation, and high unemployment, mixed with political paralysis and fears of sectarian and regional conflicts, are likely to take their toll on the mental health of the population. We outline three best practices from the field of global mental health to ensure the most effective mental health programming to meet the substantial needs of children and their parents in Lebanon now and into the future.

Best Practice 1: take a stepped care, public health approach

In the context of this increased burden of psychological distress and mental health needs, the treatment gap in Lebanon is as high as 90%, with major barriers linked to the predominantly private health care system for which the majority of low-income families have no access. COVID-19 related lockdowns have further impacted the availability of mental health services, particularly for the most vulnerable without access to internet. The international Inter-Agency Standing Committee (IASC) [guidelines for mental health and psychosocial support](#) (MHPSS) in emergencies recommends a stepped care coordinated approach that builds upon existing resources and trains non-specialist facilitators, as a strategy to close this gap. A stepped care approach includes community-based prevention and promotion programs that reduce the need for specialized care in low resource settings.

Best Practice 2: take an integrated, multi-sectoral approach

Children and families in Lebanon are experiencing numerous social determinants of poor mental health, often compounding and exacerbating over time. These include: lack of safe spaces to play, loss of livelihoods, lack of basic needs and adequate shelter, and increases in violence in the home and community. The IASC also recommends that in complex crises such as this, mental health prevention and promotion activities should be integrated into other sectors, such as Food and Security, Shelter, or Protection, to simultaneously reduce risk factors, while promoting wellbeing. One example of this comes from Sierra Leone, where an MHPSS program - the [Youth Readiness Intervention](#)- has been integrated into a Youth Employment Promotion Programme. While access to livelihoods is expected to improve mental health and wellbeing, similarly improved psychosocial skills can improve engagement and benefit from such opportunities.

Best Practice 3: consider the social-ecology of the child

Research on child and adolescent mental health in humanitarian, low resource and conflict-affected settings has consistently found that family functioning, social support, and community cohesion serve a [protective effect](#), buffering the impact of high adversity on child and adolescent mental health. In

practice, mental health and psychosocial support interventions aiming to promote mental health and prevent or treat mental disorders in child populations living in humanitarian settings have tended to focus on individual children, addressing emotional regulation, coping mechanisms, and other internal processes. Whilst these interventions have [growing evidence](#) of effectiveness, they have historically neglected systemic protective factors, like family and community. In contexts of collective distress such as in Lebanon, this focus has been heavily criticized for [lacking contextual and cultural relevance](#). It also reflects the limitations of individual and specialized care in addressing collective distress and reducing the treatment gap. A review of family interventions in low and middle income countries found good evidence for their effectiveness on child and adolescent mental health. Programs tended to primarily focus on parenting and caregiver coping, and very few programs took a comprehensive approach to the family system as a whole. Additionally, no evaluated family interventions were found in Lebanon nor in neighboring countries, and [few programs](#) focused on at-risk adolescents.

In response to this gap and these known best practices, we are embarking on a [new study](#) (funded by AHRC-FDCO) to develop and test a contextually and culturally sensitive family systemic module that can be delivered alongside the existing United Nations Children's Fund (UNICEF) Focused-Psychosocial Support (FPSS) program for at-risk adolescents in Lebanon. The intervention is delivered by non-specialists for families identified through the child protection system as needing more support, and aims to improve family functioning, which is predicted to lead to improved child and parental mental health and wellbeing. This shift of focus from individual to family aims to contribute to more systemic and contextually relevant interventions that can help support adolescent mental health in Lebanon, at a time when the country is grappling to cope with the impact of multi-level emergencies.

Given the pervasive uncertainty and crises facing the population in Lebanon, shifting focus to more stepped-care, systemic interventions that address the wider social ecology of young people and consider social determinants of mental health and wellbeing, is likely to be more effective in promoting mental health and mitigating the harm of the many adversities families face in Lebanon. In order to surmount the current challenges, it is vital for mental health and wellbeing considerations to be integrated across all sectors and responses.

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