

Support for Social Recovery Needs of Vulnerable Groups Phase II (SRP2)

BRIEF ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)



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GENERAL DESCRIPTION OF SRP2

The International Rescue Committee (IRC) is leading the implementation of the Support for *Social Recovery Needs of Vulnerable Groups Phase II (SRP2)* project, running from September 2024 to June 2026. The project builds on the efforts of its first phase, which aimed to support the immediate social recovery needs of vulnerable groups following the Port of Beirut explosion.

The project aims to enhance community-based rehabilitation (CBR) platforms, promotes mental health in workplaces for managers and business owners, and deploys medical mobile units (MMUs) and outreach teams to better support persons with disabilities and older people. Additionally, SRP2 provides financial support to NGO-run primary health care centers to deliver specialized services tailored to these groups.

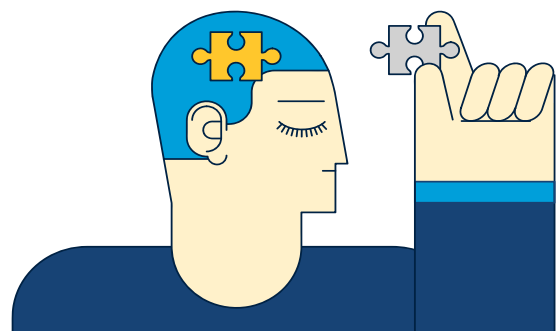
Through direct grant funding, SRP2 supports ten non-governmental organizations (NGOs) implementing thirteen projects that deliver essential social services while strengthening their institutional capacities. The project also promotes localization, fostering ownership and sustainability through context-specific strategies and tailored technical assistance.

Amid the declining availability and quality of critical social services, SRP2 aims to reduce vulnerabilities and promote sustainable recovery for Lebanon's most marginalized populations, including both refugees and host community members, who are at-risk groups and have been exposed to severe social and economic stressors. At its core, SRP2 focuses on the empowerment and protection of vulnerable populations, including survivors of gender-based violence (GBV)—particularly women and children—children under judicial protection, individuals at-risk of and with

mental health conditions, persons with disabilities, and older people. Forcibly displaced persons and migrant domestic workers are strongly represented across interventions that aim to improve access to and the quality of essential social and health services. Overall, the project seeks to target 15,725 vulnerable people. Overall, SRP2 reflects a commitment to strengthening social resilience and ensuring that Lebanon's most vulnerable populations can access protection, dignity, and opportunity during this critical time.

As Mental Health and Psychosocial Support (MHPSS) is essential for recovery following a collectively traumatic event like the Port of Beirut explosion, it was included as an essential key component of this project in both of its phases. Considering its universal nature, MHPSS was introduced in different domains to focus on various vulnerable groups with the aim of reaching more than 8,300 vulnerable individuals through MHPSS services and interventions.

The MHPSS interventions include strengthening the national suicide prevention lifeline, developing and introducing national evidence-based MHPSS interventions such as Step-by-Step and Self-Help Plus, supporting the mental wellbeing of the workforce through Mental Health (MH) in the Workplace initiative, and developing national community sensitization and awareness programs.



Through supporting, developing, improving, and introducing national services that are part of the strategic objectives of the National Mental Health Strategy 2024-2030, the SRP2 is able to achieve true system strengthening of mental healthcare system in Lebanon. The implementation of the national strategy and the support to improve the infrastructure and architecture of Mental Health care in Lebanon would not have been possible without the strong and successful partnership of IRC with the governmental entity, National Mental Health Program (NMHP). This partnership played an essential role in providing technical advisory,

guidance and even oversight to the project interventions. Another success factor is the innovative partnership approach spearheaded by the IRC. The coordinated partnership between governmental entity to ensure alignment with strategic priorities (top-down), local actors to ensure the farthest reach and access to vulnerable communities (bottom-up), and the IRC to ensure capacity development and technical excellence, offer a strong example of a potential best practice model for how non-state actors can work together with national systems to extend effectiveness and efficiency.

MENTAL HEALTH CONTEXT IN LEBANON

Lebanon has been enduring prolonged and overlapping crises - including economic collapse, political instability, the COVID-19 pandemic, the Beirut Port Explosion, and recurrent conflicts - which have taken a heavy toll on people's mental health and placed enormous strain on the country's already fragile health system.

- ▶ According to the *Country Cooperation Strategy for World Health Organization (WHO) and Lebanon (2026–2029)*¹, studies show a rising prevalence and burden of mental health conditions across all population groups. The suicide rate in Lebanon has also been increasing since 2021. In 2023, 168 suicide deaths were recorded by the Internal Security Forces, representing a 21.7% increase from 2022 and a 46% rise from 2021.

The prevalence of posttraumatic stress disorder (PTSD) among people affected by recent adversities has also risen significantly.

Moreover, recent data indicate that 18.2% of students seriously considered attempting suicide during the 12 months preceding the survey, 22% made a suicide plan, and 14% had attempted suicide unsuccessfully.

- ▶ Following Lebanon's multiple crises, national research conducted by the Institute for Development, Research, Advocacy and Applied Care (IDRAAC), *"The aftermath of multiple trauma on a nation: Unraveling Lebanon's unique mental health crisis"*², sought to better understand the impact of the crises on the population's mental health. The study found that 47.8% of respondents screened positive for probable depression, 45.3% for probable anxiety, and 43.5% for probable PTSD.

These findings were consistent across regions, socioeconomic levels, gender, and marital

status, highlighting the widespread and universal impact of the crises on the mental health of the Lebanese population.

- ▶ The National Mental Health Program was established by the Ministry of Public Health in 2011 to launch the reform of the MH care in Lebanon as the official governmental entity and national authority for Mental Health in Lebanon. To achieve this goal, the ministry launched the updated National Mental Health strategy for 2024-2030.

Pragmatically, NMHP was creating national and multisector and multi-ministerial coordination mechanisms, offering national services, mainstreaming MHPSS into health services, producing technical guidelines and standards, developing emergency preparedness and response plans, and advocating for new and updated MH-related legislation among many other actions. NMHP remains the sole national authority on MHPSS in Lebanon and continues to be at the forefront of providing everyone in Lebanon with access to quality MH services through its wide network of partners and donors. Through the SRP1 and SRP2, the IRC was able to support in achieving essential key strategic objectives under these domains by sustaining the national suicide prevention and psychological support line and Step-by-Step application.

¹ <https://www.who.int/publications/i/item/9789292746667>

² <https://www.frontiersin.org/journals/psychiatry/articles/10.3389/fpsyt.2024.1444245/full>

MENTAL HEALTH INITIATIVES AND PARTNERSHIPS – SRP2

Supporting Access to Life-Saving Emotional Support and Suicide Prevention Services – Embrace

embrace

www.embracelebanon.org



PHOTO: Awareness Lifeline, Zahle, Embrace

Since August 2022, the IRC has partnered with Embrace to strengthen mental health care in Lebanon through the National Lifeline for emotional support and suicide prevention, at a time when the country faced unprecedented economic, social, and mental health challenges.

This partnership was established under a shared commitment to promote psychosocial wellbeing and ensure accessible mental health services for vulnerable individuals and households nationwide.

Together, the IRC and Embrace have maintained 24/7 Lifeline operations, ensuring that individuals in distress receive timely emotional support despite ongoing crises. The collaboration focused on strengthening the Lifeline's capacity through volunteer recruitment and training, continuous operator supervision, and social work follow-up for complex cases. Thousands of individuals, including women, children, internally displaced persons, refugees, and other vulnerable groups, have accessed life-saving emotional support and suicide prevention services through this work. The partnership's strongest aspect lies in Embrace's technical expertise, commitment, and responsiveness, which have been critical in

building a sustainable service and ensuring national awareness of mental health resources. To further increase accessibility, the project has expanded community outreach through field-based awareness sessions and active social media engagement, helping people across Lebanon understand how to reach the Lifeline and seek support when needed. Moreover, the project had a special focus on youth as an at-risk population. Thus, targeted outreach campaigns were launched to ensure sensitization and awareness, which was later translated by an increased percentage in youth callers.

Furthermore, the project allowed the Lifeline to integrate a list of innovative and essential features to its data management systems such as VIP calls that indicate in-real time calls received from the Civil Defense, Red Cross, Internal Security Forces and an improved call tracking and handling mechanism that allows to catch missed calls. Currently, an assessment to include AI into the operation of the Lifeline is being evaluated as it will bring more standardized quality and more efficient monitoring and supervision processes.

Expanding Availability of Evidence-Based Digital Mental Health Support Through Step-by-Step – National Mental Health Program (NMHP)



www.moph.gov.lb/en/Pages/6/553/the-national-mental-health-program



In close collaboration with the *National Mental Health Program (NMHP)*³, Step-by-Step (SbS), an additional national service was also supported. Step-by-Step is a 5-week evidence-based mental health support program delivered through an app or website, with weekly phone support from trained helpers. It's free of charge, confidential, and aims to help people dealing with difficult emotions and stress. Through this partnership, the service was not only supported but enhanced by updating the app to a newer more sustainable version during

the first phase, and it will be adapted for the first time globally for adolescents aged 14–17. The initiative aligns with national strategic objectives, is integrated into mental health packages for primary healthcare, and is actively promoted by healthcare professionals.

This collaboration will continue until May 2026, reflecting ongoing commitment to expanding access to quality mental health care and raising awareness of emotional support services across Lebanon.

Building Employers' Capacity to Foster Healthier Workplaces to Enhance Employees' Mental Health and Well-Being – IDRAAC



www.mhworkplace.nmhp-lb.com/en



PHOTO: Mental Health in the Workplace, IDRAAC

Simultaneously, the Mental Health in the Workplace (MHiW) initiative was relaunched after its initial introduction in 2019 by NMHP. The initiative promotes mental wellbeing in workplaces through a tailored training curriculum targeting MHiW champions, chief executive officers (CEOs), managers, and other decision-makers, encouraging organizational adoption of mental health practices and pledges. Similar to SH+, national pools of trainers and facilitators were established to support a nationwide scale-up. The initiative leveraged human resources coordination groups to access target audiences effectively.

In response to Lebanon's crises, the curriculum now includes a dedicated module on MHiW during emergencies. To further facilitate access, a dedicated platform is developed, providing resources, trainer listings, and streamlined registration for training sessions. Additionally, meetings with CEOs and senior management will be conducted to advocate for their endorsement, with several organizations receiving guidance to implement the initiative. To inform future program design, a research study will compare outcomes between participants attending training independently versus those receiving additional support.

³ <https://www.moph.gov.lb/en/Pages/6/553/the-national-mental-health-program>

Promoting the SH+ Intervention to Support Vulnerable Communities — *Institute for Development, Research, Advocacy and Applied Care (IDRAAC)*

: (:idraac

www.idraac.org

In close collaboration with the NMHP and WHO, Self-Help+ (SH+) was introduced for the first time in Lebanon through this project. SH+ is an evidence-based group intervention developed by WHO, consisting of five sessions guided by pre-recorded materials and facilitated by trained personnel, designed for individuals showing signs of stress, depression, and anxiety. This partnership enabled the adaptation of SH+ to the Lebanese context, the development of a national

roster of trainers and facilitators, and the national scale-up of the intervention. It also fostered close relationships with healthcare syndicates and professional orders to promote and implement the program.

To enhance accessibility, SH+ was innovatively adapted into a podcast format, making the intervention widely available to all. A study is planned to assess the impact of this intervention.

Improving the Mental Health and Well-Being of Migrant Workers — *Lebanese Center for Civic Education (LCCE)*



www.lccelebanon.org

Migrant workers, often a forgotten and marginalized group, have historically received minimal to no support, particularly in accessing mental health and psychosocial support (MHPSS) services tailored to their needs. To address this gap, Self-Help+ (SH+) was translated and adapted for the Filipino community in Tagalog and the Ethiopian community in Amharic, the two largest migrant worker populations in Lebanon.

the two diplomatic missions. Efforts also focused on promoting the National Lifeline to these communities.

A participatory approach was central to the process. Representatives from both communities were actively involved in translating and validating all SH+ materials prior to technical review. They also played a key role in identifying community members to be trained as facilitators and lead the rollout of the intervention. To further enhance sustainability and accessibility, SH+ was converted into a podcast format, with community representatives taking the lead in recording sessions in both languages.

Coordination was a key component throughout the project. Collaborations with United Nations agencies, international and local NGOs, and coordination mechanisms helped maximize visibility, optimize resources, encourage participation, and explore potential joint initiatives to strengthen the impact of the interventions.

Engagement with diplomatic channels was also prioritized. The Filipino Embassy and Ethiopian Consulate were invited to collaborate and both responded positively, participating in meetings with relevant officials. To raise awareness of available mental health services, a social media campaign was launched on LCCE's pages as well as those of



PHOTO: Migrant Worker, LCCE

PROJECT IN NUMBERS

Total Reach by the End of Project

8,334

vulnerable individuals
through MHPSS services and interventions

Total Reach as of **January 2026**

7,730

mental health beneficiaries

BREAKDOWN BY INITIATIVES – JANUARY 2026

National Mental Health Hotline

A total of **5,340 beneficiaries** accessed the hotline as a result of project support. Of those reached through the lifeline, **53% are female**, **46% are male**, and 1% did not identify their gender. In terms of age, **71% are over 18 years** old, while **29% are under 18**.

Additionally, the Lifeline service has trained a total of **96 operators** to serve as Lifeline operators.

5,340 beneficiaries
accessed the hotline

53% ♀ **46%** ♂ **1%** ?

71% over 18 years **29%** under 18 years

96 trained operators

Project-Supported Mental Health Interventions (Step-by-Step & Self-Help+)

Step-by-Step (SbS)

1,451 beneficiaries,
18 and above

75% ♀ **25%** ♂ **19 total interns**

Step-By-Step

A total of **1,451 beneficiaries** aged **18 and above** have been reached. The piloting of the intervention for individuals under 18 is currently underway. In terms of gender distribution, **25% of users are male** and **75% are female**. The SbS service has trained **19 interns** to become SbS e-helpers.

Self-Help+ (SH+)

900 beneficiaries,
18 and above

95% ♀ **5%** ♂ **82 total trainers**

Self-Help+

The Self-Help Plus (SH+) intervention has reached a total of **900 beneficiaries**, all aged **18 and above**, as the intervention is designed for adults. The majority of beneficiaries are female, with approximately **5% being male**. **43 trainers** have received Training of Trainers (ToT) on SH+, and **39 trainers** have completed Ensuring Quality in Psychological Support (EQUIP) training.

Mental Health in the Workplace Program

39 businesses participated (Representing 39 participants, each from a different business).

48 trainers have attended the Training of Trainers (ToT) on Mental Health in the Workplace.

39 businesses



48 trainers



TOTAL REACH DURING PREVIOUS PHASE SRP1

5,122

mental health beneficiaries

2,856

beneficiaries through the **Lifeline service**

1,795

beneficiaries through **Step-by-Step (SbS)**

471

beneficiaries through **Self-Help+ (SH+)**

During the previous phase of the project (SRP1), the project reached a total of 5,122 mental health beneficiaries. This included 2,856 beneficiaries supported through the Lifeline service, 1,795 through SbS, and 471 through SH+.

167

participants through the Mental Health in the Workplace (MHiW)

120

different businesses

24

trained individuals as SbS e-helpers

164

trainers received Training of Trainers (ToT)

20

trainers received ToT on SH+

TESTIMONIES **Sbs**

“ Step-by-Step program was a game changer for me, especially during the war time. It broke everything down into manageable parts, making it easy to follow and stay on track. My e-helper was amazing, always there with helpful tips and guidance when I needed it most. It really kept me motivated and made the whole process feel less overwhelming. I'm so glad I went through it, and I'd definitely recommend it to anyone looking for support and structure”

— Female, Lebanese, 26

“ When I downloaded the Step-by-Step app I was very skeptical about the outcome, but it was a game-changer for me. Where I saw only problems and negativity, the program with the E-helper's guidance taught me to look for my strengths and assets and try to use them to find solutions. And by the end of the program, I felt I was ready to face the future ... well at the very least I am no longer afraid of tomorrow. The user-friendly interface makes navigating through resources and exercises easy. The relaxation activities and small activities have significantly improved my daily mental well-being. Overall, a valuable tool for anyone seeking practical assistance in managing anxiety and depression.”

— Male, Lebanese, 27

TESTIMONIES SH+

“ Through the Self Help Plus sessions, I learned how to manage my emotions and control my reactions during stressful situations. I became more aware of my thoughts and feelings, and now I can calm myself and deal with challenges more wisely.”

— A. A., *Mount Lebanon*

“ The Self Help Plus sessions changed my way of thinking and how I deal with daily problems. I started rewarding myself, focusing on positive things in life, and I can now control my behavior and emotions better. My mental health has improved a lot.”

— G. R., *Beirut*

“ These sessions reminded me to take care of myself. I learned to dedicate time to the things I love, to focus on the present moment, and to deal with people and problems in a calmer and more positive way.”

— M. B., *Mount Lebanon*

ADDITIONAL RESOURCES

The MHPSS products developed under SRP1 and SRP2 can be accessed through NMHP's resources page using www.resources.nmhp-lb.com

The national Lifeline impact reports can be accessed via www.embracelebanon.org/our-impact/the-lifeline

For Step-by-Step, please refer to the links below for Android or iOS:

▶ <https://play.google.com/store/apps/details?id=net.azurewebsites.stepbystep.twa>

▶ <https://apps.apple.com/us/app/-step-by-step-%D8%AE%D8%B7%D9%88%D8%A9-%D8%AE%D8%B7%D9%88%D8%A9/id1672023877>

For Self-Help Plus podcast, please refer to this link www.resources.nmhp-lb.com/podcasts

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Kingdom of the Netherlands