





# NATIONAL LIFELINE

LEBANON'S NATIONAL EMOTIONAL SUPPORT AND SUICIDE PREVENTION HELPLINE

In partnership with the National Mental Health Program at the Ministry of Public Health

## **LIFELINE QUARTERLY REPORT**

October- December 2024









# LIFELINE VALUES

### **EMPATHY**

Understanding and sharing feelings while being compassionate and caring

## **GENUINENESS**

Being sincere, authentic, attentive, and respectful

## **OPEN-MINDEDNESS**

Being willing to listen without being biased

## **NON-JUDGEMENT**

Maintaining an attitude of acceptance and understanding regardless of the situation.







#### INTRODUCTION

The Lifeline is the National helpline in Lebanon for emotional support and suicide prevention. As part of its mission, and in collaboration with the National Mental Health Program of the Ministry of Public Health (MOPH), aggregate data related to the Lifeline is captured, analyzed and disseminated on a quarterly basis and annually for a yearly snapshot. The data is meant to offer a snapshot of the characteristics of callers to the helpline.

#### **METHODOLOGY:**

The National Lifeline's trained operators capture anonymous data through a secure computerized system. The non-identifiable data is then analyzed and reported on a monthly basis.

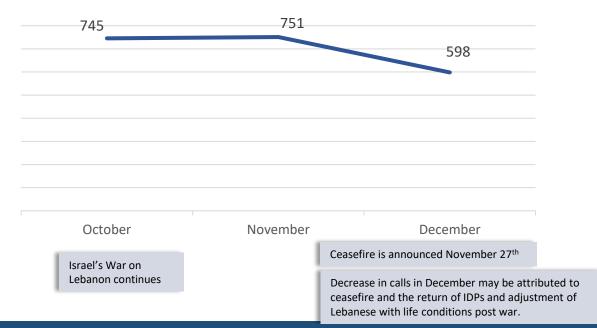
The numbers in this report are meant to offer a snapshot of the population that the National Lifeline serves. Please note that while that this information is recorded as accurately as possible, not all information may always be available. Unless otherwise indicated, the frequencies and percentages reported in this document represents the percentage of observations in a given category out of the total non-missing information. The metrics in this document can be considered representative of calls received during the reported time-period.

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## **TOTAL NUMBER OF CALLS WITH CAPTURED DATA: 2094**

The below chart represents the total number of calls per month for this quarter.

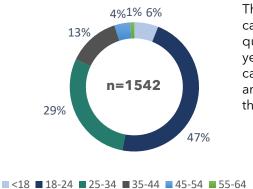








#### I. AGE OF CALLERS



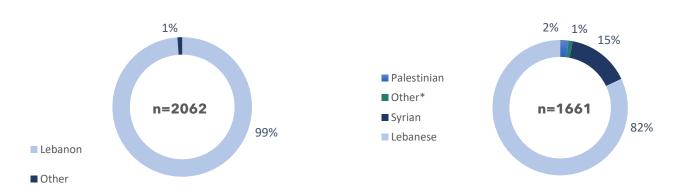
The mean age of callers in this quarter was 32 years old. The age categorizations are illustrated in the adjacent chart.

#### **II. GENDER OF CALLERS**



#### **III. COUNTRY OF CALLERS**





<sup>\*</sup>France, Japan, Qatar, Saudi Arabia, United Arab Emirates, United States of America.

#### V. CALLERS CURRENTLY SEEKING MENTAL HEALTH SERVICES

**49%** of calls with available data for this indicator (n=1447) are from individuals who reported currently receiving at least 1 mental health service.

51% **n=1447** 49%

■ Seeking MH services

■ Not seeking MH services

<sup>\*</sup>Armenia, Australia, Egypt, Ethiopia, Japan, Jordan, Kenya, Kuwait, United States of America.



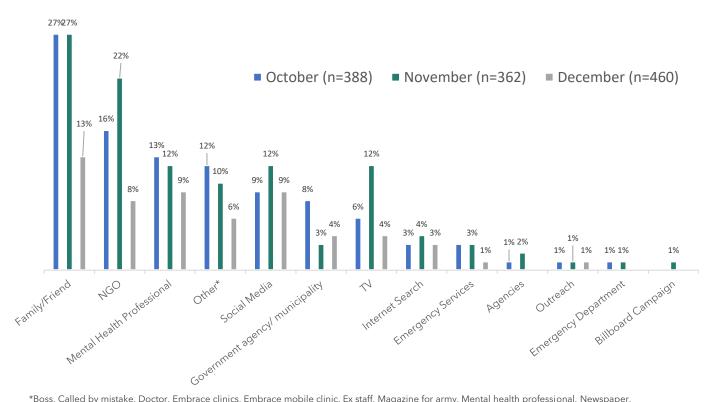




#### VI. HOW CALLERS HEARD ABOUT THE LIFELINE

n = 1210

A total of 1210 **callers** informed us of how they first learned about the National Lifeline. The below chart summarizes their responses.

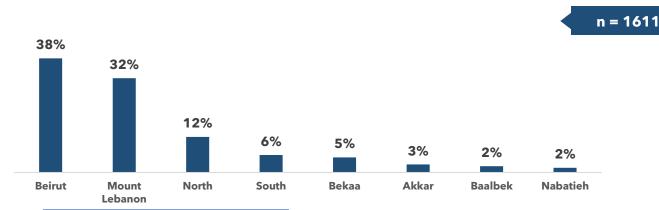


<sup>\*</sup>Boss, Called by mistake, Doctor, Embrace clinics, Embrace mobile clinic, Ex staff, Magazine for army, Mental health professional, Newspaper, Previous/frequent caller, Therapist, UNRWA, UNICEF, United Nations

#### VII. SEXUAL ORIENTATION OF CALLERS

**6%** of calls received by the Embrace Lifeline come from self-identifying LBGTQI+ individuals.

#### **VIII. REGION OF RESIDENCE AMONG CALLERS FROM LEBANON**

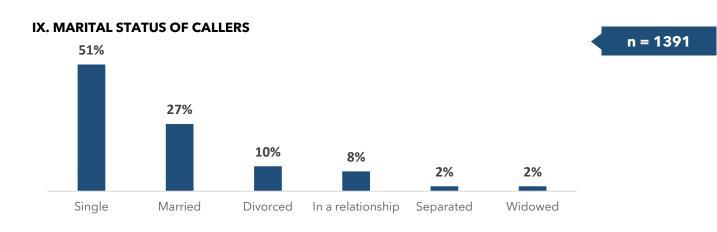


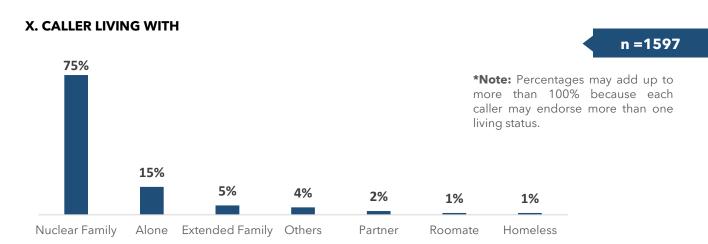
<sup>\*</sup>Note: Percentages may not add up to 100% because callers who responded with "none" are not reported.

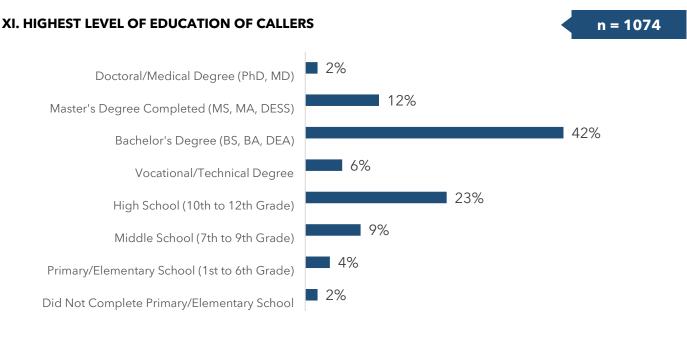








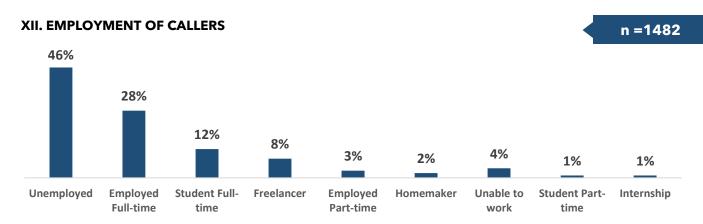






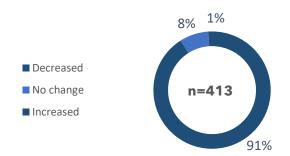






<sup>\*</sup>Note: Percentages may add up to more than 100% because each caller may endorse more than one employment status.

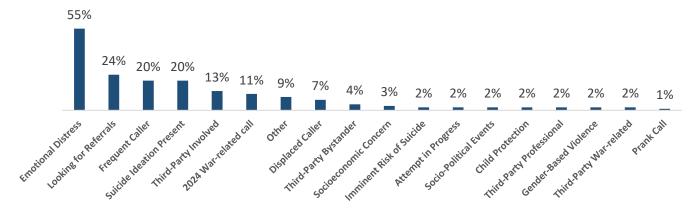
#### XIII. CHANGE IN LEVEL OF DISTRESS FROM BEGINNING TO END OF CALL



In **91%** of calls with available data for this indicator (n=676), callers reported a decrease in the level of distress from the beginning of the call to the end of the call. **8%** of calls were from individuals whose level of distress did not change from the beginning to the end of the call. **1%** of calls reported an increase in their level of distress from beginning to the end of the call.

\*Note: In some callers, the level of distress may continue to be high even after seeking support from an emotional support service such as the National Lifeline, as the intensity of their distress may be linked to stressors they are facing that may remain unresolved. The Lifeline will orient callers to available resources and services depending on their needs. When received, such services would decrease their psychological distress.

#### **XIV. TYPE OF CALL**



<sup>\*</sup>Note: This indicator is assessed by the operator based on their conversation with the caller. Percentages may add up to more than 100% because the caller can express more than one type of concern (e.g., a caller could express both socioeconomic concerns and emotional distress).

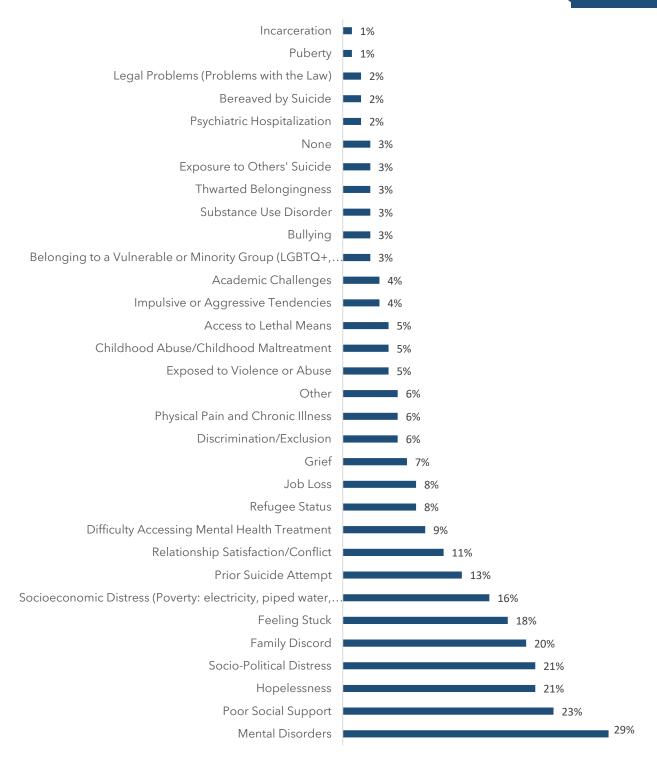






#### XV. RISK FACTORS

n = 1800



<sup>\*</sup>Note: This indicator is assessed by the operator based on their conversation with the caller. Percentages may add up to more than 100% because multiple risk factors can occur together.







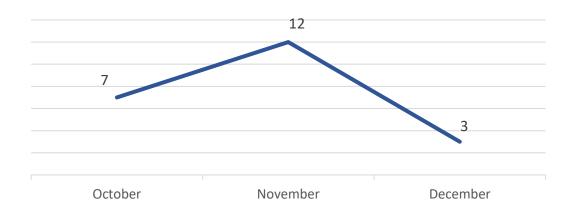


#### **MOBILE CRISIS TEAM**

The **National Mental Health Emergency Response Mechanism** (NMHERM) aims to ensure access to timely quality care for persons experiencing a mental health emergency while respecting human rights in compliance with applicable laws and best practices. The operations of the NMHERM are localized in the city of Beirut, and in Tripoli region (including the city of Tripoli, Minyeh-Donniyeh and Zgharta). The NMHERM consists of a project coordinator and a trained medical team of psychiatrists, GPs, and psychiatric nurses, referred to as **Mobile Crisis Team** (MCT). The MCT is dispatched to the location of a person in a mental health emergency to support them onsite.

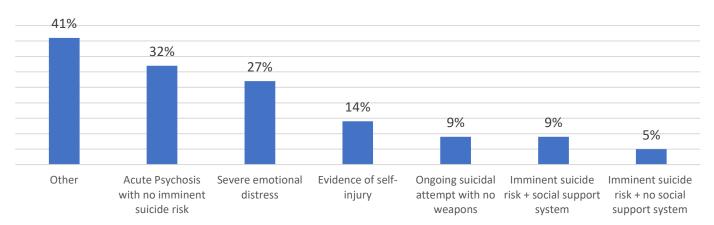
The mental health emergency can be one of the following: an unmitigated suicide attempt; an ongoing suicide attempt; an acute psychosis, presenting with aggressive behavior towards oneself or others, that may require hospitalization or an acute mania, presenting danger to oneself or others.

The below chart represents the total number of dispatches per month for this quarter.



#### I. REASONS FOR DISPATCH

The below graph shows the count for each reason for dispatch noting that multiple reasons can occur simultaneously.



<sup>\*</sup>Other: Agitation, Autoaggressivity, Cachexia, Mania.

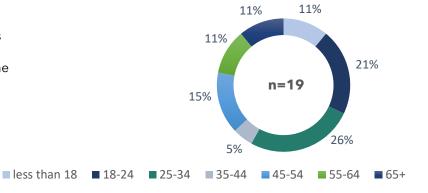






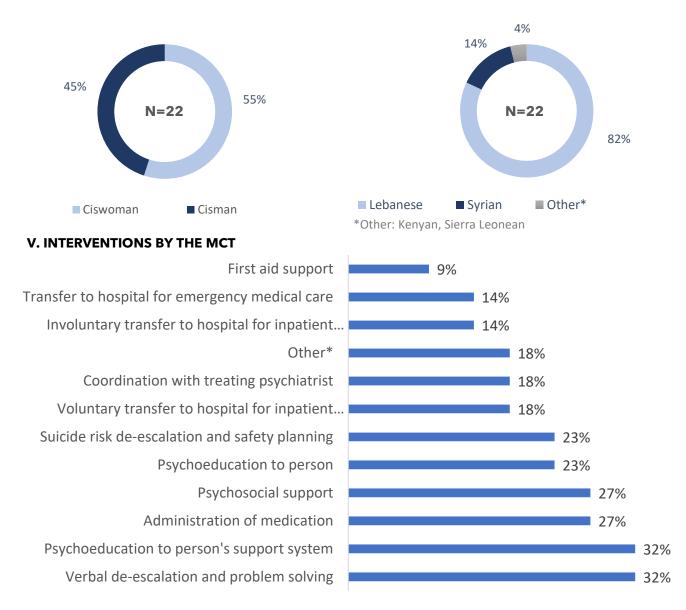


The mean age of beneficiaries this quarter was 38 years-old. The age categorizations are illustrated in the adjacent chart.



#### **III. GENDER OF MCT BENEFICIARIES**

#### IV. NATIONALITY OF MCT BENEFICIARIES



Note: Percentage may add up to more than 100% as multiple interventions can be employed simultaneously. \*Other: Brain CT, Called Red Cross, Psychiatric evaluation.









### **SOCIAL WORK**

The Lifeline social worker aims to orient and manage the cases of callers who call the **National Lifeline (1564)** and are in imminent suicide risk with supportive community resources when persons are in life threatening situations and are in need of resourcing. This is done through orientations to organizations providing mental health or other livelihood or protection services and case management services. The Lifeline social worker coordinates with other members of the Lifeline team including operators, lifeline supervisors and lifeline manager.

NUMBER OF CONSULTATIONS PER MONTH					
OCTOBER	97	NOVEMBER	107	DECEMBER	75
TOTAL NUMBER OF CONSULTATIONS					279
1st CONSULT*	54	REFERRAL**	44	FOLLOW UP***	181
TOTAL NUMBER OF CALLERS REFERRED TO LIFELINE SOCIAL WORKER					64
TOTAL NUMBER OF CALLERS REACHED OUT TO					81
TOTAL NUMBER OF ACTIVE CASES 45 TOTAL NUMBER OF CLOSED CASES					37
AVERAGE TIME TO CLOSE A CASE (IN DAYS)					56

**Note:** One caller this quarter was a social work beneficiary in two separate cases.

**Total Number of Active Cases:** Refers to the number of callers who are still being followed up by the Mental Health Social Worker.

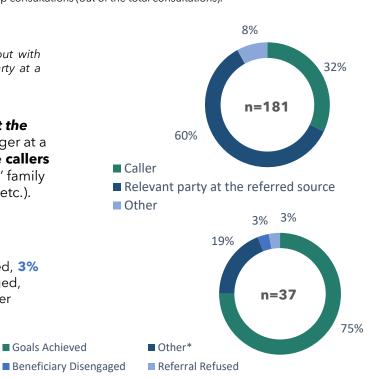
#### I. ZOOM IN ON FOLLOW-UP CASES

Follow Up Consultations can be carried out with the callers directly or with the relevant party at a referred resource.

**60%** of follow up consultations were conducted with the *relevant party at the referred resource* (e.g., a case manager at a rehab facility) and **32%** were with the **callers directly**. 8% were with others (callers' family members, lifeline team consultation, etc.).

#### **II. ZOOM IN ON CLOSED CASES**

75% of cases were successfully referred, 3% were beneficiaries who were disengaged, 3% refused referral, and 19% had other outcomes.



<sup>\*1</sup>st Consults: Refers to the number of cases contacted by the Mental Health Social Worker for the 1st consultation after being referred from the Lifeline.

<sup>\*\*</sup>Referral: Refers to the Social Worker's first contact with the organization the caller is to be referred to.

<sup>\*\*\*</sup> Follow-up: Refers to the number of follow-up consultations (out of the total consultations).







#### **III. ZOOM IN ON NEW CASES**

#### 1. URGENCY LEVEL

n =54



**Low**: Cases that are assessed to be safe. They need additional support or preventive measures because there is a potential for the person to be at risk in the future if the services are not provided.

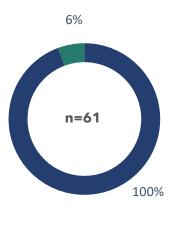
**Moderate**: Cases who are not under imminent risk of harm or injury to self or others but are likely to suffer from harm if no proper intervention is planned

**High:** Cases who are assessed under imminent risk. They are likely to be harmed or injured or to be a threat to self or others if they do not receive services within 48 hours

#### **IV. ZOOM IN ON REFERRALS**

#### 1. REFERRALS TYPES

**100%** of callers who were successfully referred were referred to NGOs with **6%** of callers also being referred to a low fee dispensary (**n=61**). The social worker collaborated with several NGOs in order to successfully refer the beneficiaries.



NGOs

■ Low fee dispensary

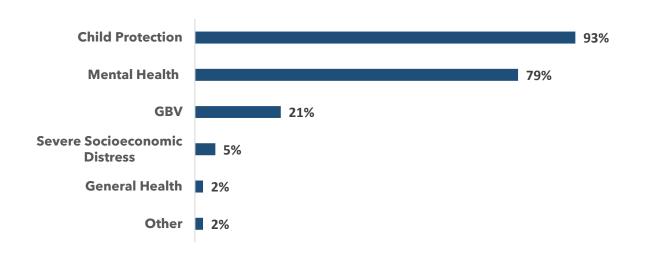






#### 2. REASON FOR REFERRAL

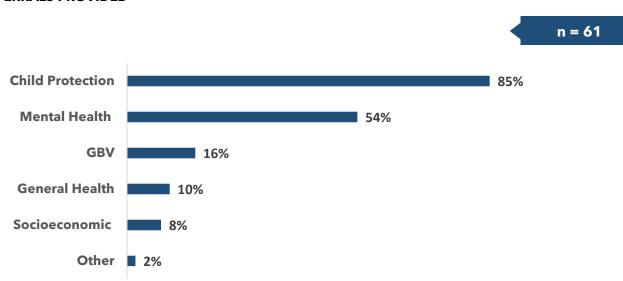




**Note** that percentages for the bar charts may add up to more than 100% because the callers may be referred for several reasons.

Other: 3<sup>rd</sup> party requesting help for a migrant worker.

#### 3. REFERRALS PROVIDED



**Note** that percentages for the bar charts may add up to more than 100% because the callers may be referred for several reasons.

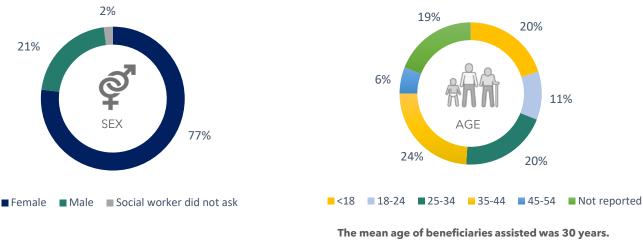
Other: Aiding a migrant worker.

Abbreviations: GBV= Gender Based violence.

#### **TOTAL NUMBER OF BENEFICIARIES**

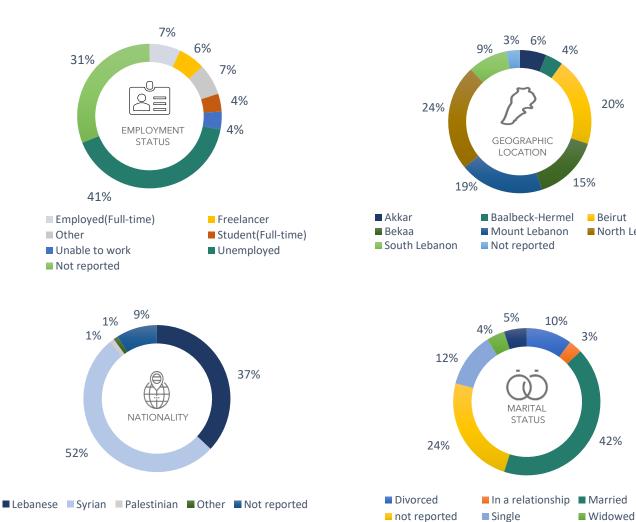
The below charts present the demographics of **all** beneficiaries the social worker engaged with/received as a referral.

This includes pending cases, new cases, and follow-ups on other cases active from previous months.





■ Separated



<sup>\*</sup>Note that not reported data is from callers who were unreachable.

42%

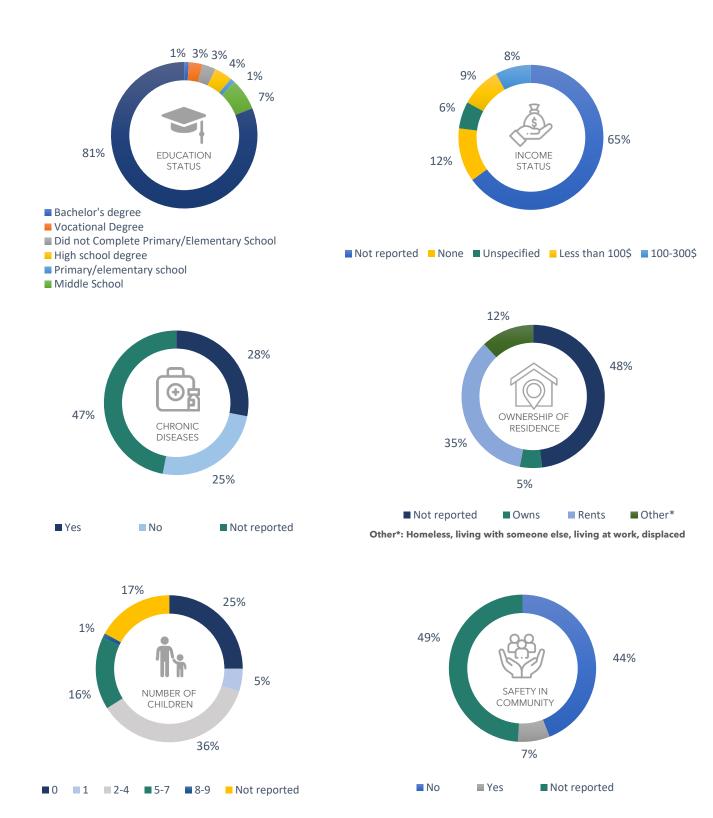
20%

Beirut

■ North Lebanon

81

The below charts present the demographics of **all** beneficiaries the social worker engaged with. This includes new cases and follow ups on other cases active from previous months.



<sup>\*</sup>Note that not reported data is from callers who were unreachable/ social worker did not ask







The National Lifeline is supported by







