



**EMBRACE COMMUNITY MENTAL HEALTH  
CENTER (ECMHC)  
& MOBILE MENTAL HEALTH CENTER (MMHC)**

**CLINIC QUARTERLY INDICATORS**  
**Oct-Dec 2024**  
*REPORT 41*



# OUR VALUES

## **Respect**

To treat all individuals as worthy of high regard and to uphold their dignity.

## **Compassion**

To empathize with another person's condition from their perspective and to actively strive to address their needs.

## **Accountability**

To acknowledge and assume responsibility for actions and decisions undertaken.

## **Integrity**

To adhere to the highest moral and ethical principles in fulfilling Embrace's mission.

## **Inclusiveness**

To actively involve stakeholders in decision-making and the implementation of Embrace's strategic goals.

## **Courage**

To face challenges head-on, advocating for mental health despite potential obstacles or resistance, to champion change for the betterment of society.

## **Collaboration**

To seek and engage with partners actively in achieving Embrace's mission and vision.

## **Agility**

To respond rapidly and effectively to change, adapting strategies and actions to meet evolving challenges and opportunities.

## **Equality**

To ensure equal opportunities and rights for all, promoting fairness and eliminating discrimination in all aspects of Embrace.



## EMBRACE COMMUNITY MENTAL HEALTH CENTER (ECMHC) & MOBILE MENTAL HEALTH CENTER (MMHC)

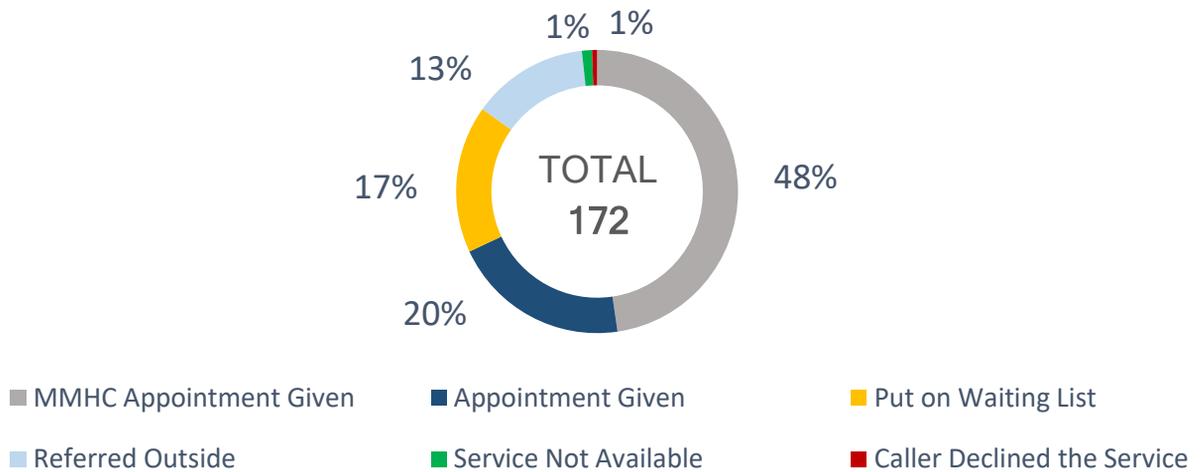
**Disclaimer:** The below numbers are meant to offer a snapshot of the activities hosted and beneficiaries served at the Embrace Mental Health Center. While information is recorded as accurately as possible, not all information is available at all times.

### I. NEW REQUESTS FOR SERVICES

Total: 172

Every beneficiary that calls the clinic is briefly screened to gather basic demographic information, understand the reason for which they are seeking services, and orient them accordingly. The new requests represents the number of people who called requesting ECMHC, and MMHC services. The outcome of the new requests in the adjacent chart represents the decision taken after the information was gathered from the potential beneficiary.

*For the current period, beneficiaries in need of psychotherapy consultations were referred outside because it was not possible to give new appointments due to the long waiting list.*

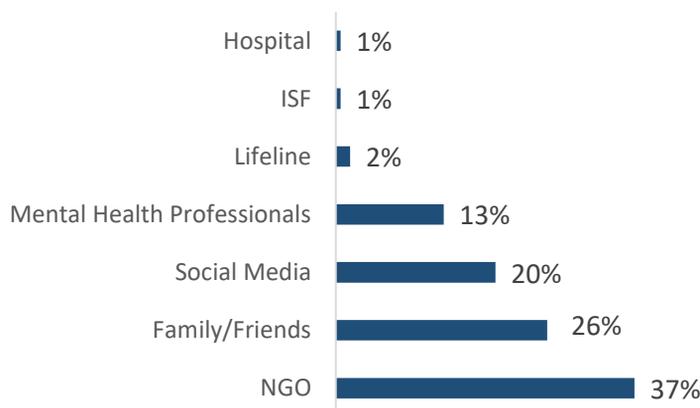


### II. REFERRAL SOURCE

Total: 172

The referral source represents the different ways beneficiaries were referred to or learned about the Embrace Mental Health Center and the Mobile Mental Health Clinic.

*\*Note that mental health professionals include practitioners at Embrace*



### III. SERVICES PROVIDED

1121 sessions

Total number of beneficiaries seen (first or follow-up visits): **434**  
Total number of sessions provided for the **434** beneficiaries: **1121**

	<i>Total</i>		<i>Total</i>
 <b>INDIVIDUAL SESSIONS</b>	<b>845</b>	 <b>PSYCHIATRIC NURSING SESSIONS</b>	<b>213</b>
Psychiatric Consultations	193	ECMHC	169
Psychotherapy Consultations	388	MMHC	39
<i>Mobile Mental Health Clinic*</i> Psychiatric Consultations	137	Walk-In Clinic	5
<i>Shelter Consultations*</i> Psychiatric Consultations	112	 <b>SOCIAL WORK SESSIONS</b>	<b>63</b>
<i>Walk-in Consultations*</i> Psychiatric / Psychotherapy Consultations	15	ECMHC	12
		MMHC	47
		Walk-In Clinic	4

- The Mobile Mental Health Clinic (MMHC) is an expansion of the ECMHC. It was introduced in May 2023. The MMHC team travels across Lebanon by Embrace's bus, converted into an equipped clinic, to offer free psychiatric consultations, and provide prescribed medications as well as referral to the needed services.
- Since the escalation of the war in late September 2024, Embrace has remained resolute in its mission to provide vital mental health services to those impacted by the war and displacement, providing critical psychiatric consultations across **7 shelters** in both Beirut and Zgharta.
- The Walk-In Clinic was launched in late October 2024 at our Community Mental Health Center, providing immediate psychotherapy, psychiatric and counseling support to displaced individuals in need of mental health care.

### CONSULTATION BREAKDOWN BY TYPE ACROSS THREE MONTHS

1121 sessions

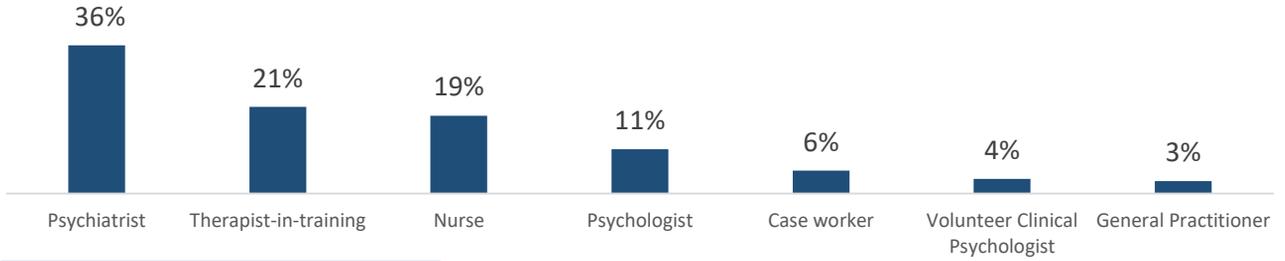
Table 1. Breakdown of consultations by type over the course of three months.

	OCTOBER	NOVEMBER	DECEMBER
<b>TOTAL NO. OF SESSIONS</b>	<b>405</b>	<b>344</b>	<b>372</b>
<b>Individual Sessions</b>	<b>293</b>	<b>255</b>	<b>297</b>
<ul style="list-style-type: none"> <li>▪ Psychiatric consultations                             <ul style="list-style-type: none"> <li>• ECMHC</li> <li>• MMHC</li> <li>• Shelters &amp; walk-In consultations</li> </ul> </li> <li>▪ Psychologist</li> <li>▪ Therapist-in-training</li> <li>▪ Volunteer Clinical Psychologist</li> </ul>	70	56	67
	35	49	53
	89	23	5
	55	47	19
	38	69	130
	6	11	23
<b>Nurse Sessions</b>	<b>82</b>	<b>77</b>	<b>54</b>
<ul style="list-style-type: none"> <li>• ECMHC</li> <li>• MMHC</li> </ul>	61	64	48
	21	13	6
<b>Social worker Sessions</b>	<b>30</b>	<b>12</b>	<b>21</b>
<ul style="list-style-type: none"> <li>• ECMHC</li> <li>• MMHC</li> </ul>	3	5	8
	27	7	13

**N.B.** The above numbers must be interpreting in light of the following:

- In October 2024, the new academic year for therapists-in-training began, with a new group joining ECMHC. Additionally, two volunteer clinical psychologists joined the team, all practicing under supervision.
- In December 2024, the total number of psychologist sessions decreased due to one clinical psychologist being on leave.

## IV. TYPE OF PRACTITIONER SEEN



## V. BENEFICIARIES SEEN

**Total**

**Total: 434**

**NUMBER OF BENEFICIARIES SEEN** (first session or follow up)

**434**

**NUMBER OF NEW BENEFICIARIES SEEN** (those whose first session was during the reporting period)

**210**

The below table (Table 2) provides the beneficiaries distribution across the three months.

	OCTOBER	NOVEMBER	DECEMBER
<b>Total No. Of Beneficiaries Seen ECMHC</b>	<b>116</b>	<b>120</b>	<b>135</b>
<i>ECMHC</i>			
• New Beneficiaries Seen	11	9	21
• Beneficiaries Seen For Follow-up	108	115	122
<b>Total No. Of Beneficiaries Seen MMHC</b>	<b>35</b>	<b>57</b>	<b>64</b>
<i>MMHC</i>			
• New Beneficiaries Seen	25	24	27
• Beneficiaries Seen For Follow-up	10	33	32
<b>Total No. Of Beneficiaries Seen Shelters &amp; Walk-In Clinic</b>	<b>86</b>	<b>27</b>	<b>8</b>
<i>Shelters &amp; Walk-In Clinic</i>			
• New Beneficiaries Seen	86	7	0
• Beneficiaries Seen For Follow-up	7	20	8

*N.B.: This table is subject to the same notes as Table 1.*

## VI. NEW BENEFICIARY DEMOGRAPHICS

**Total: 210**

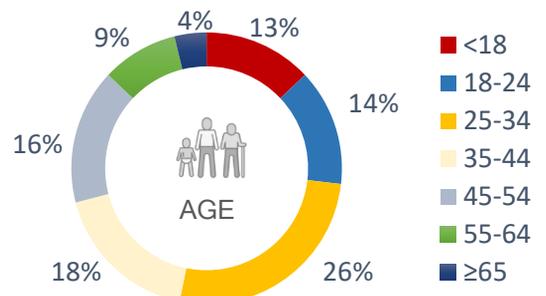
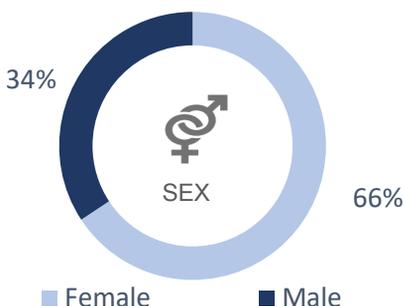
The below charts present basic demographic information for the **new** beneficiaries served during the reporting period (n=210).

**ECMHC new beneficiaries = 41**

**MMHC new beneficiaries = 76**

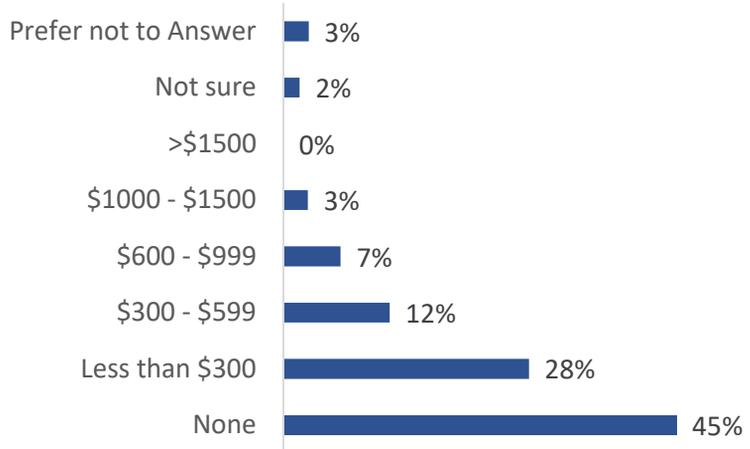
**Shelters & Walk-In new beneficiaries = 93**

*Note that, for beneficiaries seen in shelters, only essential demographic information was collected due to a simplified data collection process.*

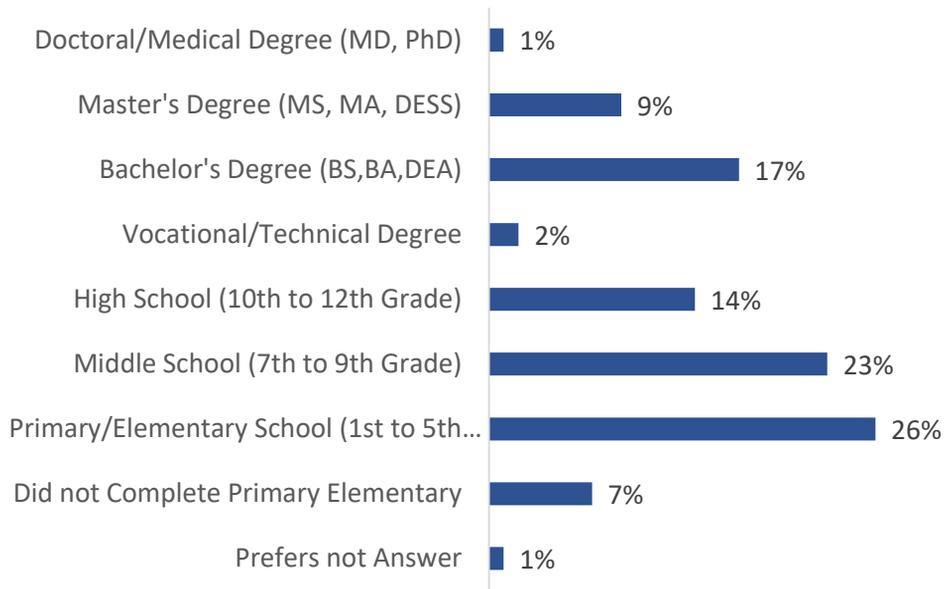


The mean age of beneficiaries was of **34** years old.

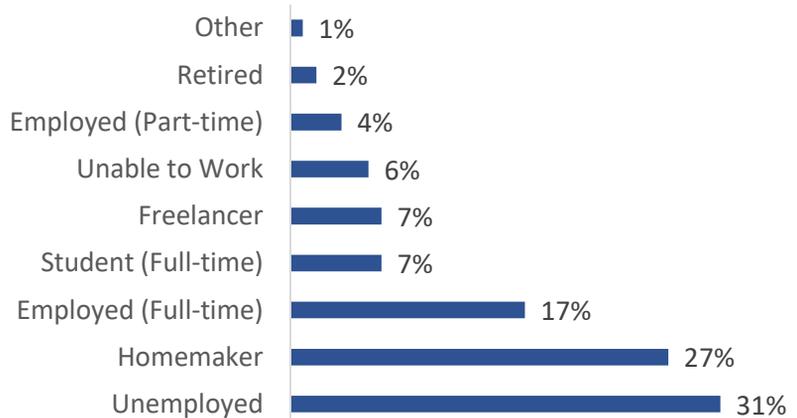
## INCOME STATUS (n=106)



## HIGHEST EDUCATIONAL STATUS (n=101)

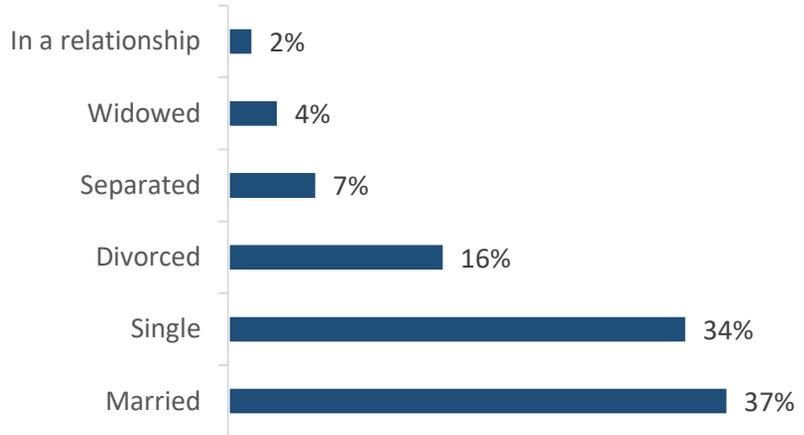


## EMPLOYMENT STATUS (n=106)

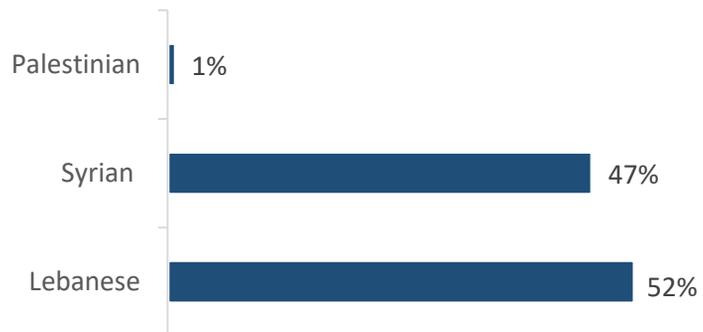


\*Note that percentages may add up to more than 100% because the beneficiary may report more than one employment status.

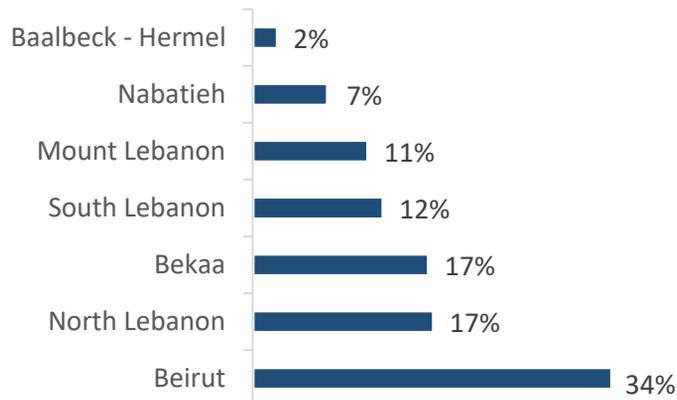
## MARITAL STATUS (n=106)



## NATIONALITY (n=106)



## GEOGRAPHIC LOCATION (n=210)



## VII. PHARMACOLOGICAL TREATMENT

Total: 112

Between October and December 2024, the ECMHC covered the cost of medications prescribed by its own psychiatrists for **56** beneficiaries seen at the ECMHC and **56** beneficiaries seen in shelters.

AVERAGE NUMBER OF PRESCRIPTION ITEMS ACQUIRED BY BENEFICIARY: **1**

MOST COMMONLY ACQUIRED MEDICATIONS:



## VIII. PHARMACOLOGICAL TREATMENT PROVIDED TO BENEFICIARIES TRANSFERRED TO PHCC THROUGH MMHC

Total: 282

Between October and December 2024, the MMHC covered the cost of **282** medications prescribed by its own psychiatrist for **81** MMHC beneficiaries.

MOST COMMONLY ACQUIRED MEDICATIONS:



## IX. MEDICAL REFERRALS

Total: 6

Between October and December 2024, **5** beneficiaries were referred by Embrace psychiatrists to Medical Diagnostic Treatment Center to undergo medical tests. The beneficiaries received blood tests measuring the levels of CBC, TSH and electrolytes among others. **All fees of medical testing were covered by Embrace.**

Additionally, **1** beneficiary was referred by Embrace psychiatrists to inpatient psychiatric care at Lady of Zgharta and Mount Lebanon hospitals for durations of **1** and **8** days, respectively. **All Hospitalization fees were covered by Embrace.**

## X. MENTAL HEALTH SURVEY SCORES AT FIRST ENCOUNTER

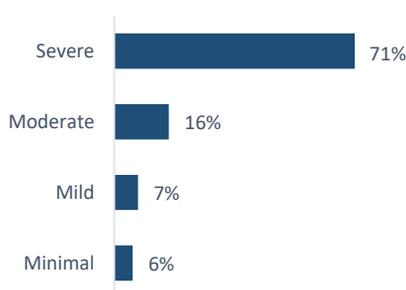
The below charts present a summary of symptom severity for **ECMHC** and **MMHC** beneficiaries whose first session was during the reporting period (i.e., the charts represent scores at beneficiaries' first session):

**BDI II:** Beck Depression inventory - a validated instrument used for measuring the severity of depression.

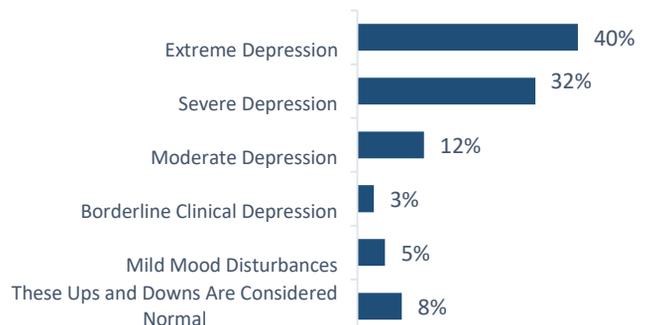
**GAD-7:** Generalized Anxiety disorder 7 - a validated instrument used for measuring the severity of anxiety.

*Please note that new beneficiaries seen in shelters are not included in this descriptive analysis, as the streamlined data collection process did not require them to complete the scales.*

ANXIETY SYMPTOM SEVERITY (n=99)



DEPRESSIVE SYMPTOM SEVERITY (n=99)



## MENTAL HEALTH SURVEY SCORES (ECMHC)

During their first visit to the ECMHC, the beneficiaries are asked about common symptoms of depression and anxiety. As they progress through treatment, beneficiaries are asked to take the same surveys again every few months. The questionnaires are:

1. **GAD-7**: a validated instrument for measuring the severity of anxiety.
2. **BDI-II**: a validated instrument used for measuring the severity of depression.

*Beneficiaries seen by psychiatrists are asked to fill the survey upon each visit;  
Those seen by psychologists are asked to fill it upon the first session, every 12 sessions, and after the last session;  
Those seen by therapists-in-training are asked to fill it upon the first session, every 4 weeks, and after the last session.*

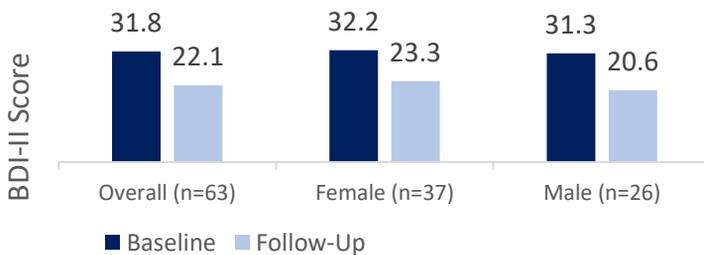
## A SNAPSHOT OF BENEFICIARY IMPROVEMENT OF SYMPTOMS JANUARY- DECEMBER 2024

The below charts present a summary of the improvement in depression and anxiety levels among active beneficiaries seen at ECMHC between January and December 2024 by comparing baseline scores (initial ECMHC encounter) with the last follow-up survey they completed during this period (not necessarily during the last session).

To be eligible for inclusion, beneficiaries must meet one of the following criteria:

- Have visited a psychiatrist at least three times in the year.
- Have visited a psychiatrist at least twice in any four consecutive months.
- Have attended a minimum of eight sessions with a psychologist in the year.

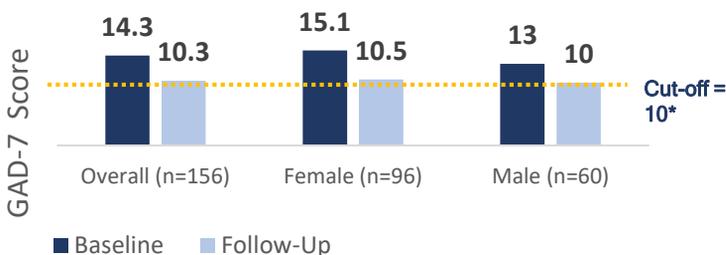
### Levels of Depression Reported Pre and Post Treatment (n = 63)



Around **76%** of beneficiaries reported improvements in symptoms of depression.

There was a **statistically significant reduction in BDI-II score** from baseline to the last complete survey (P value <0.001\*).  
\*Test used: Paired T-test

### Levels of Anxiety Reported Pre and Post Treatment (n = 156)



Around **68%** of beneficiaries reported improvements in symptoms of anxiety. Among those, **53% showed clinically significant improvements.**

There was a **statistically significant reduction in GAD-7 score** from baseline to the last complete survey (P value <0.001\*).  
\*Test used: Paired T-test

\*Note that the selected cut-off score has been shown to have 89% sensitivity in detecting current anxiety (Spitzer et al., 2006)

## MENTAL HEALTH SURVEY SCORES (MMHC)

During their first visit to the MMHC, the beneficiaries are asked about common symptoms of depression and anxiety. As they progress through treatment, beneficiaries are asked to take the same surveys.

The questionnaires are:

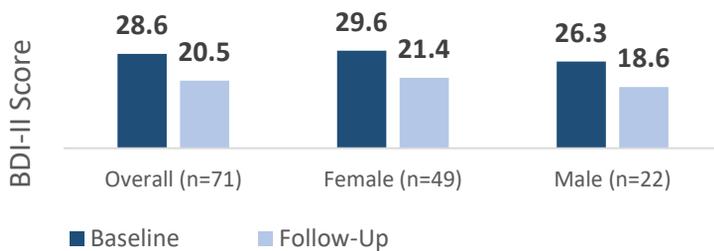
1. **GAD-7**: a validated instrument for measuring the severity of anxiety.
2. **BDI-II**: a validated instrument for measuring depression severity.

## A SNAPSHOT OF BENEFICIARY IMPROVEMENT OF SYMPTOMS JANUARY - DECEMBER 2024

The below charts present a summary of the improvement in depression and anxiety levels among beneficiaries seen at **MMHC between January and December 2024** by comparing baseline scores (initial MMHC encounter) with the last follow-up survey they completed during this period (not necessarily during the last session).



### Levels of Depression Reported Pre and Post Treatment (n = 71)

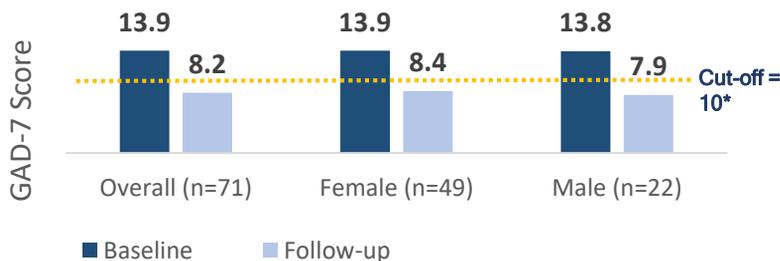


Around **75%** of beneficiaries reported improvements in symptoms of depression.

There was a **statistically significant reduction in BDI-II score** from baseline to the last complete survey (P value <0.001\*).

\*Test used: Paired T-test

### Levels of Anxiety Reported Pre and Post Treatment (n =71 )



Around **83%** of beneficiaries reported improvements in symptoms of anxiety. Among those, **49% showed clinically significant improvements**.

There was a **statistically significant reduction in GAD-7 score** from baseline to the last complete survey (P value <0.001\*).

\*Test used: Paired T-test

\***Note** that the selected cut-off score has been shown to have 89% sensitivity in detecting current anxiety (Spitzer et al., 2006)

## XI. SOCIAL WORK

The mental health social worker at the ECMHC and MMHC aims to provide a holistic approach to mental health care by offering psycho-social assistance to beneficiaries. The centre is resourced with a comprehensive referral database that is updated every 4 months and is linked with a network of governmental and non-governmental organizations that provide a wide range of psychosocial services from livelihood, shelter, basic assistance, child protection, and organizations catering to the needs of vulnerable groups such as refugees, LGBTQ community and persons affected by gender-based violence. The mental health social worker coordinates with a multi-disciplinary internal team of psychologists, psychiatrists, psychiatric nurse, and the National Lifeline (1564).

<b>TOTAL NUMBER OF CONSULTATIONS *</b>	<b>28</b>	<b>TOTAL NUMBER OF ACTIVE CASES</b>	<b>17</b>
<b>1<sup>st</sup> CONSULT# (ECMHC)</b>	<b>8</b>	<b>TOTAL NUMBER OF CLOSED CASES</b>	<b>13</b>
<b>FOLLOW UP** (ECMHC)</b>	<b>8</b>		
<b>1<sup>st</sup> CONSULT# (MMHC)</b>	<b>5</b>		
<b>FOLLOW UP** (MMHC)</b>	<b>7</b>		
<b>TOTAL NUMBER OF BENEFICIARIES SEEN / CONTACTED</b>	<b>19</b>		

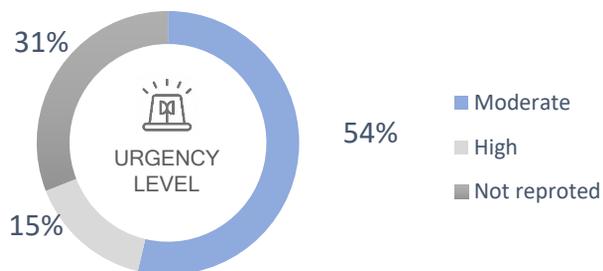
\*Total number of consultations: Refers to all social work consultations taking place between the Mental Health Social Worker and beneficiaries referred (may include more than 1 consultation per beneficiary)

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

# 1<sup>st</sup> Consult: Refers to the number of beneficiaries who were referred for the first time during the reporting period from ECMHC/MMHC to social work services

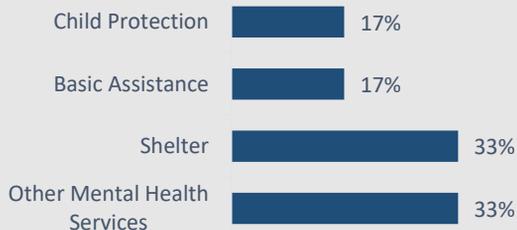
\*\*Follow up: Refers to the number of follow up consultations (out of the total consultations)

### ZOOM IN ON NEW CASES



**Total: 13**

#### REASONS FOR REFERRAL (n=6)



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

#### REFERRALS PROVIDED (n=6)



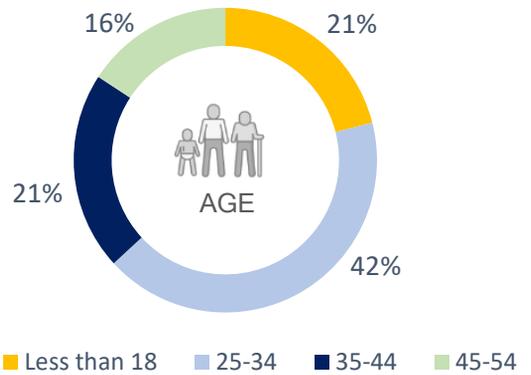
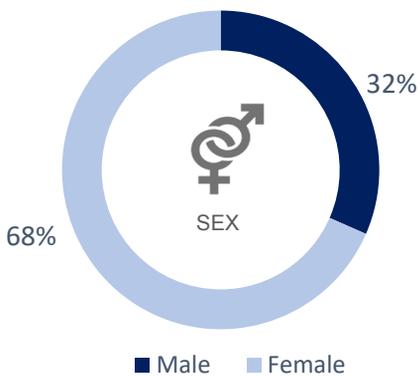
\*Note that percentages for the bar chart may add up to more than 100% because the beneficiary may be provided with several referrals.

## BENEFICIARY DEMOGRAPHICS

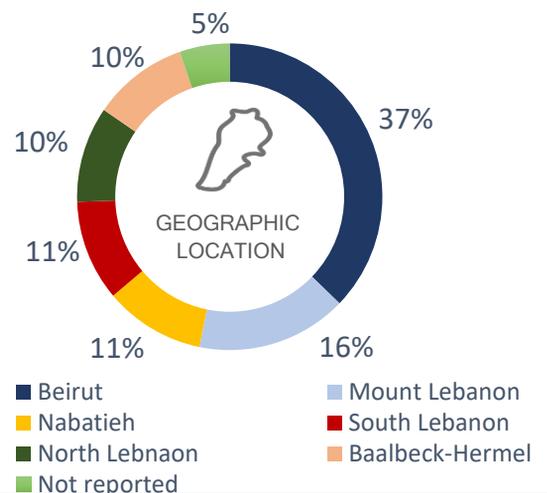
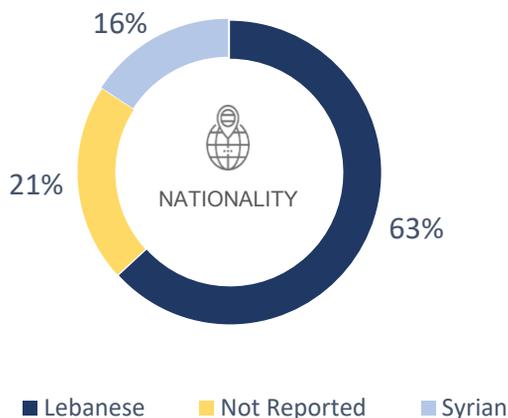
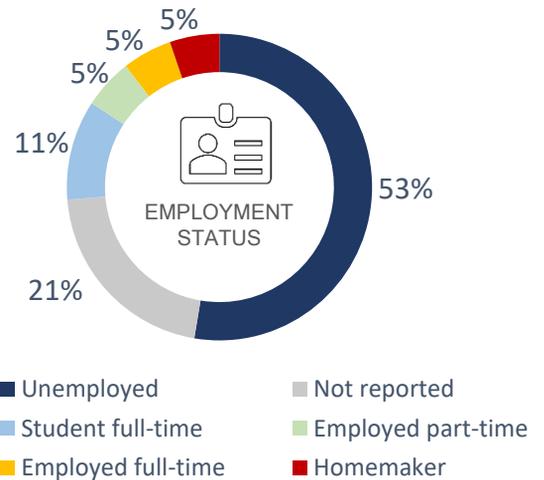
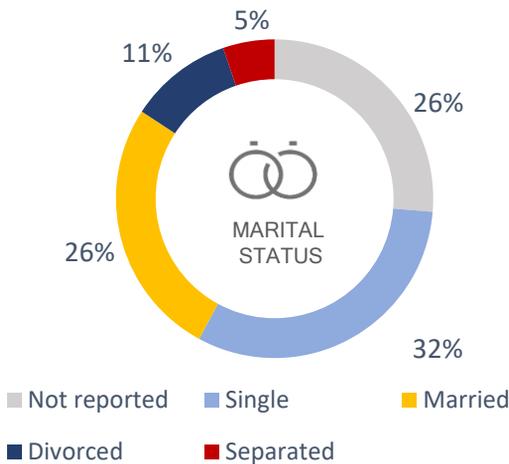
TOTAL NUMBER OF BENEFICIARIES SEEN / CONTACTED

19

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.



The mean age of beneficiaries was **30** years old.



The ECMHC and MMHC are supported by

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