



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

CLINIC QUARTERLY INDICATORS
Jan-Mar 2024
REPORT 38



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.

Courage

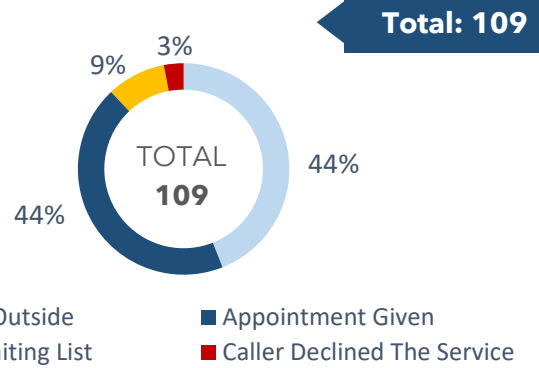
To face challenges head-on, advocating for mental health despite potential obstacles or resistance.

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

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 EMHC services. The outcome of the new requests in the adjacent chart represents the decision taken after the information was gathered from the potential beneficiary.

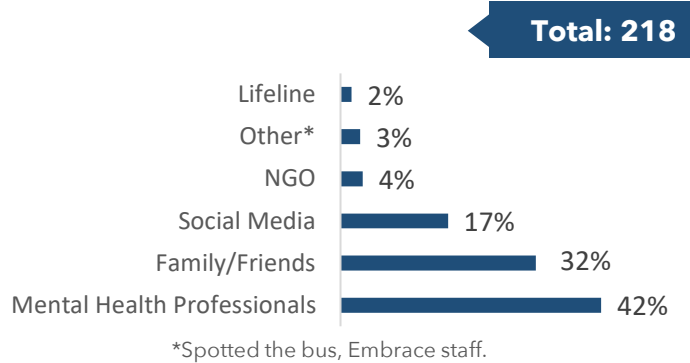
For the current period, beneficiaries in need of psychotherapy consultations were referred outside because it was not possible to give new appointments due to the long waiting list.



II. REFERRAL SOURCE




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

Total **number of beneficiaries** seen (first or follow-up visits): **396**
Total **number of sessions** provided for the **396** beneficiaries: **1161**

| | Total | | Total |
|---|------------|---|------------|
|  INDIVIDUAL SESSIONS | 935 |  PSYCHIATRIC NURSING SESSIONS | 179 |
| Psychiatric Consultations | 203 | EMHC | 166 |
| Psychotherapy Consultations | 552 | MMHC | 13 |
| Mobile Mental Health Clinic* Psychiatric Consultations | 180 |  SOCIAL WORK SESSIONS | 47 |

* The Mobile Mental Health Clinic (MMHC) is an expansion of the EMHC. 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.

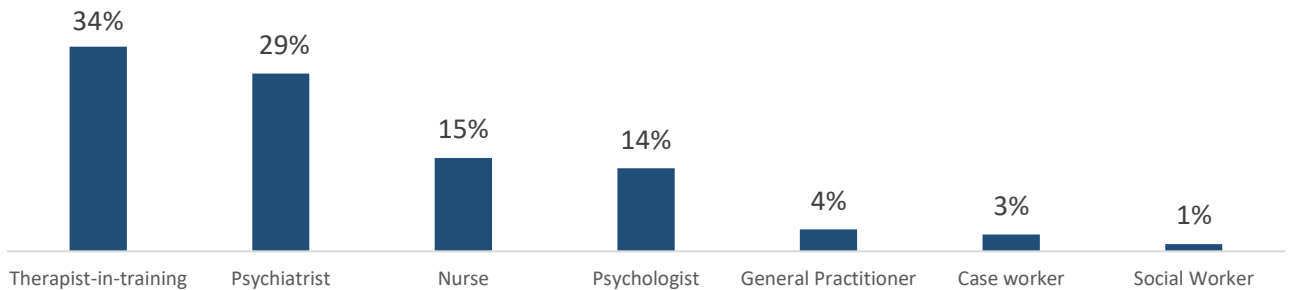
CONSULTATION BREAKDOWN BY TYPE ACROSS THREE MONTHS

1161

The following table provides a breakdown of consultations by type over the course of three months.

| | JANUARY | FEBRUARY | MARCH |
|-------------------------------|------------|------------|------------|
| TOTAL NO. OF SESSIONS | 390 | 389 | 382 |
| Individual Sessions | 321 | 320 | 308 |
| ▪ Psychiatric consultations | 71 | 65 | 67 |
| • EMHC | | | |
| • MMHC | 60 | 61 | 59 |
| ▪ Psychologist | 66 | 55 | 38 |
| ▪ Therapist-in-training | 131 | 135 | 127 |
| Nurse Sessions | 46 | 66 | 67 |
| • EMHC | 45 | 62 | 59 |
| • MMHC | 1 | 4 | 8 |
| Social worker Sessions | 16 | 7 | 24 |
| • EMHC | 8 | 3 | 17 |
| • MMHC | 8 | 4 | 7 |

IV. TYPE OF PRACTITIONER SEEN



V. BENEFICIARIES SEEN

Total

Total: 396

NUMBER OF BENEFICIARIES SEEN (first session or follow up)

396

NUMBER OF NEW BENEFICIARIES SEEN (those whose first session was this month)

156

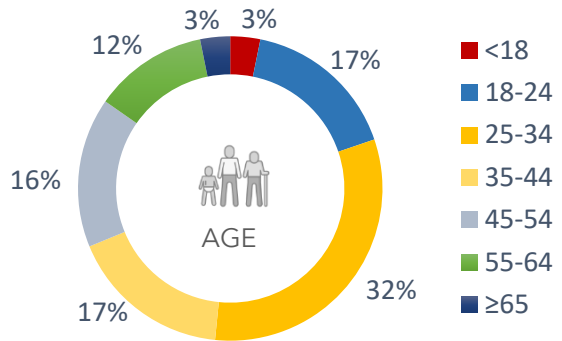
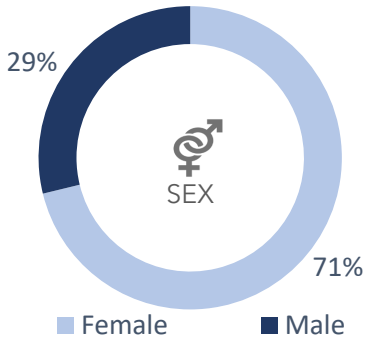
The below table provides the beneficiaries distribution across the three months.

| | JANUARY | FEBRUARY | MARCH |
|---|------------|------------|------------|
| Total No. Of Beneficiaries Seen EMHC | 145 | 146 | 159 |
| EMHC | | | |
| • New Beneficiaries Seen | 15 | 10 | 22 |
| • Beneficiaries Seen For Follow-up | 134 | 138 | 145 |
| Total No. Of Beneficiaries Seen MMHC | 68 | 62 | 67 |
| MMHC | | | |
| • New Beneficiaries Seen | 45 | 28 | 36 |
| • Beneficiaries Seen For Follow-up | 23 | 37 | 33 |

VI. NEW BENEFICIARY DEMOGRAPHICS

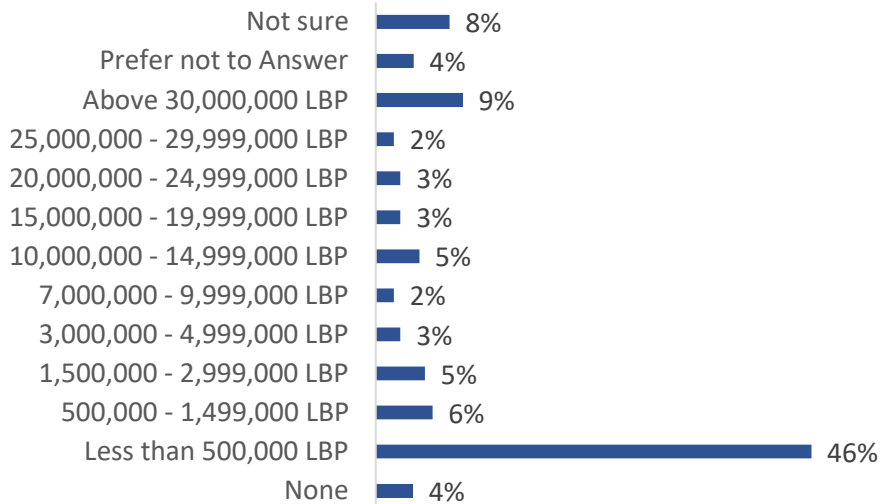
The below charts present basic demographic information for the **new** beneficiaries served during the reporting period (n=156).

EMHC new beneficiaries = 47
MMHC new beneficiaries = 109

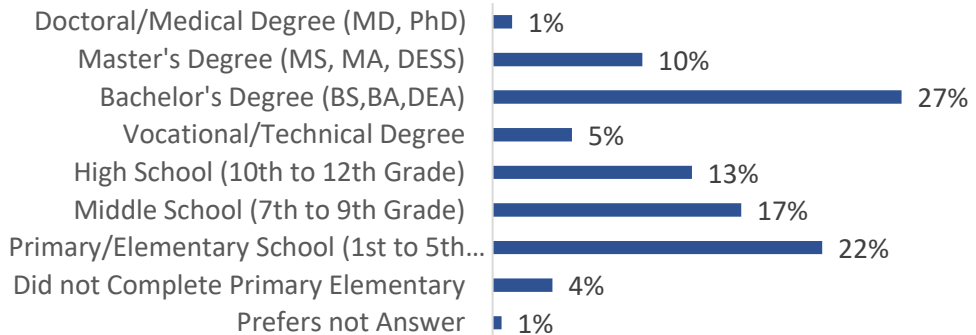


The mean age of beneficiaries was of **37** years old.

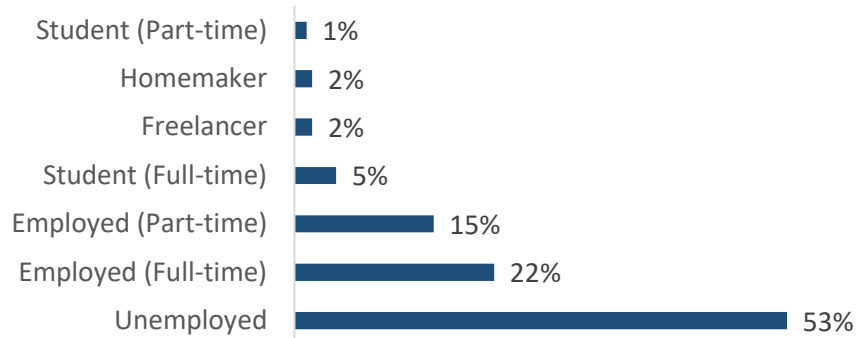
INCOME STATUS (n=152)



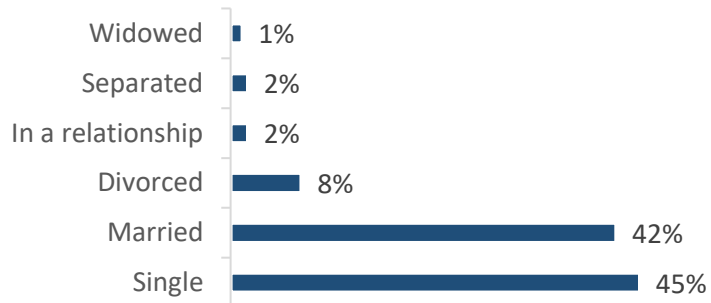
HIGHEST EDUCATIONAL STATUS (n=150)



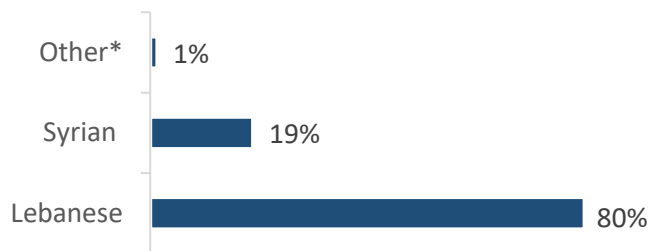
EMPLOYMENT STATUS (n=153)



MARITAL STATUS (n=153)

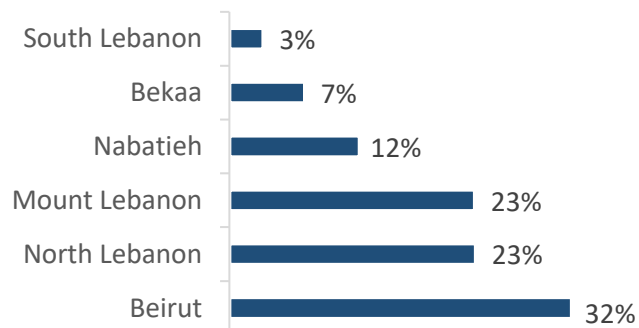


NATIONALITY (n=153)



*Palestinian, Iraqi

GEOGRAPHIC LOCATION



VII. PHARMACOLOGICAL TREATMENT

Total: 52

Between January and March 2024, the EMHC covered the cost of medications prescribed by its own psychiatrists for **52** beneficiaries seen at the EMHC.

AVERAGE NUMBER OF PRESCRIPTION ITEMS ACQUIRED BY BENEFICIARY: **2**

MOST COMMONLY ACQUIRED MEDICATIONS:

VENLAFAXINE

SERTRALINE

FLUOXETINE

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

Total: 1769

Between January and March 2024, the MMHC covered the cost of **354** medications prescribed by its own psychiatrist for **82** MMHC beneficiaries.

MOST COMMONLY ACQUIRED MEDICATIONS:

ESCITALOPRAM

OLANZAPINE

FLUOXETINE

The MMHC supports the national capacity for response to psychotropic medication needs through the coordination with YMCA for medication provision. Throughout this period **1415** medication boxes were delivered to YMCA, as the national medication distribution channel, for further distribution to Primary Health Care Centers offering mental health services to complement the needs of their beneficiaries.

IX. MEDICAL REFERRALS

Total: 4

Between January and March 2024, **3** beneficiaries were referred by Embrace psychiatrists to inpatient psychiatric care at Mount Lebanon and Rafik Hariri hospitals for a duration ranging from **10** to **27** days. **All Hospitalization fees were covered by Embrace.**

Furthermore, **1** beneficiary was referred by Embrace psychiatrists to Medical Diagnostic Treatment Center to undergo medical tests. The beneficiary received blood tests measuring the levels of CBC, TSH and electrolytes among others. **All fees of medical testing were covered by Embrace.**

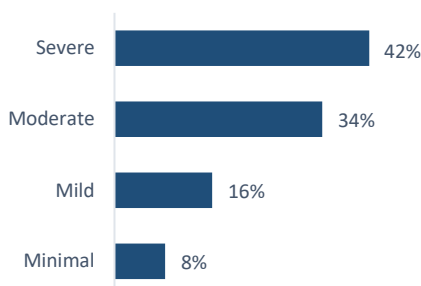
X. MENTAL HEALTH SURVEY SCORES AT FIRST ENCOUNTER

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

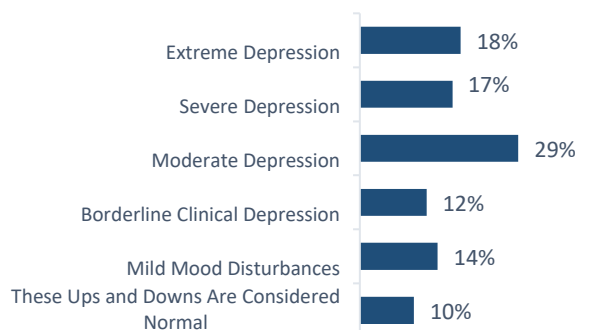
BDI II: Beck Depression inventory - a validated instrument used for measuring the severity of depression.

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

ANXIETY SYMPTOM SEVERITY (n=144)



DEPRESSIVE SYMPTOM SEVERITY (n=144)



MENTAL HEALTH SURVEY SCORES (EMHC)

During their first visit to the EMHC, 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. PHQ-9:** a validated instrument for measuring the severity of depression.
- 2. GAD-7:** a validated instrument for measuring the severity of anxiety.
- 3. BDI-II:** the PHQ-9 questionnaire was replaced by the BDI-II scale for assessing depression severity as of July 2023.

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.

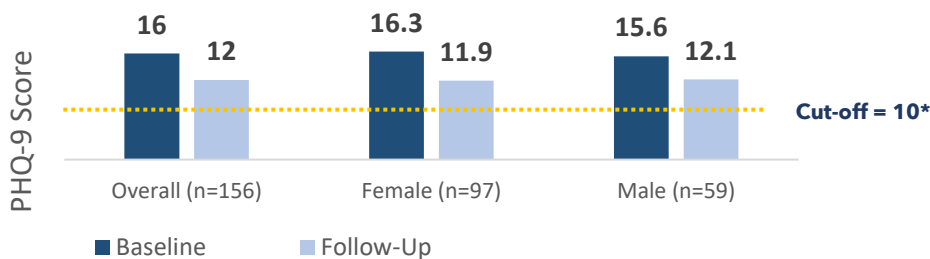
A SNAPSHOT OF BENEFICIARY IMPROVEMENT OF SYMPTOMS JANUARY- DECEMBER 2023

The below charts present a summary of the improvement in depression and anxiety levels among active beneficiaries seen at **EMHC between January and December 2023** by comparing baseline scores (initial EMHC 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:

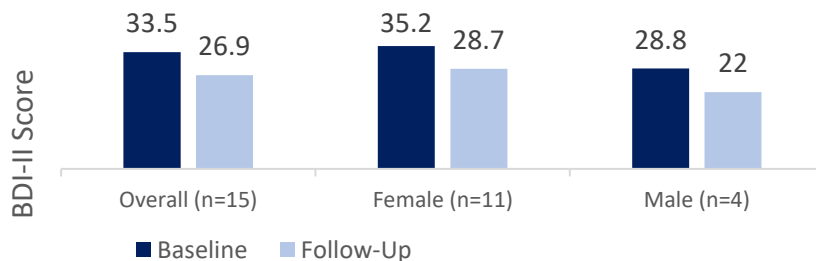
- Have visited a psychiatrist at least three times in the year.
- Have visited a psychiatrist at least twice in the past four months.
- Have attended a minimum of eight sessions with a psychologist in the year.

Levels of Depression Reported Pre and Post Treatment (n = 171)



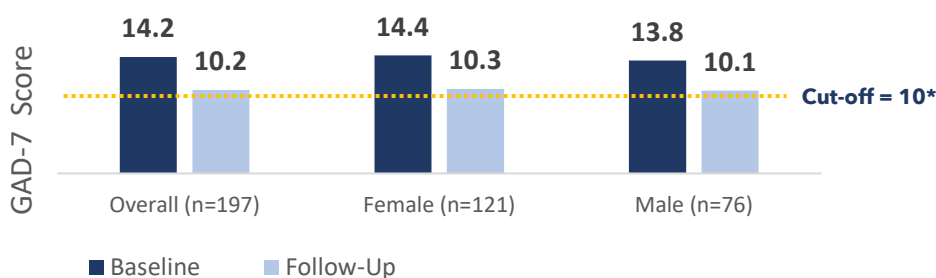
Around **69%** of beneficiaries reported significant improvements in symptoms of depression.

*Note that the indicated cut-off score has been shown to have 89% sensitivity in detecting current depression (Manea et al., 2012)



Around **60%** of beneficiaries reported improvements in symptoms of depression.

Levels of Anxiety Reported Pre and Post Treatment (n = 197)



Around **67%** of beneficiaries reported significant improvements in symptoms of anxiety.

*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:

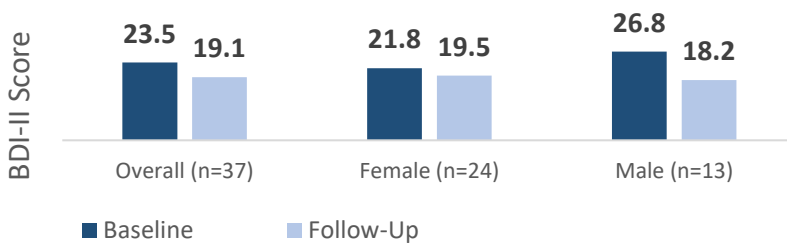
1. **GAD-7**: a validated instrument for measuring the severity of anxiety.
2. **BDI-II**: a validated instrument for measuring depression severity.



A SNAPSHOT OF BENEFICIARY IMPROVEMENT OF SYMPTOMS MAY- DECEMBER 2023

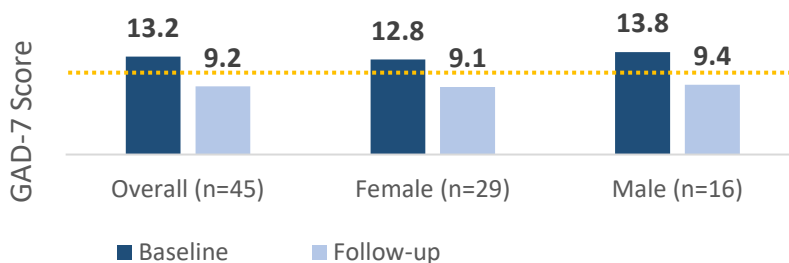
The below charts present a summary of the improvement in depression and anxiety levels among beneficiaries seen at **MMHC between May and December 2023** by comparing baseline scores (initial MMHC encounter) with the last follow-up survey they completed during this period (not necessarily during the last session).

Levels of Depression Reported Pre and Post Treatment (n = 37)



Around **70%** of beneficiaries reported significant improvements in symptoms of depression.

Levels of Anxiety Reported Pre and Post Treatment (n = 45)



Around **64%** of beneficiaries reported significant improvements in symptoms of anxiety.

***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 EMHC 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).

| | | | |
|---|-----------|-------------------------------------|-----------|
| TOTAL NUMBER OF CONSULTATIONS * | 34 | TOTAL NUMBER OF ACTIVE CASES | 19 |
| 1st CONSULT# (EMHC) | 5 | TOTAL NUMBER OF CLOSED CASES | 8 |
| FOLLOW UP** (EMHC) | 23 | | |
| 1st CONSULT# (MMHC) | 4 | | |
| FOLLOW UP** (MMHC) | 2 | | |
| TOTAL NUMBER OF BENEFICIARIES SEEN / CONTACTED | 21 | | |

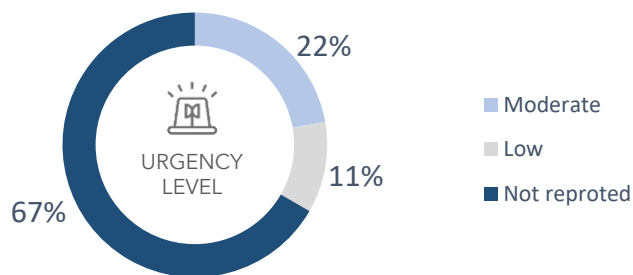
*Total number of consultations: Refers to all social work consultations taking place between the Mental Health Social Worker and beneficiaries referred (may include more than 1 consultation per beneficiary)

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

1st Consult: Refers to the number of beneficiaries who were referred for the first time during the reporting period from EMHC/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



REASONS FOR REFERRAL (n=3)



REFERRALS PROVIDED (n=3)

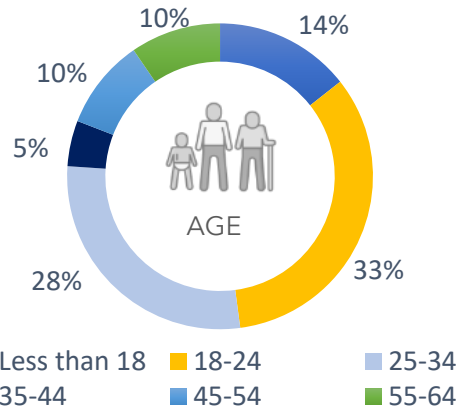
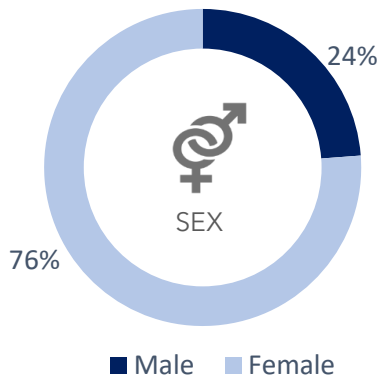
Referred to an NGO

BENEFICIARY DEMOGRAPHICS

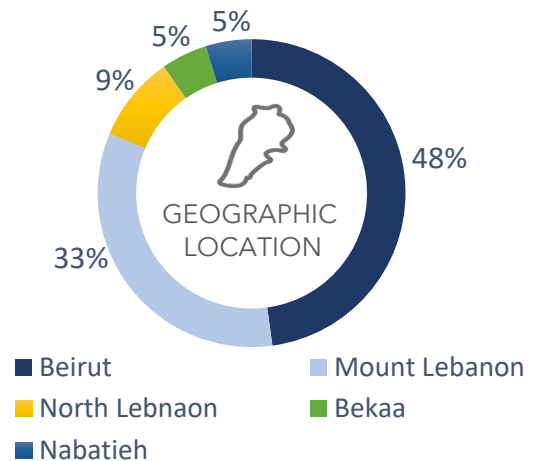
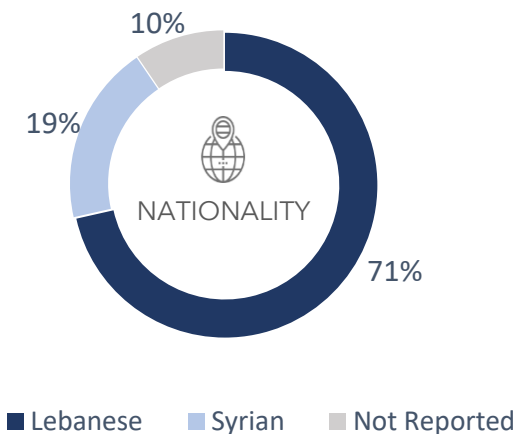
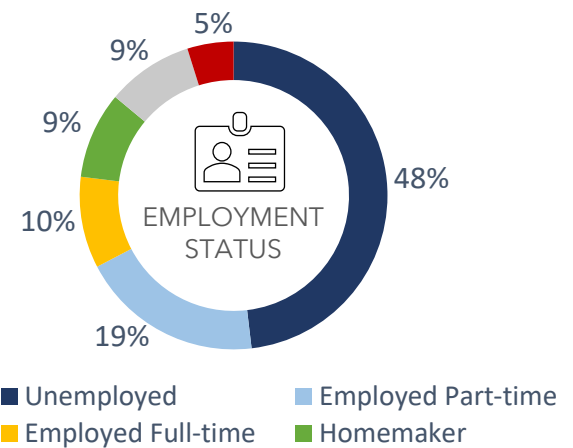
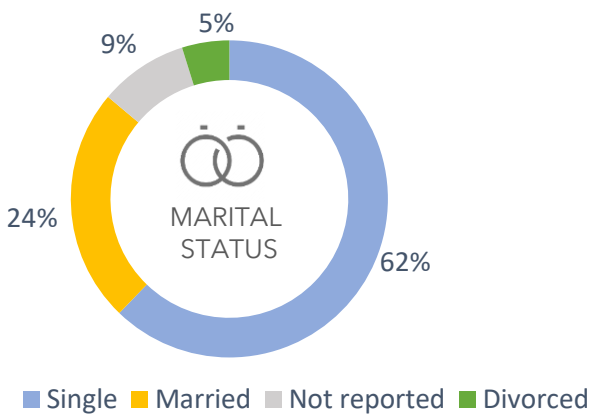
TOTAL NUMBER OF BENEFICIARIES SEEN / CONTACTED

21

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 EMHC and MMHC are supported by:

In partnership
with



Government of the Netherlands

