



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

CLINIC QUARTERLY INDICATORS
Jul-Sep 2024
REPORT 40



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

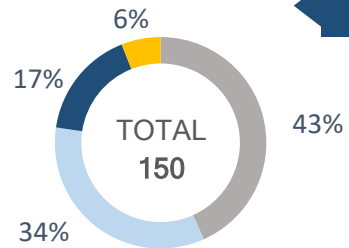
To face challenges head-on, advocating for mental health despite potential obstacles or resistance.

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 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.

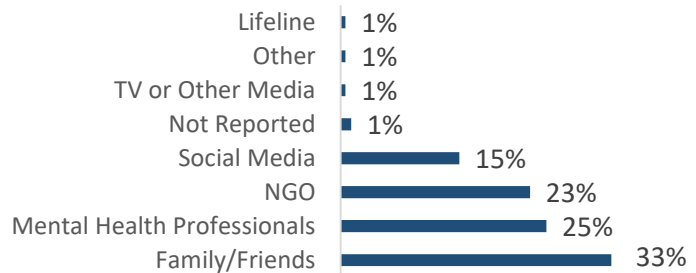


■ MMHC Appointment Given ■ Referred Outside
■ Appointment Given ■ Put on Waiting List

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): **341**
Total number of sessions provided for the **341** beneficiaries: **825**

	Total		Total
 INDIVIDUAL SESSIONS	501	 PSYCHIATRIC NURSING SESSIONS	250
Psychiatric Consultations	187	ECMHC	238
Psychotherapy Consultations	182	MMHC	12
<i>Mobile Mental Health Clinic*</i>		 SOCIAL WORK SESSIONS	74
Psychiatric Consultations	132	ECMHC	28
		MMHC	46

* 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.

CONSULTATION BREAKDOWN BY TYPE ACROSS THREE MONTHS

825 sessions

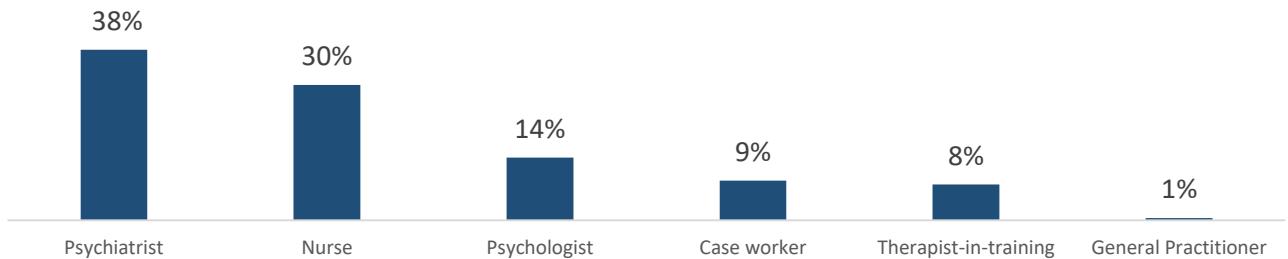
The following table (Table 1) provides a breakdown of consultations by type over the course of three months.

	JULY	AUGUST	SEPTEMBER
TOTAL NO. OF SESSIONS	388	158	279
Individual Sessions	271	50	180
▪ Psychiatric consultations	88	28	71
• ECMHC			
• MMHC	72	0	60
▪ Psychologist	45	22	49
▪ Therapist-in-training	66	0	0
Nurse Sessions	87	87	76
• ECMHC	79	86	73
• MMHC	8	1	3
Social worker Sessions	30	21	23
• ECMHC	4	11	13
• MMHC	26	10	10

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

- In July 2024, therapists-in-training graduated from the 2023/2024 program and stopped practicing at EMHC, leading to a decrease in psychotherapy consultations in July and no consultations in August. The new academic year for therapists in training resumes in October 2024 with a new group of therapists in training.
- In August 2024, the number of consultations for both psychiatrists and psychologists decreased because 3 clinicians were on leave.

IV. TYPE OF PRACTITIONER SEEN



V. BENEFICIARIES SEEN

Total

Total: 341

NUMBER OF BENEFICIARIES SEEN (first session or follow up)

341

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

90

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

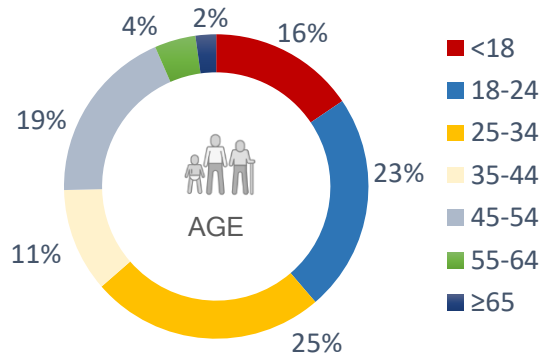
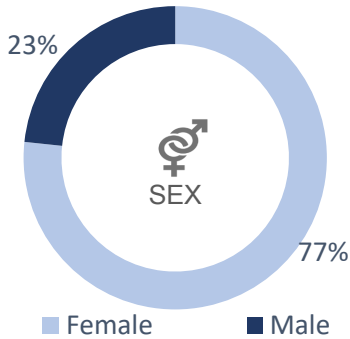
	JULY	AUGUST	SEPTEMBER
Total No. Of Beneficiaries Seen ECMHC	150	78	111
• New Beneficiaries Seen	14	1	13
• Beneficiaries Seen For Follow-up	141	77	99
Total No. Of Beneficiaries Seen MMHC	85	10	63
• New Beneficiaries Seen	32	0	30
• Beneficiaries Seen For Follow-up	57	10	35

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

VI. NEW BENEFICIARY DEMOGRAPHICS

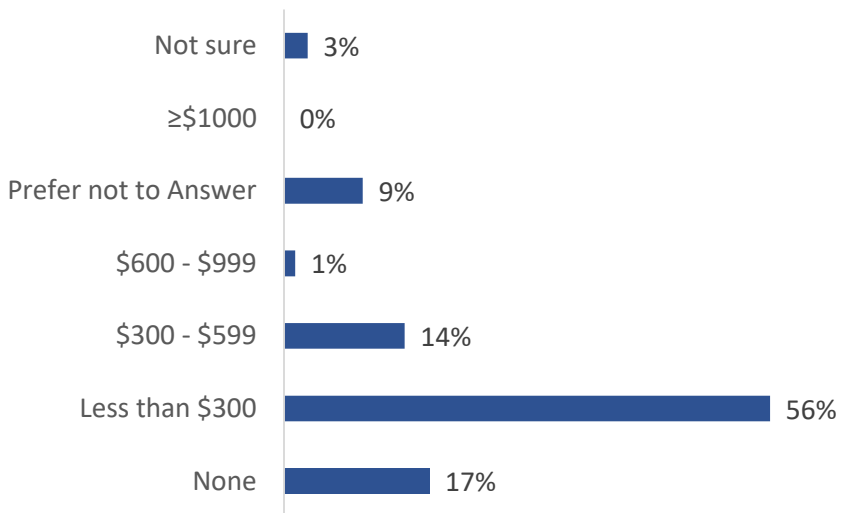
The below charts present basic demographic information for the **new** beneficiaries served during the reporting period (n=90).

ECMHC new beneficiaries = 28
MMHC new beneficiaries = 62

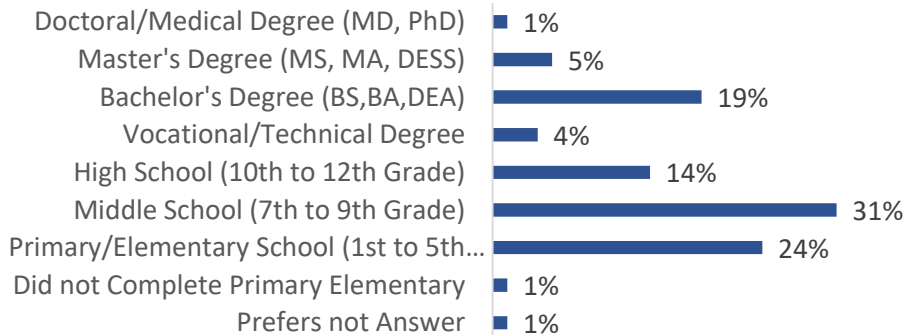


The mean age of beneficiaries was of 32 years old.

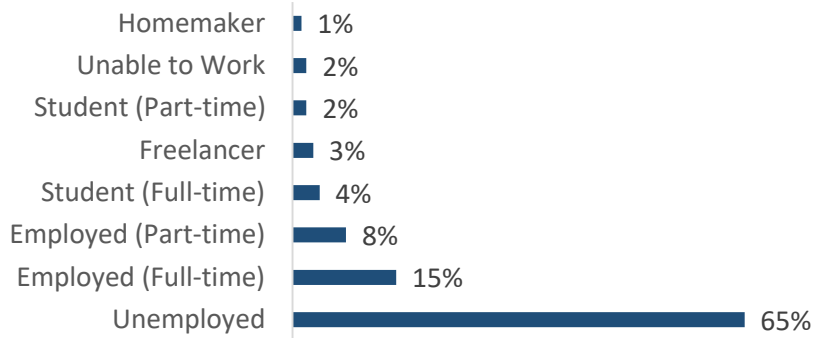
INCOME STATUS (n=72)



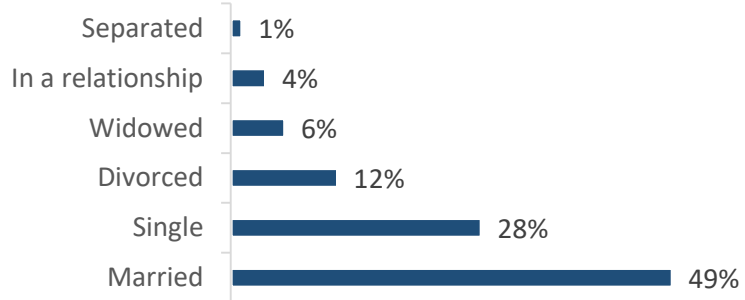
HIGHEST EDUCATIONAL STATUS (n=75)



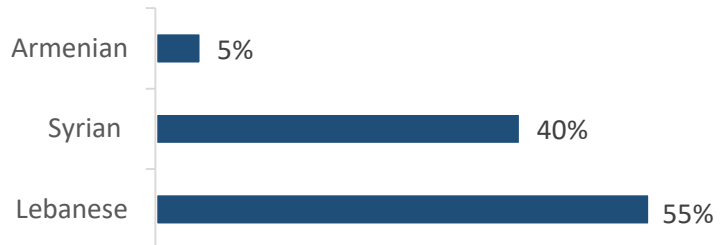
EMPLOYMENT STATUS (n=77)



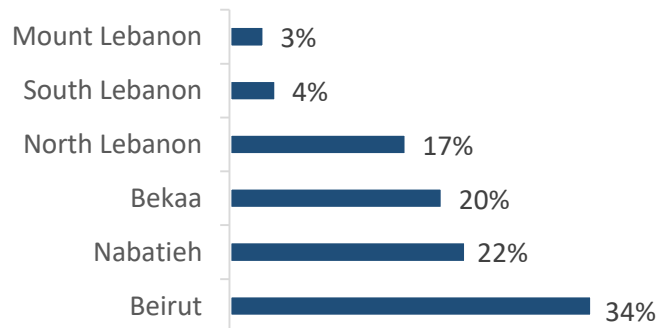
MARITAL STATUS (n=76)



NATIONALITY (n=77)



GEOGRAPHIC LOCATION



VII. PHARMACOLOGICAL TREATMENT

Total: 50

Between July and September 2024, the ECMHC covered the cost of medications prescribed by its own psychiatrists for 50 beneficiaries seen at the ECMHC.

AVERAGE NUMBER OF PRESCRIPTION ITEMS ACQUIRED BY BENEFICIARY: 2

MOST COMMONLY ACQUIRED MEDICATIONS:



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

Total: 268

During July and September 2024, the MMHC covered the cost of 268 medications prescribed by its own psychiatrist for 61 MMHC beneficiaries.

MOST COMMONLY ACQUIRED MEDICATIONS:



IX. MEDICAL REFERRALS

Total: 3

Between July and September 2024, 3 beneficiaries were referred by Embrace psychiatrists to inpatient psychiatric care at Mount Lebanon and Rafik Hariri hospitals for a duration ranging from 5 to 10 days. All Hospitalization fees were covered by Embrace.

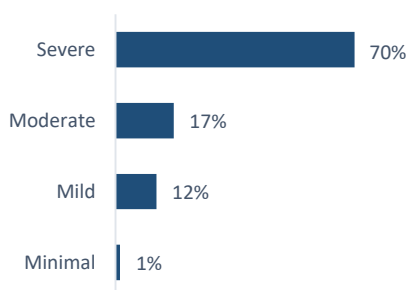
X. MENTAL HEALTH SURVEY SCORES AT FIRST ENCOUNTER

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):

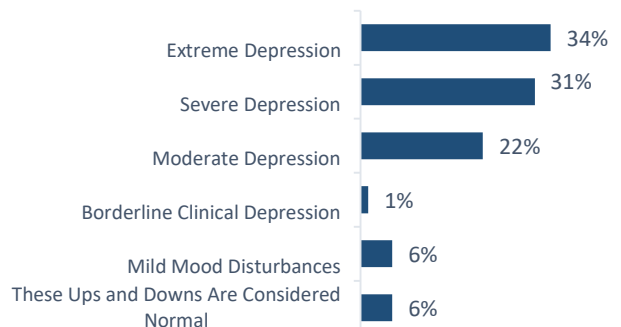
BDI II: Beck Depression inventory - a validated instrument used for measuring the severity of depression.

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

ANXIETY SYMPTOM SEVERITY (n=70)



DEPRESSIVE SYMPTOM SEVERITY (n=70)



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.*

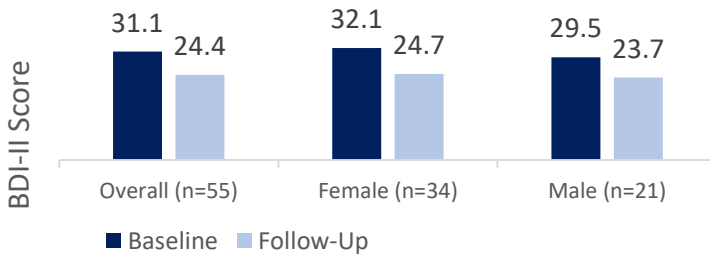
A SNAPSHOT OF BENEFICIARY IMPROVEMENT OF SYMPTOMS JANUARY- SEPTEMBER 2024

The below charts present a summary of the improvement in depression and anxiety levels among active beneficiaries seen at ECMHC between January and September 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 the past four months.
- Have attended a minimum of eight sessions with a psychologist in the year.

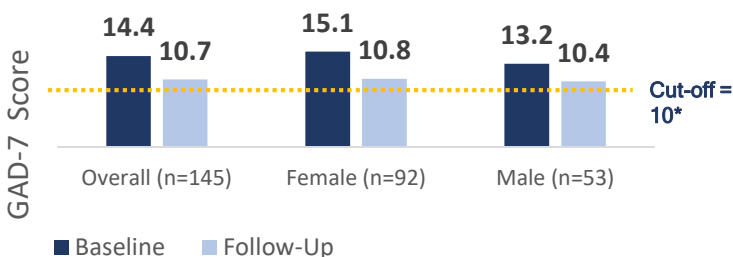
Levels of Depression Reported Pre and Post Treatment (n = 55)



Around **70%** 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 = 145)



Around **67%** of beneficiaries reported improvements in symptoms of anxiety. Among those, **37%** 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:

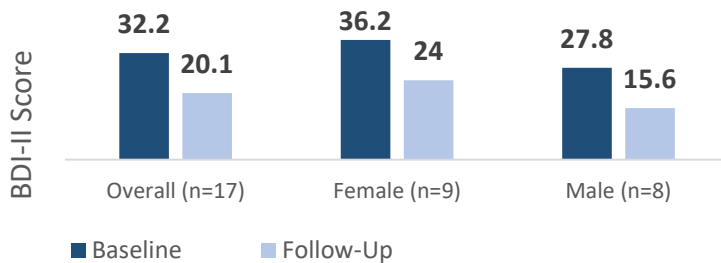
1. **GAD-7**: a validated instrument for measuring the severity of anxiety.
2. **BDI-II**: a validated instrument for measuring depression severity.

A SNAPSHOT OF BENEFICIARY IMPROVEMENT OF SYMPTOMS JANUARY - SEPTEMBER 2024

The below charts present a summary of the improvement in depression and anxiety levels among beneficiaries seen at MMHC between January and September 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).



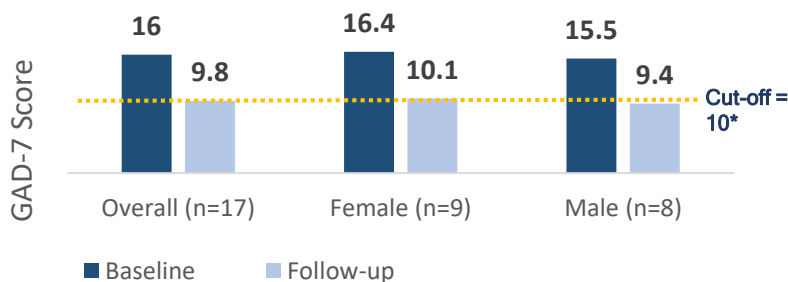
Levels of Depression Reported Pre and Post Treatment (n = 17)



Around **88%** 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 =17)



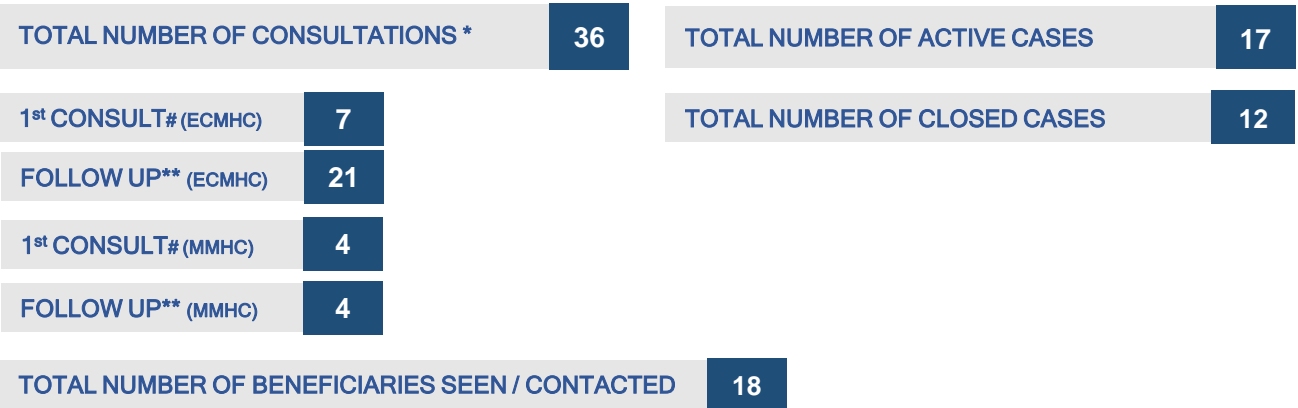
Around **88%** of beneficiaries reported improvements in symptoms of anxiety. Among those, **47%** showed **clinically significant improvements**.

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).



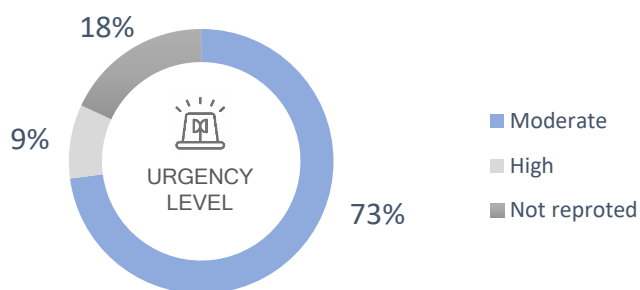
*Total number of consultations: Refers to all social work consultations taking place between the Mental Health Social Worker and beneficiaries referred (may include more than 1 consultation per beneficiary)

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

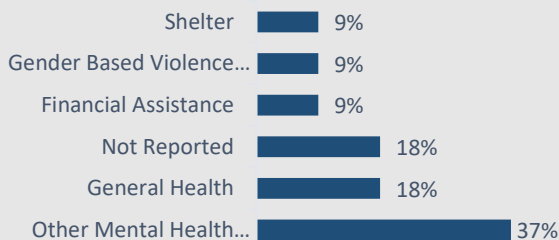
1st Consult: Refers to the number of beneficiaries who were referred for the first time during the reporting period from ECMHC/MMHC to social work services

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

ZOOM IN ON NEW CASES

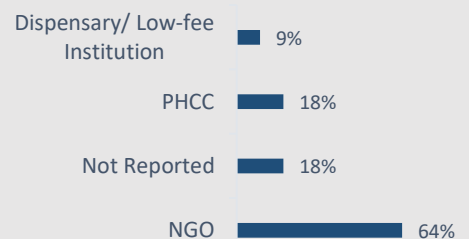


REASONS FOR REFERRAL



*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



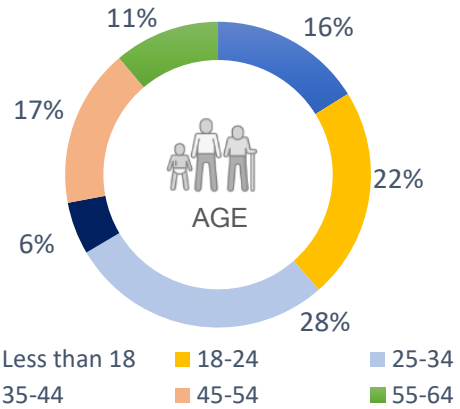
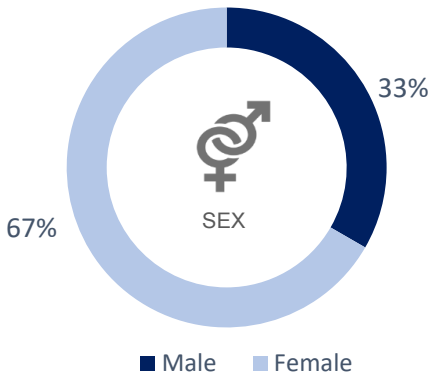
*Note that percentages for the bar chart may add up to more than 100% because the beneficiary may be provided with several referrals.

BENEFICIARY DEMOGRAPHICS

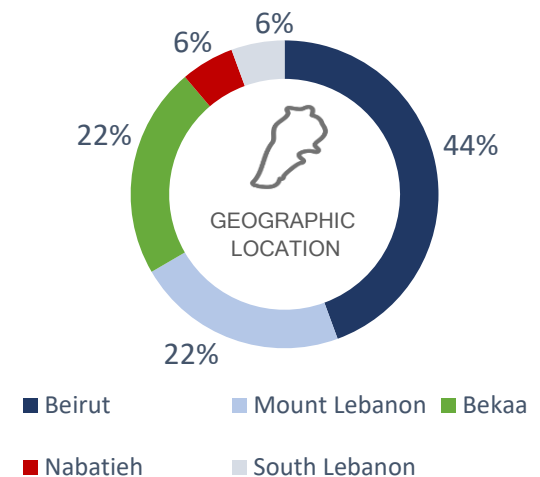
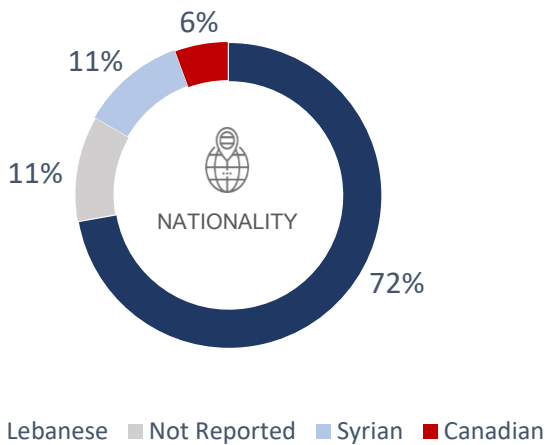
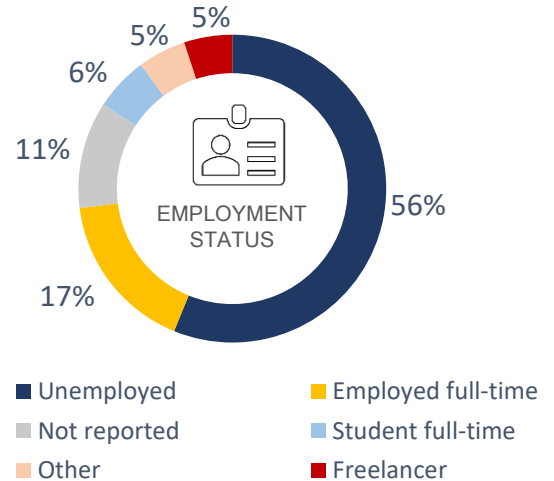
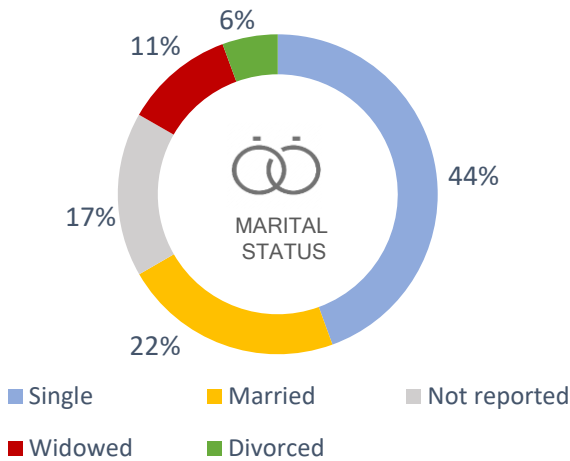
TOTAL NUMBER OF BENEFICIARIES SEEN / CONTACTED

18

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 **32** years old.



The ECMHC and MMHC are supported by:

In partnership
with



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