



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

**CLINIC QUARTERLY INDICATORS**  
**Jan - Mar 2025**  
*REPORT 42*



January - March 2025

# 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)

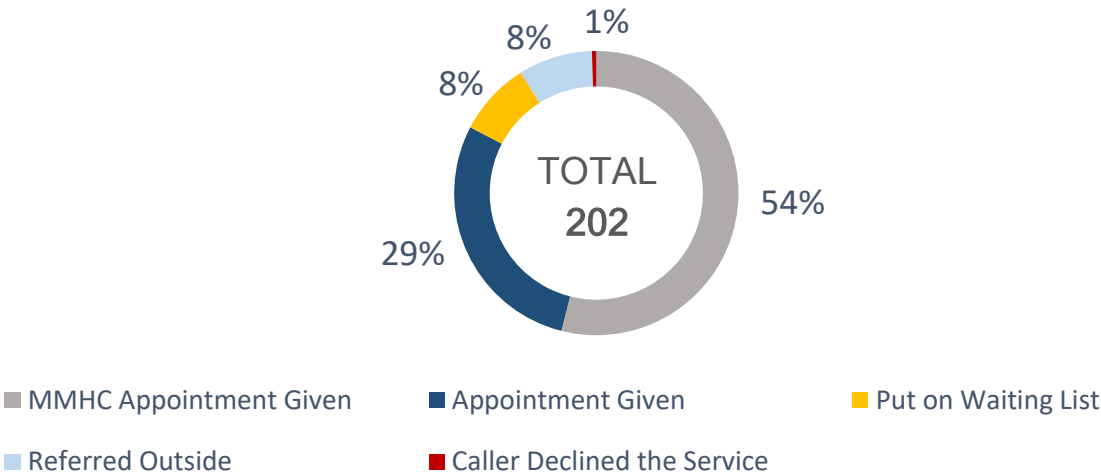
**Disclaimer:** The below numbers are meant to offer a snapshot of the activities hosted and beneficiaries served at the Embrace Mental Health Center. While information is recorded as accurately as possible, not all information is available at all times.

I. NEW REQUESTS FOR SERVICES

Total: 202

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 requested 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.*

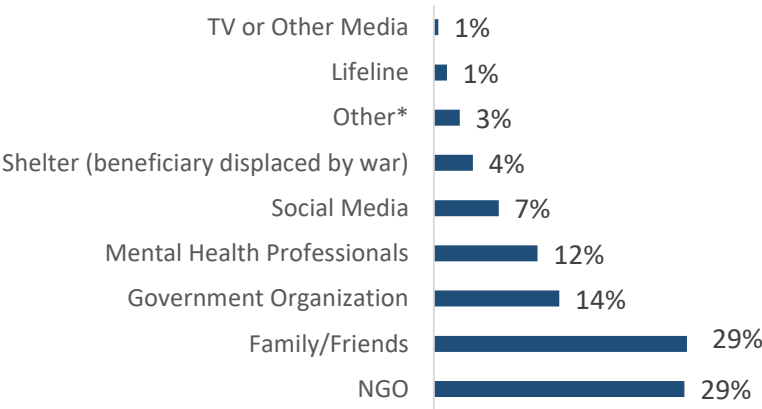


II. REFERRAL SOURCE

Total: 202

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*



*\*Other: university and school-based referrals, use of ChatGPT, Murex outreach activities, Step by Step, and noticing the MMHC bus in the community.*

IV. SERVICES PROVIDED

Total **number of beneficiaries** seen (first or follow-up visits): **410**  
Total **number of sessions** provided for the **410** beneficiaries: **1377**

1377 sessions

	Total		Total
 INDIVIDUAL SESSIONS	1130	 PSYCHIATRIC NURSING SESSIONS	192
Psychiatric Consultations	280	ECMHC	159
Psychotherapy Consultations	702	MMHC	25
Mobile Mental Health Clinic* Psychiatric Consultations	125	Walk-In Clinic	8
Shelter Consultations* Psychiatric Consultations	9	 SOCIAL WORK SESSIONS	18
Walk-in Consultations* Psychiatric / Psychotherapy Consultations	14	ECMHC	8
		MMHC	3
		Walk-In Clinic	7
		 CASE WORK SESSIONS*	37

- 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.
- Shelter Sessions: Since Sep 2024, Embrace has provided psychiatric consultations across different shelters in Lebanon.
- Walk-In Clinic: Launched Oct 2024, provides psychotherapy, psychiatric and counseling support for displaced individuals.
- Case work sessions aim to support MMHC beneficiaries in accessing mental health related service at the PHCC to which they have been referred.

CONSULTATION BREAKDOWN BY TYPE ACROSS THREE MONTHS

1377 sessions

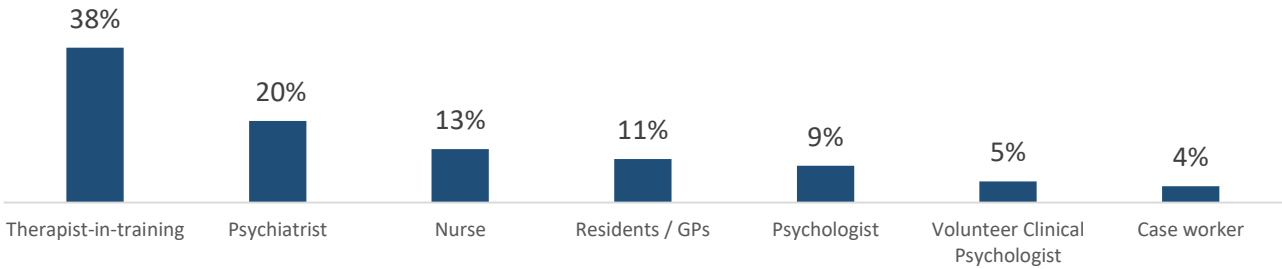
Table 1. Breakdown of consultations by type over the course of three months.

	JANUARY	FEBRUARY	MARCH
TOTAL NO. OF SESSIONS	435	451	491
Individual Sessions	369	366	395
▪ Psychiatrists	• ECMHC • MMHC • Shelters	47 59 37	40 44 9
▪ Residents / GPs	• ECMHC • MMHC	42 8	52
▪ Psychologist	46	35	42
▪ Therapist-in-training	168	166	184
▪ Volunteer Clinical Psychologist	22	25	24
Nurse Sessions	56	60	76
• ECMHC	53	50	64
• MMHC	3	10	12
Social worker Sessions	6	5	7
• ECMHC	4	5	6
• MMHC	2		1
Case Work Sessions	4	20	13

Please note that Walk-in sessions are included within the total counts for EMHC and MMHC consultations.



V. TYPE OF PRACTICIONER SEEN



VI. BENEFICIARIES SEEN

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

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

Total

410

158

Total: 410

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

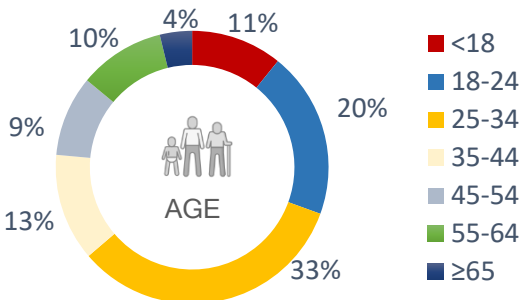
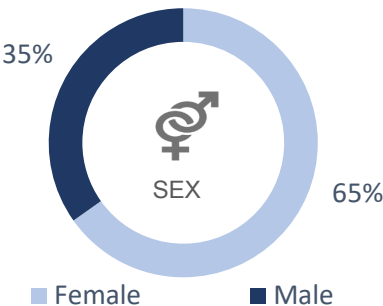
	JANUARY	FEBRUARY	MARCH
Total No. Of Beneficiaries Seen ECMHC	161	170	175
ECMHC			
• New Beneficiaries Seen	26	17	16
• Beneficiaries Seen For Follow-up	147	160	164
Total No. Of Beneficiaries Seen MMHC	50	56	60
MMHC			
• New Beneficiaries Seen	24	31	35
• Beneficiaries Seen For Follow-up	28	27	27
Total No. Of Beneficiaries Seen Shelters & Walk-In Clinic	6	3	11
Shelters & Walk-In Clinic			
• New Beneficiaries Seen			9
• Beneficiaries Seen For Follow-up	6	3	2

VII. NEW BENEFICIARY DEMOGRAPHICS

Total: 158

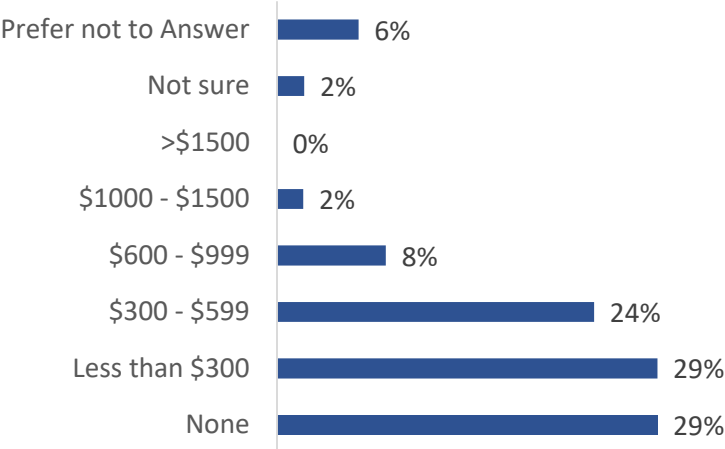
The below charts present basic demographic information for the new beneficiaries served during the reporting period (n=158).

ECMHC new beneficiaries = 59  
MMHC new beneficiaries = 90  
Shelters & Walk-In new beneficiaries = 9

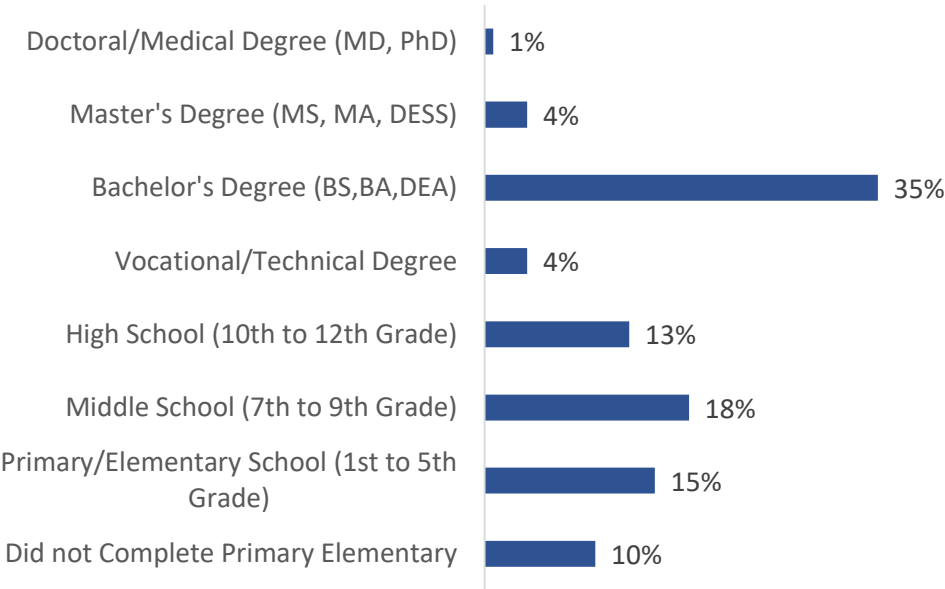


The mean age of beneficiaries was of 33 years old.

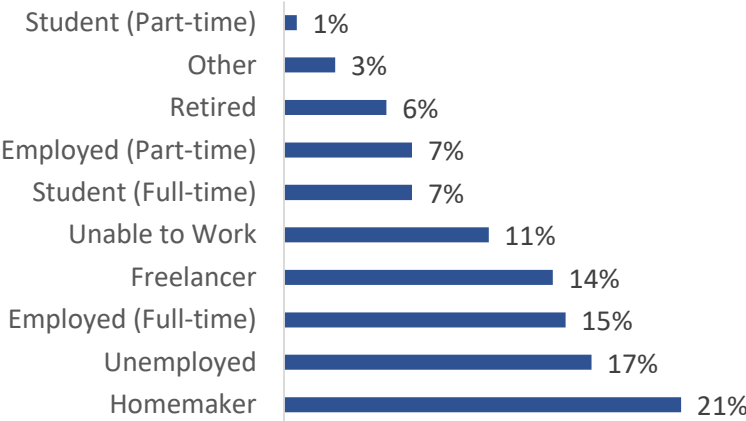
INCOME STATUS  
(n=145)



HIGHEST EDUCATIONAL  
STATUS (n=132)

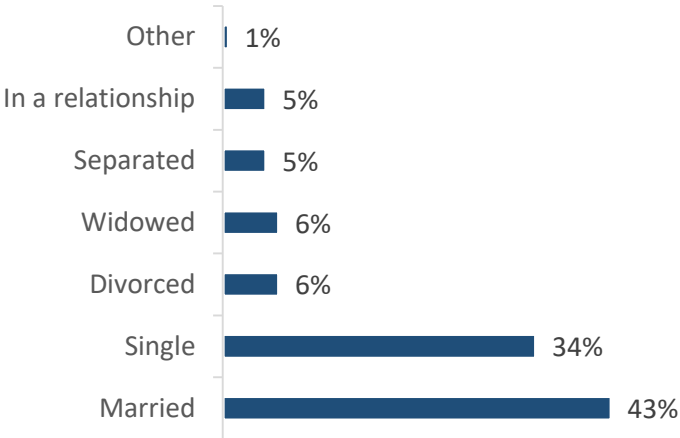


EMPLOYMENT  
STATUS (n=145)

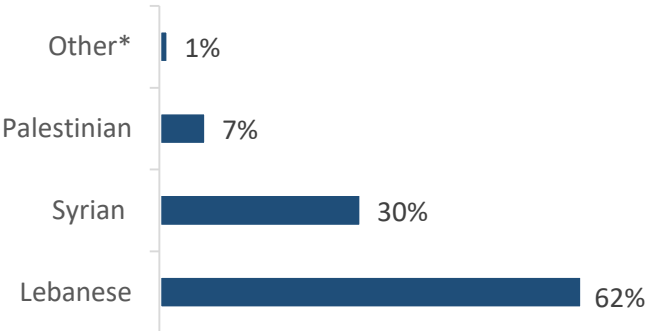


\*Note that percentages may add up to more than 100% because the beneficiary may report more than one employment status.

MARITAL STATUS  
(n=145)

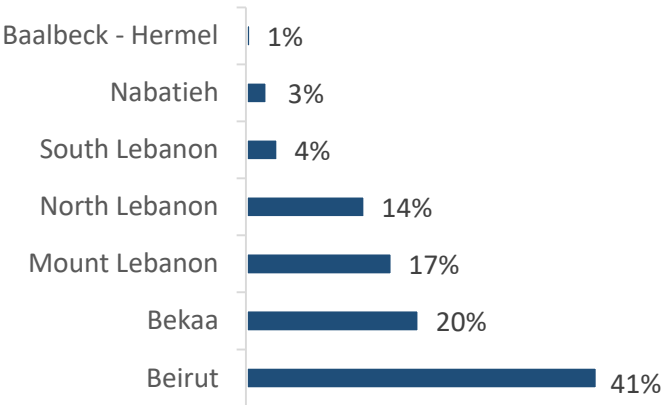


NATIONALITY  
(n=145)



\*Egyptian, Iraqi

GEOGRAPHIC  
LOCATION (n=158)



VIII. PHARMACOLOGICAL TREATMENT

Total: 56

Between January and March 2025, the ECMHC covered the cost of medications prescribed by its own psychiatrists for 56 beneficiaries seen at the ECMHC.

AVERAGE NUMBER OF PRESCRIPTION ITEMS ACQUIRED BY BENEFICIARY:

2

MOST COMMONLY ACQUIRED MEDICATIONS:

SERTRALINE

QUETIAPINE

VENLAFAXINE

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

Total: 283

Between January and March 2025, the MMHC covered the cost of 283 medications prescribed by its own psychiatrist for 89 MMHC beneficiaries.

MOST COMMONLY ACQUIRED MEDICATIONS:

PROMETHAZINE

FLUOXETINE

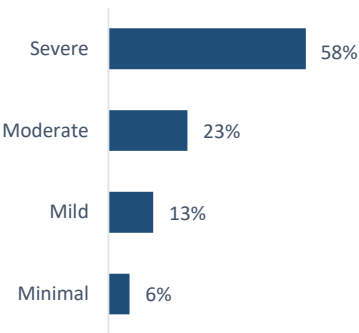
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X. MENTAL HEALTH SURVEY SCORES AT FIRST ENCOUNTER

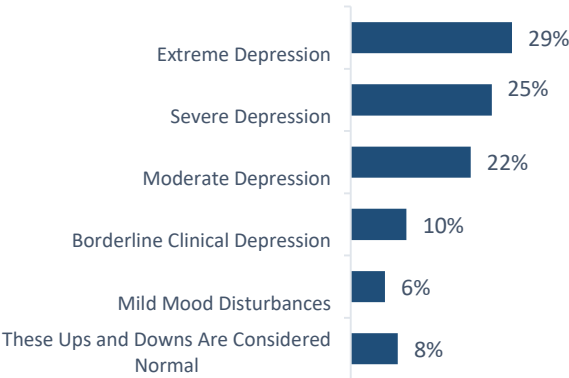
The below charts present a summary of symptom severity for ECMHC and MMHC beneficiaries whose first session was during the reporting period (i.e., the charts represent scores at beneficiaries' first session):

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=130)



DEPRESSIVE SYMPTOM SEVERITY (n=130)





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.*

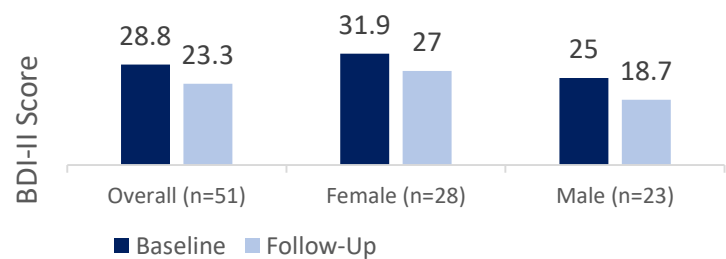
A SNAPSHOT OF BENEFICIARY IMPROVEMENT OF SYMPTOMS  
JANUARY- DECEMBER 2024

The below charts present a summary of the improvement in depression and anxiety levels among active beneficiaries seen at ECMHC between January and March 2025 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.

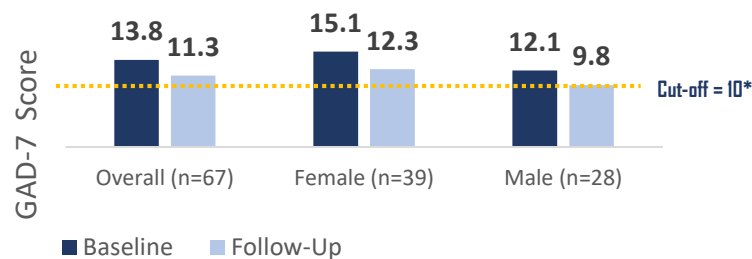
Levels of Depression Reported Pre and Post Treatment (n = 51)



Around **63%** 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 = 67)



Around **58%** of beneficiaries reported improvements in symptoms of anxiety. Among those, **41% 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.

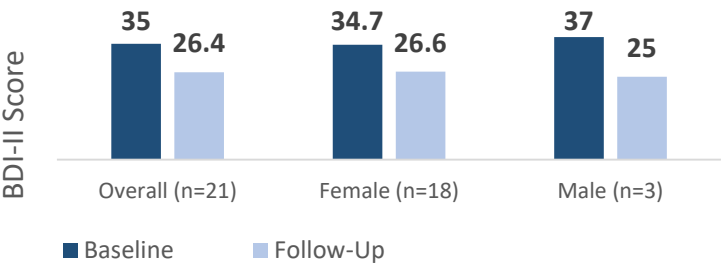
The questionnaires are:

- 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 - MARCH 2024

The below charts present a summary of the improvement in depression and anxiety levels among beneficiaries seen at **MMHC between January and March 2025** 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 = 21)

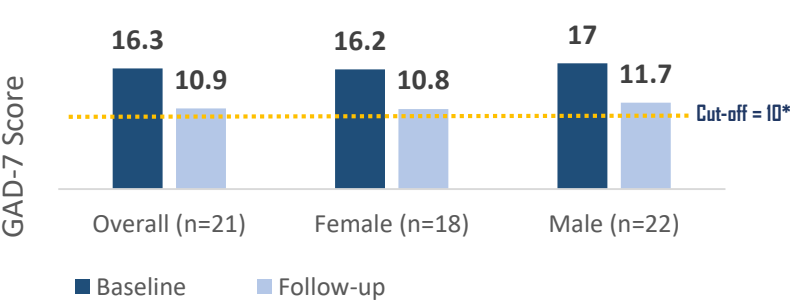


Around **76%** of beneficiaries reported improvements in symptoms of depression.

There was a **statistically significant reduction in BDI-II score** from baseline to the last complete survey (P value <0.003\*).

\*Test used: Paired T-test

Levels of Anxiety Reported Pre and Post Treatment (n =21 )



Around **71%** of beneficiaries reported improvements in symptoms of anxiety. Among those, **73% showed clinically significant improvements.**

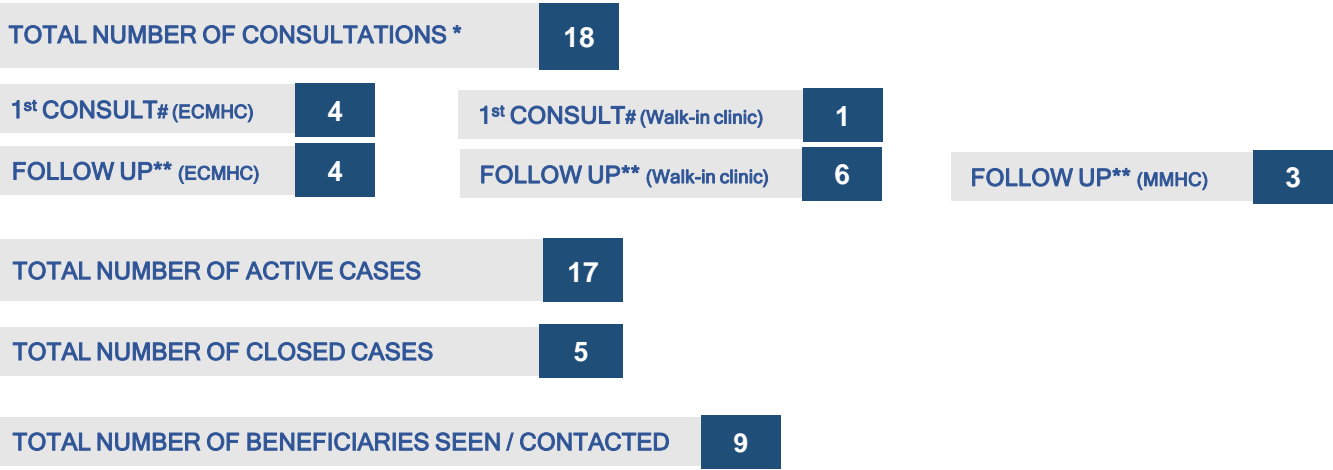
There was **no statistically significant reduction in GAD-7 score** from baseline to the last complete survey (P value = 0.67\*).

\*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)

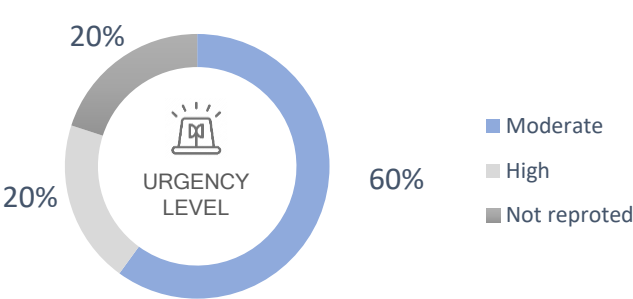
XI. SOCIAL WORK

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 a resourced with a comprehensive referral database that is updated every 4 months and a 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, psychologists, psychiatric nurse, and the National Lifeline (1564).

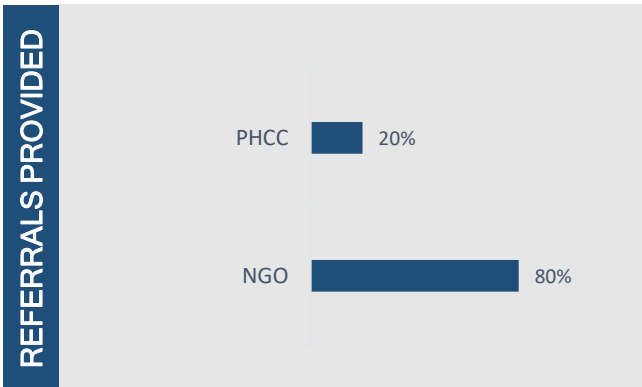
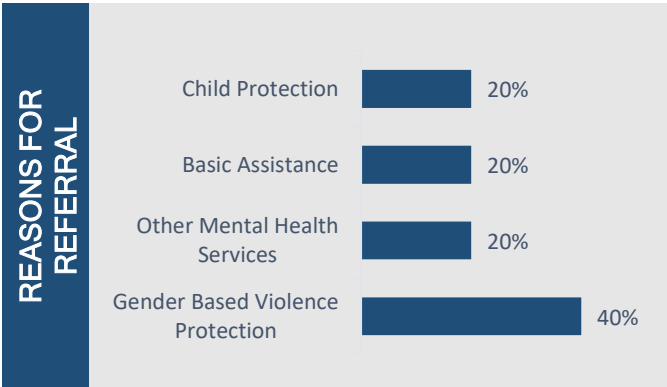


*\*Total number of consultations: Refers to all social work consultations taking place between the Mental Health Social Worker and beneficiaries referred (may include more than 1 consultation per beneficiary)*  
*Total Number of Active Cases: Refers to the number of beneficiaries who are still being followed up by the Mental Health Social Worker*  
*# 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: 5

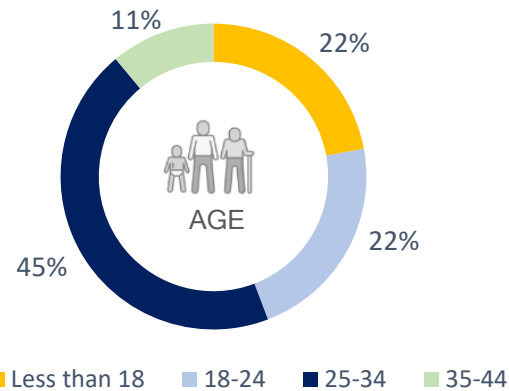
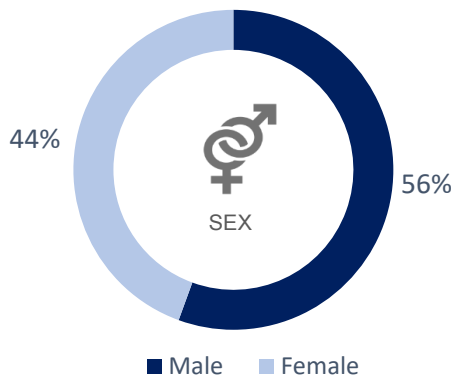


BENEFICIARY DEMOGRAPHICS

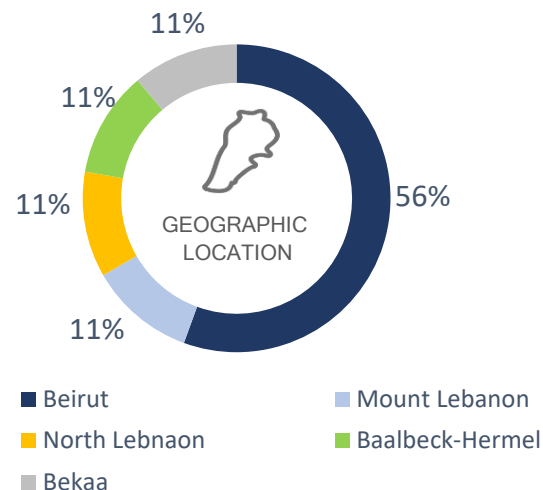
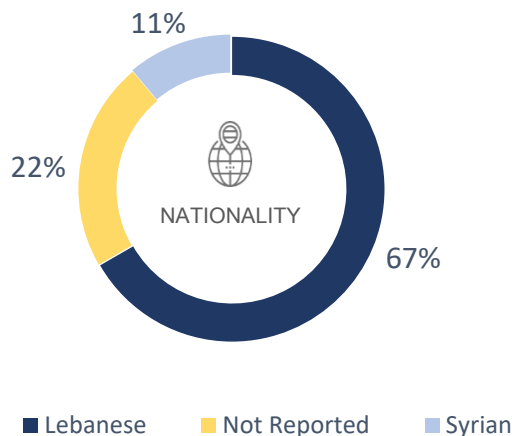
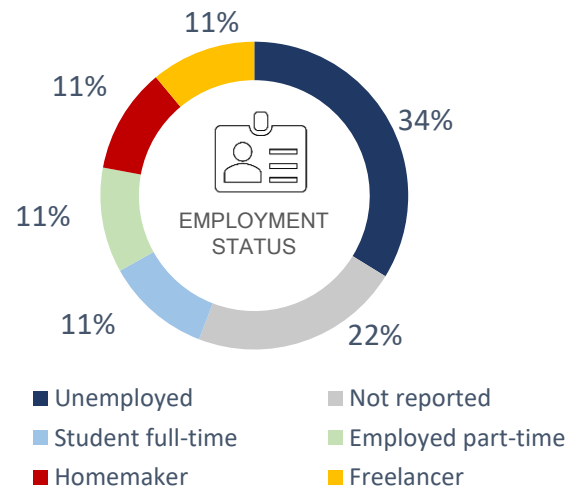
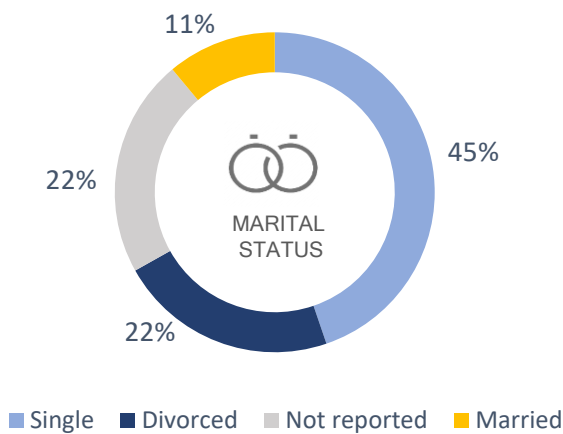
TOTAL NUMBER OF BENEFICIARIES SEEN / CONTACTED

9

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 **26** years old.



The ECMHC and MMHC are supported by



Funded by  
the European Union