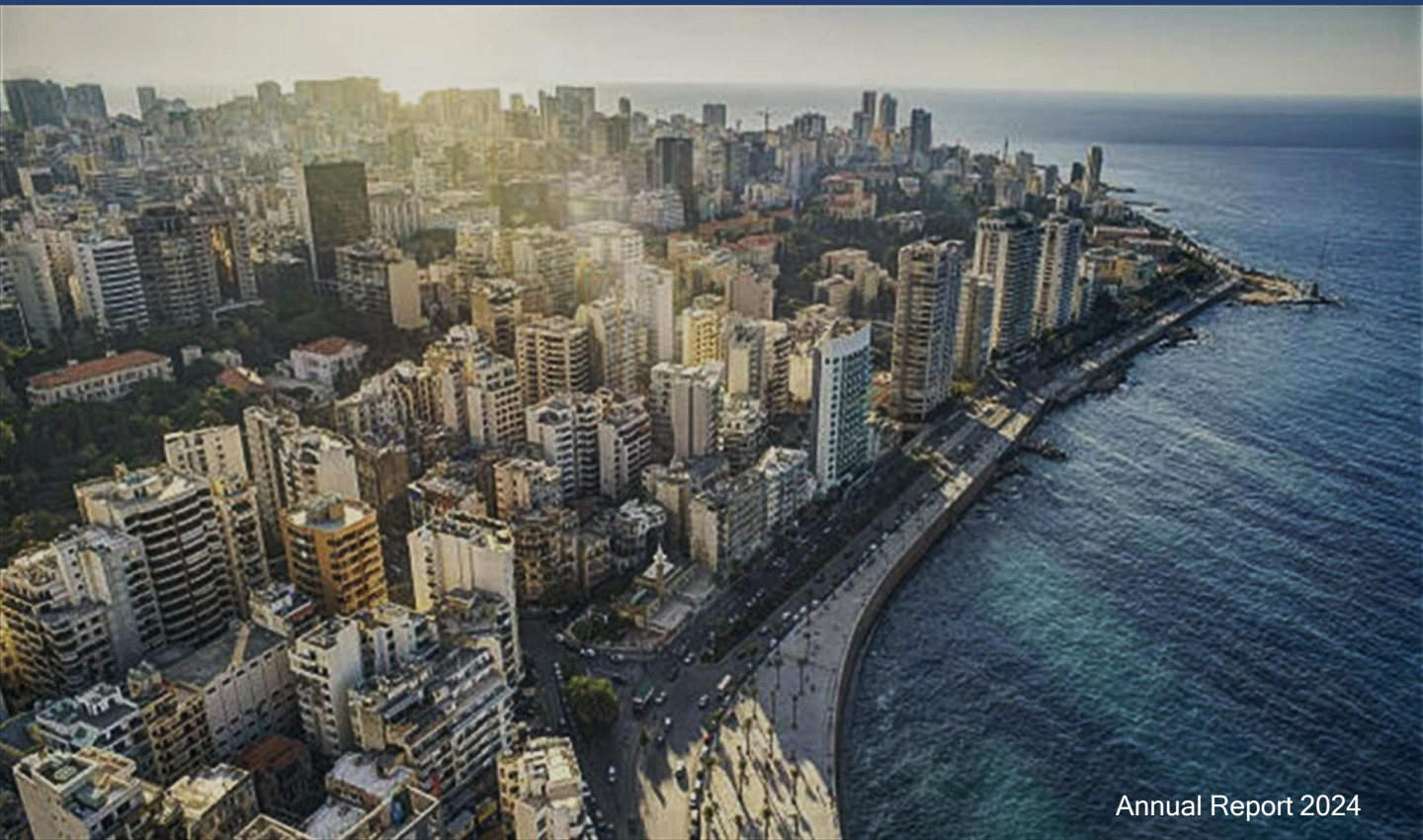




EMBRACE COMMUNITY MENTAL HEALTH CENTER (ECMHC) & MOBILE MENTAL HEALTH CLINIC (MMHC)

IMPACT REPORT
4th YEAR OF OPERATION | January - December 2024





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

PREAMBLE

The **Embrace Community Mental Health Center (ECMHC)** was established in 2020, following the August 4 port explosion in Beirut. What initially began as a volunteer project in response to the needs of those affected by the blast, transformed into a multidisciplinary community mental health center that hosts a team of psychologists, psychiatrists, social workers, nurses, therapists in training and other supporting staff.

Later in October of 2020, and in collaboration with the Psychology department at the American University of Beirut and Haigazian University the ECMHC launched a rigorous Clinical Training Program for psychologists-in-training. The ECMHC, becoming a training site for graduate clinical psychology students further allowed it to meet its mission, capacity-building for future generations of mental health professionals, and the provision of mental health services for the community.

During 2023, Embrace launched The **Mobile Mental Health Clinic (MMHC)**, an expansion of the existing ECMHC program, which was introduced in May of the same year. Operating from a renovated bus purchased through the support of the Embassy of Japan in Lebanon, the MMHC team travels throughout Lebanon to provide free psychiatric consultations and connect individuals with essential services through referrals to primary health care centers with integrated mental health services to strengthen access to primary health care nationally.

In 2024, the EMHC launched a community psychiatry residency program, and signed a Memorandum of Understanding with the Lebanese American University Medical Center (LAUMC). This program supports the training of psychiatry residents through a year-round site training at Embrace where residents practice under the supervision of senior psychiatrists and provide care to beneficiaries at the center.

This report provides a summary of activities hosted and beneficiaries seen at the ECMHC and MMHC between **January and December 2024** (inclusive).

While all efforts are made to record information as accurately as possible, not all information is available at all times.

To enhance clarity, pages that specifically discuss the MMHC are distinguished by a green banner.



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.

I. SERVICES PROVIDED

4,364 Sessions

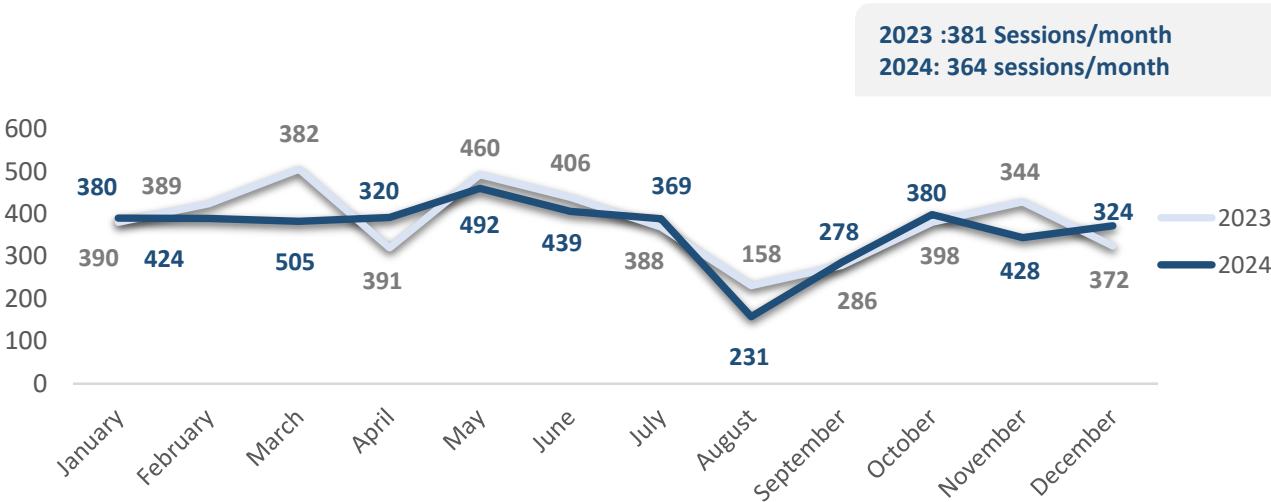
	Total
INDIVIDUAL SESSIONS (31 clinicians)	3054
• Psychiatrists	1340
• ECMHC (2)	678
• MMHC (1)	662
• Residents / General Practionners (4)	95
• Psychologist (4)	490
• Psychologist in Training (16*)	1011
• Volunteer Clinical Psychologists (5*)	118
NURSING SESSIONS (1 clinician)	919
• ECMHC	836
• MMHC	83
SOCIAL WORK SESSIONS (1 clinician)	151
• ECMHC	112
• MMHC	39
CASE WORK SESSIONS (1 clinicians)	97

	Total
PARENTAL GUIDANCE SESSIONS	7
Parental guidance sessions were led by child psychologists.	
SHELTER SESSIONS	112
Shelter sessions were led by psychiatrists.	
WALK-IN SESSIONS	24
Walk-in sessions were led by psychiatrists, psychologists, nurse and Social worker.	

Case work sessions aim to support MMHC beneficiaries in accessing mental health related service at the PHCC to which they have been referred.

- **Shelter Sessions:** Since Sep 2024, Embrace has provided psychiatric consultations at 7 shelters in Beirut and Zgharta.
- **Walk-In Clinic:** Launched Oct 2024, provides psychotherapy and counseling for displaced individuals.
- **Trainee Programs:** In 2024, two groups of interns joined the program (7 trainees from Jan-Jul, 9 trainees from Oct-Dec); some graduates now volunteer as clinical psychologists under supervision.

The below chart presents a comparison of the total number of sessions provided each month between January and December for the years 2023 and 2024.



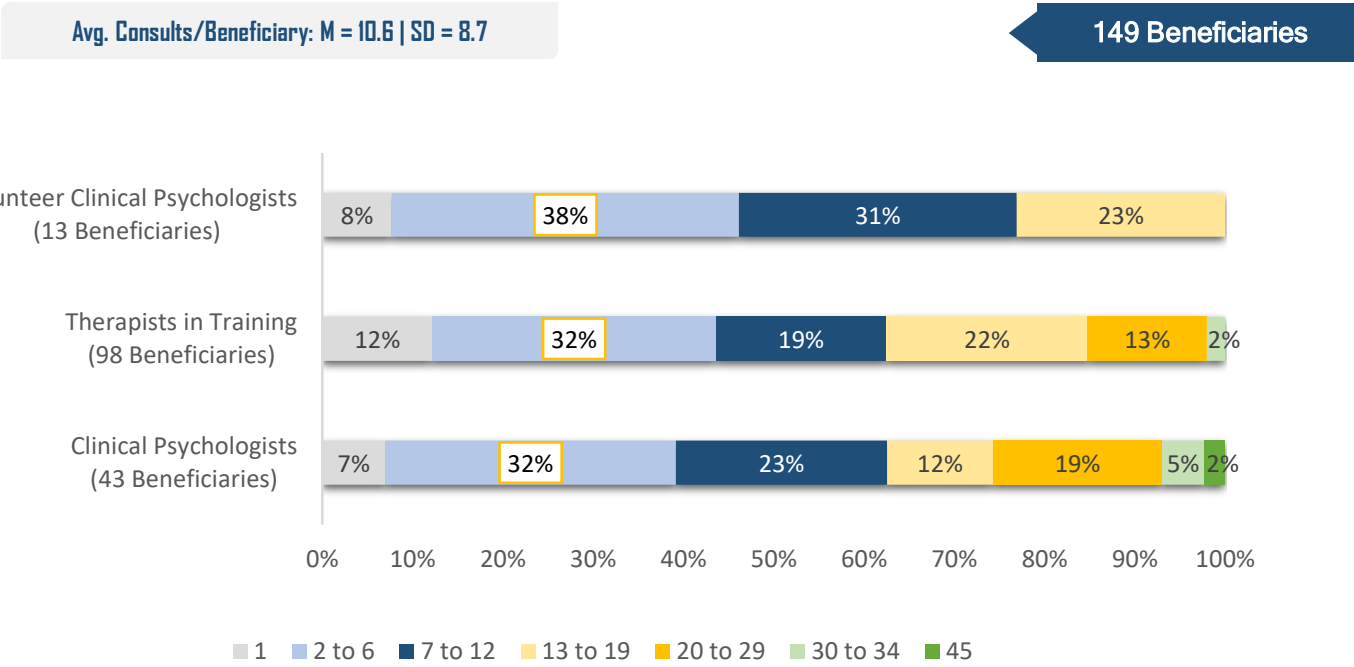
I. SERVICES PROVIDED (Continued)

SESSIONS ATTENDED PER BENEFICIARY

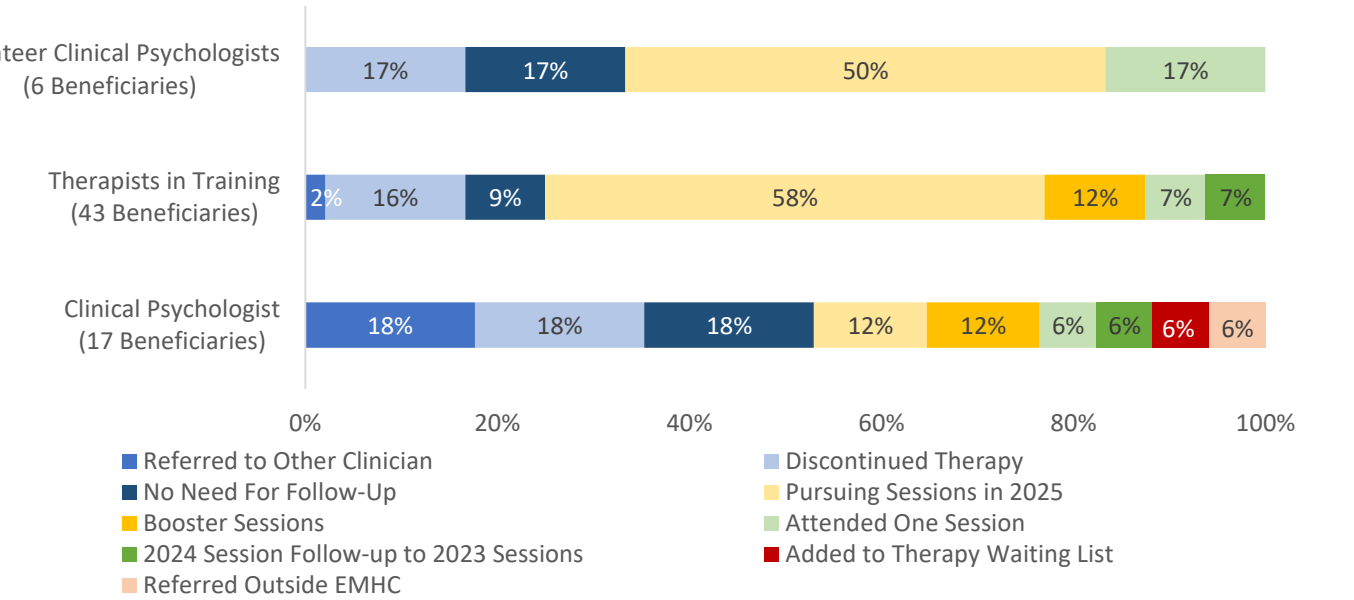
The below chart presents the percentage distribution of the total number of *Psychotherapy Consultations* received by EMHC beneficiaries.

Most commonly, beneficiaries attended between 2 to 6 sessions with a psychologist. A considerable portion of beneficiaries also attended between 7 to 12 sessions and 13 to 19 sessions.

Keeping treatment solution-focused and brief is consistent with the model of community mental health and maximizes availability for new sessions.



Details on the beneficiaries who attended 1 to 6 sessions are presented in the below graph such as being referred to other clinician or pursuing treatment in 2025

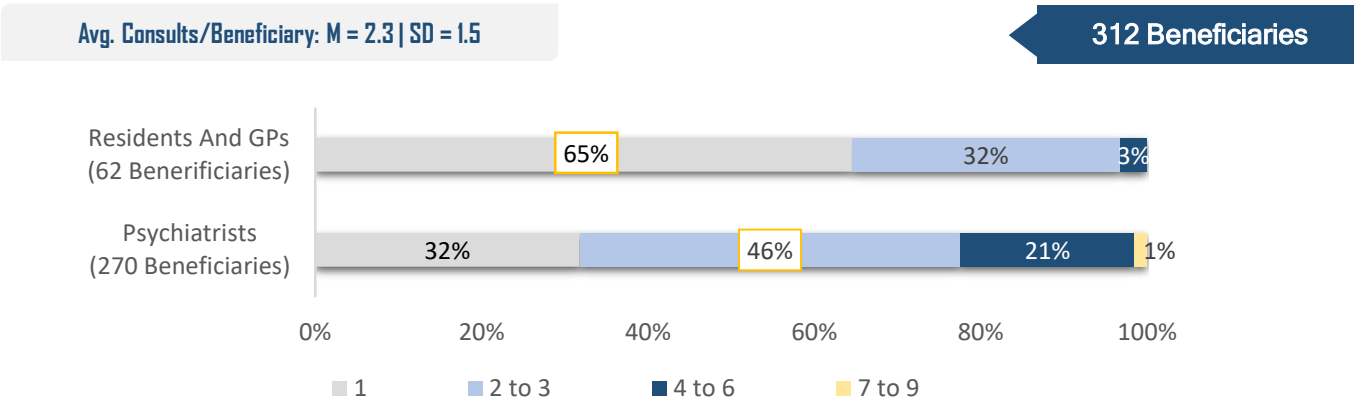


I. SERVICES PROVIDED (Continued)

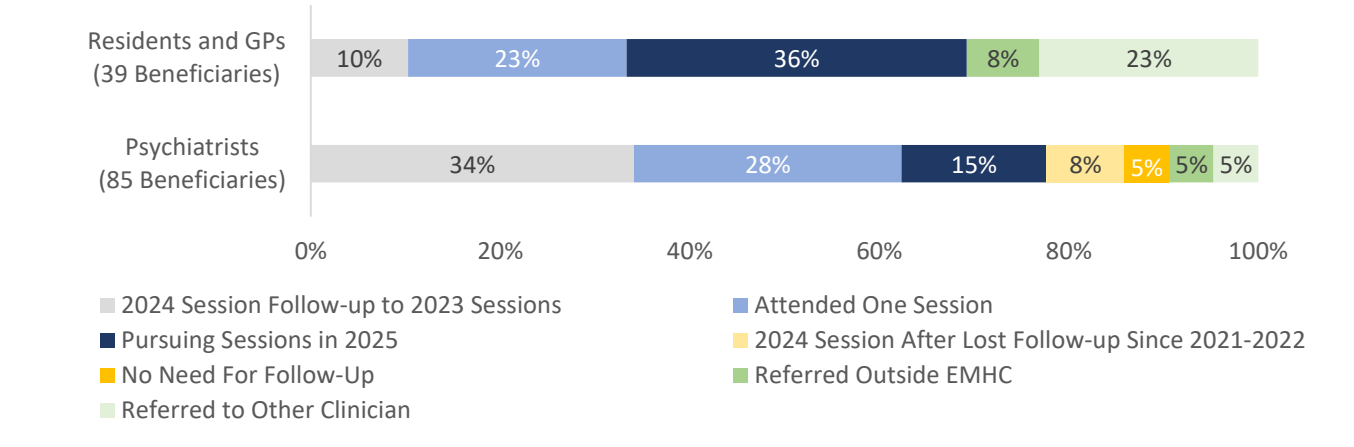
SESSIONS ATTENDED PER BENEFICIARY

The below chart presents the percentage distribution of the total number of *EMHC Psychiatry Consultations* received by EMHC beneficiaries.

Most commonly, beneficiaries attended between 2 to 6 sessions with a psychiatrist. Among those who saw residents or GPs, the majority attended only one session, while many others attended between 2 to 3 sessions. Keeping treatment solution-focused and brief is consistent with the model of community mental health and maximizes availability for new sessions.

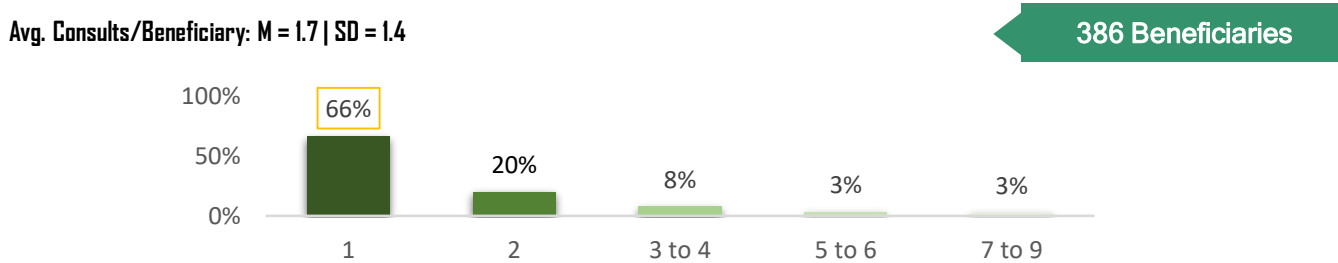


Details on the beneficiaries who attended 1 session are presented in the below graph such as being referred outside or pursuing treatment in 2025



The below chart presents the percentage distribution of the total number of *MMHC Psychiatry Consultations* received by MMHC beneficiaries.

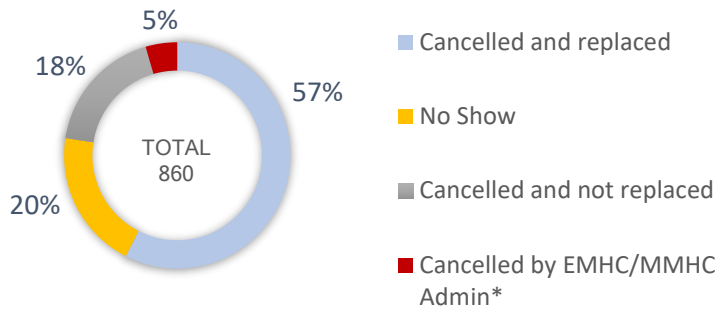
Under protocol guidelines, MMHC beneficiaries would typically have one to two sessions with a psychiatrist before continuing their treatment at the nearest PHCC. In some locations where mental health services at the PHCC were no longer available, additional follow-ups were permitted to ensure adequate support to the beneficiary.



I. SERVICES PROVIDED (Continued)

CANCELLED OR NO-SHOW APPOINTMENTS

Total: 860



A total of 860 appointments were either cancelled by the beneficiary or the beneficiary did not show for his/her appointment which represents 15% and 4% respectively out of total booked appointments (n=4230).

*Note that the privilege to mark an appointment as 'Cancelled by ECMHC/MMHC Admin' was introduced in November 2024.

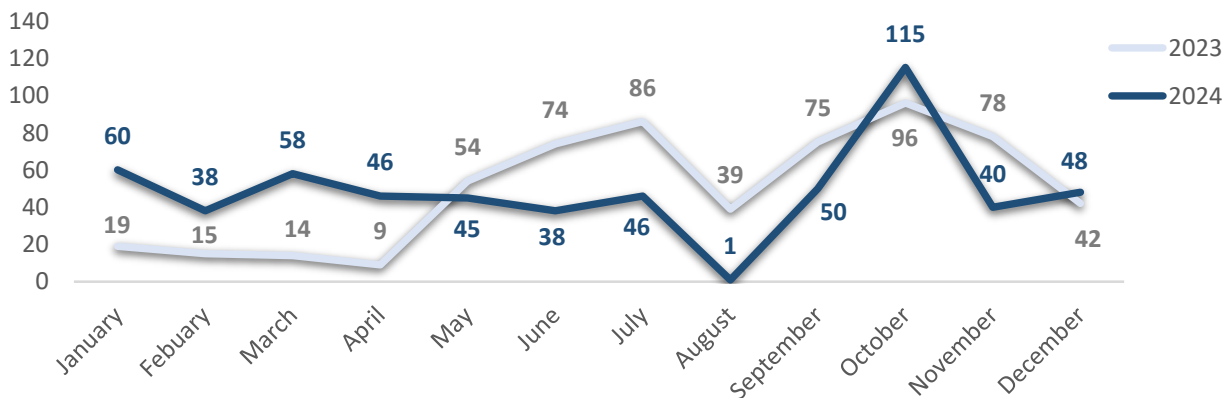
II. BENEFICIARY INFORMATION

Total: 879

	Total
NUMBER OF BENEFICIARIES SEEN (first session or follow up)	879
NUMBER OF NEW BENEFICIARIES SEEN (those whose first session was this year)	585

The below chart (Chart 2) presents a comparison of the total number of beneficiary intakes (i.e., new beneficiaries) at the ECMHC and MMHC for each month of the reporting period in 2023 and 2024.

2023: 50 New Beneficiaries/Month
2024: 49 New Beneficiaries/Month



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

- The consultants decreased their working hours at the ECMHC.
- **May 2023:** The MMHC project was launched.
- **August 2023:** Therapists-in-training graduated from the clinical training program of 2022/2023
- **October 2023:** New group of therapists-in-training joined ECMHC.
- **August 2024:** Therapists-in-training graduating from the 2022/2023 clinical training program, coupled with the absence of three clinicians who were on leave.
- **October 2024:** New group of therapists-in-training joined ECMHC.
- **September 2024:** Start of psychiatric consultations in shelters.

NEW BENEFICIARY DEMOGRAPHICS

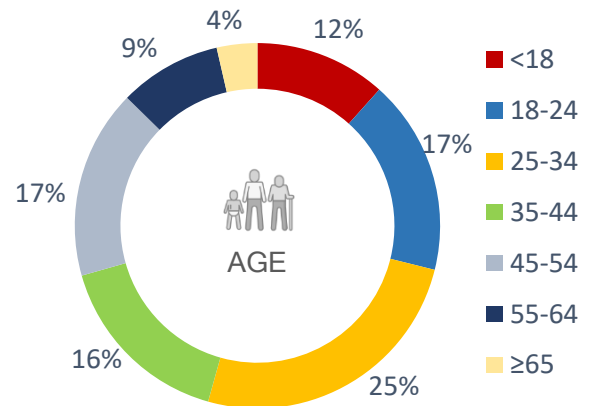
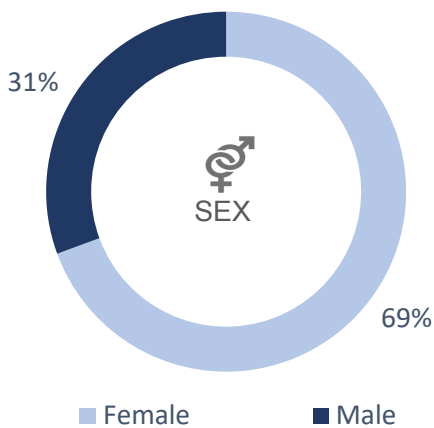
The below charts present basic demographic information for the **new** beneficiaries served during the reporting period (n=585).

EMHC new beneficiaries = 141

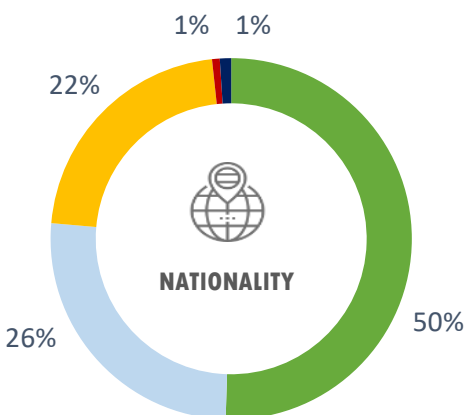
MMHC new beneficiaries = 351

New beneficiaries seen in Shelters = 93

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

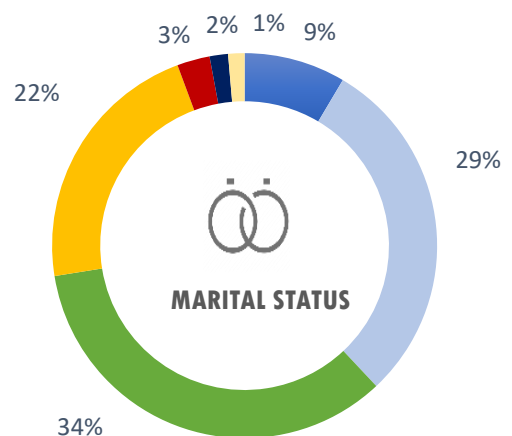


The mean age of beneficiaries was of **35** years old.



*Palestinian, American, Iraqi, Canadian.

■ Lebanese
■ Syrian
■ Not Reported
■ Other*
■ Armenian

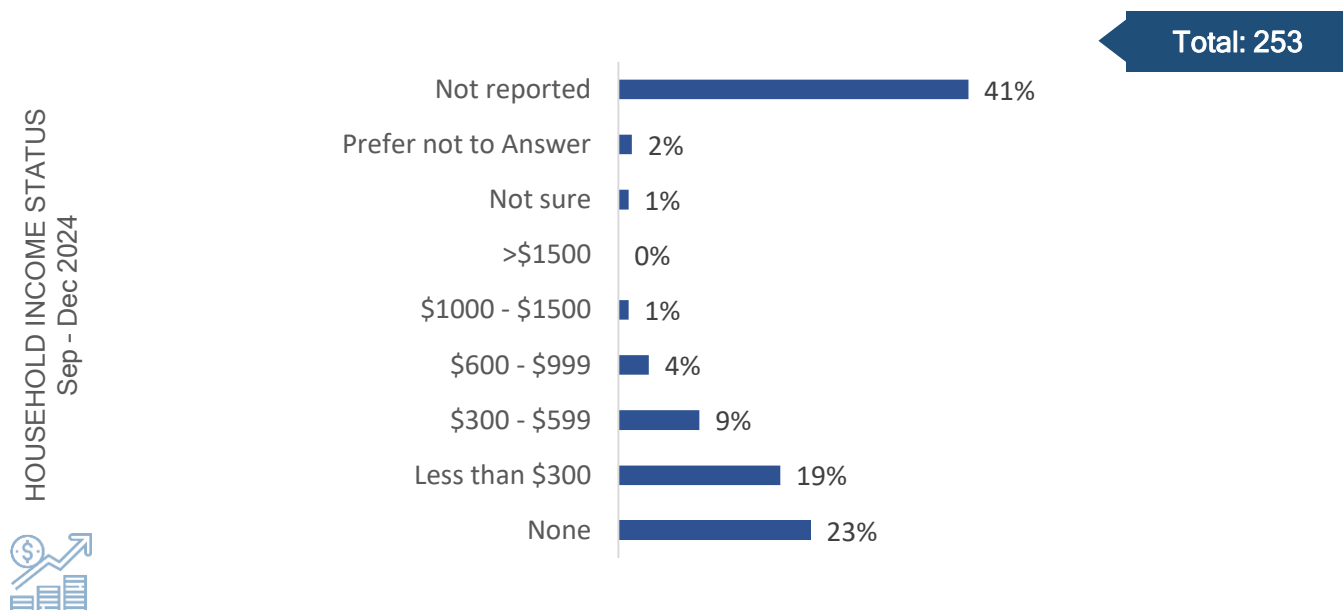
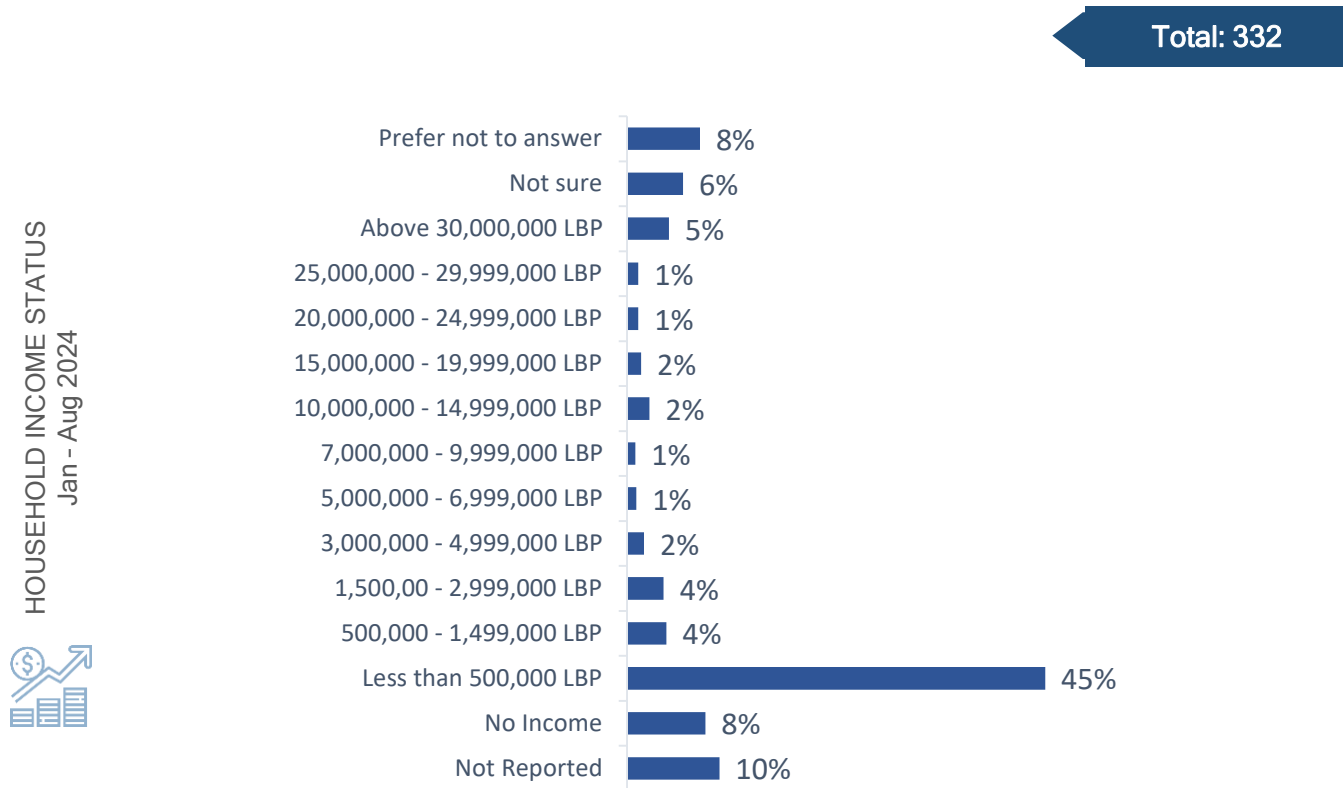


■ Divorced
■ Married
■ Widowed
■ In a Relationship
■ Single
■ Not Reported
■ Seperated

II. BENEFICIARY INFORMATION (Continued)

NEW BENEFICIARY DEMOGRAPHICS (N=585)

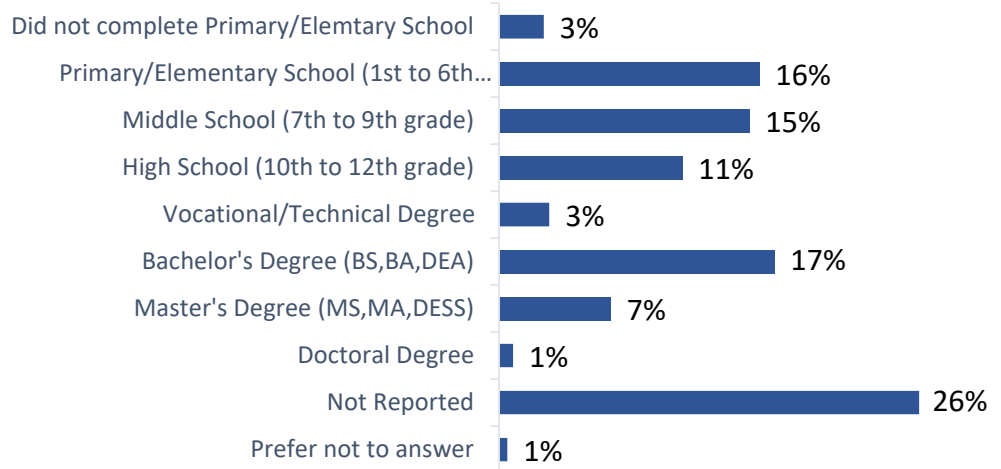
In early September 2024, the income status categories were revised to better reflect Lebanon's economic conditions. The charts below show the distribution of each category before and after the update.



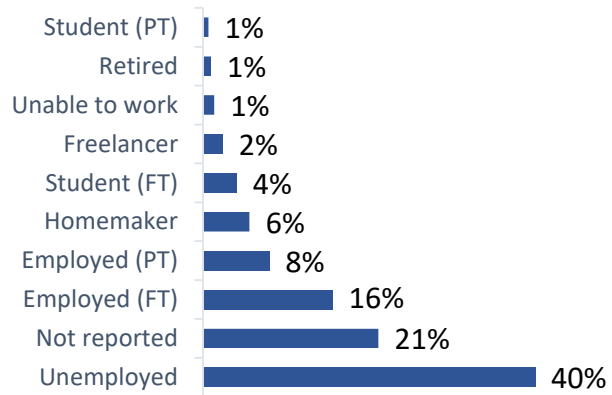
II. BENEFICIARY INFORMATION (Continued)

NEW BENEFICIARY DEMOGRAPHICS (N=585)

HIGHEST EDUCATIONAL STATUS

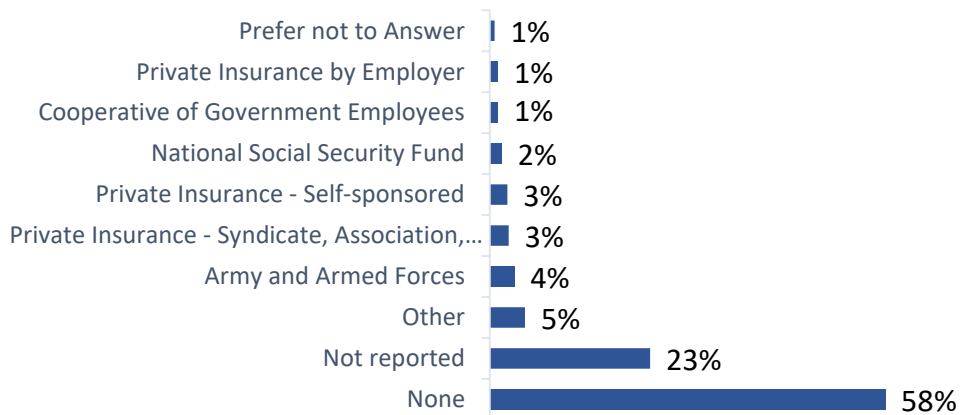


EMPLOYMENT STATUS



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

HEALTH INSURANCE COVERAGE

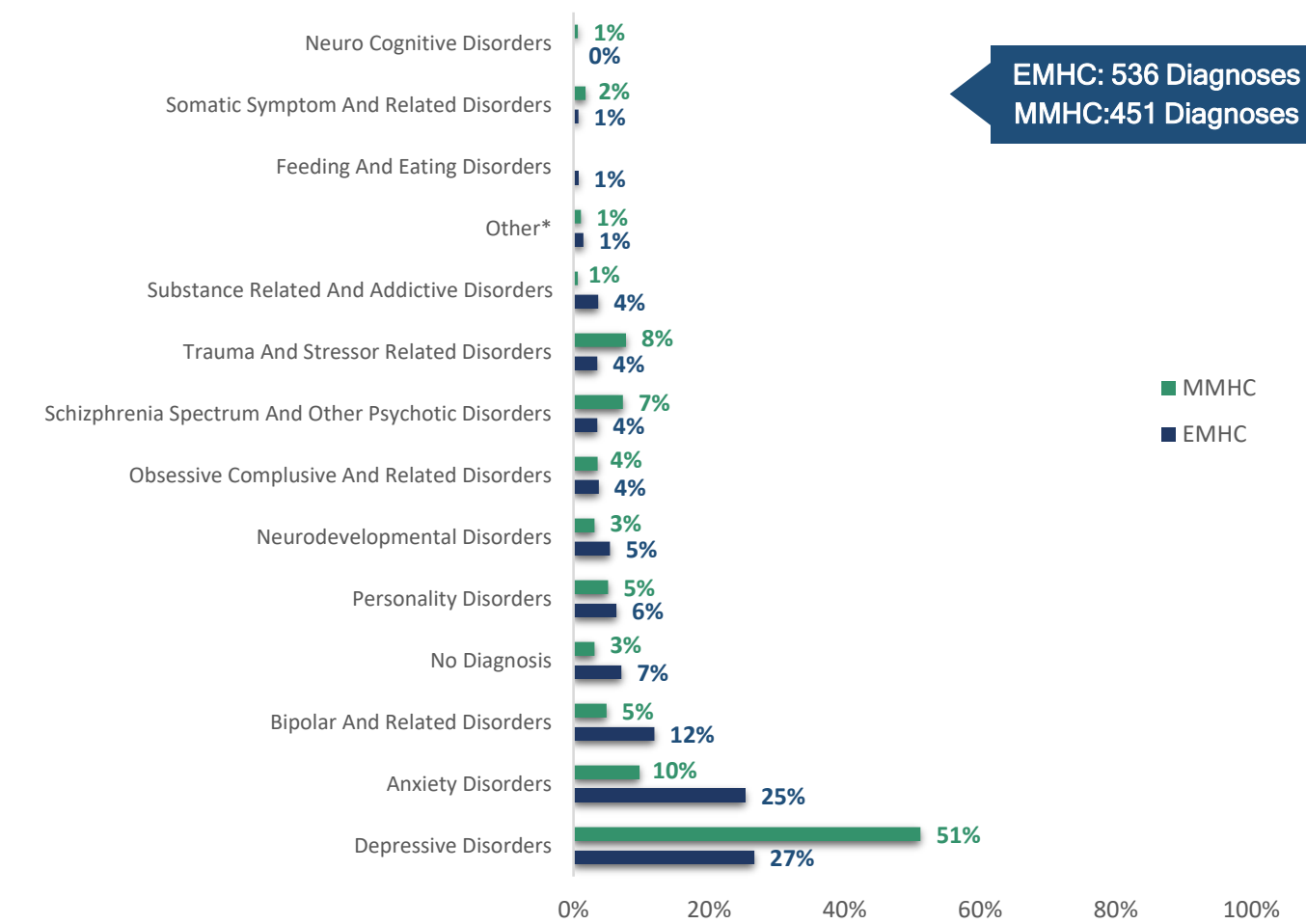


***Note** that percentages for the bar chart may add up to more than 100% because the beneficiary may have different types of coverage.

II. BENEFICIARY INFORMATION (Continued)

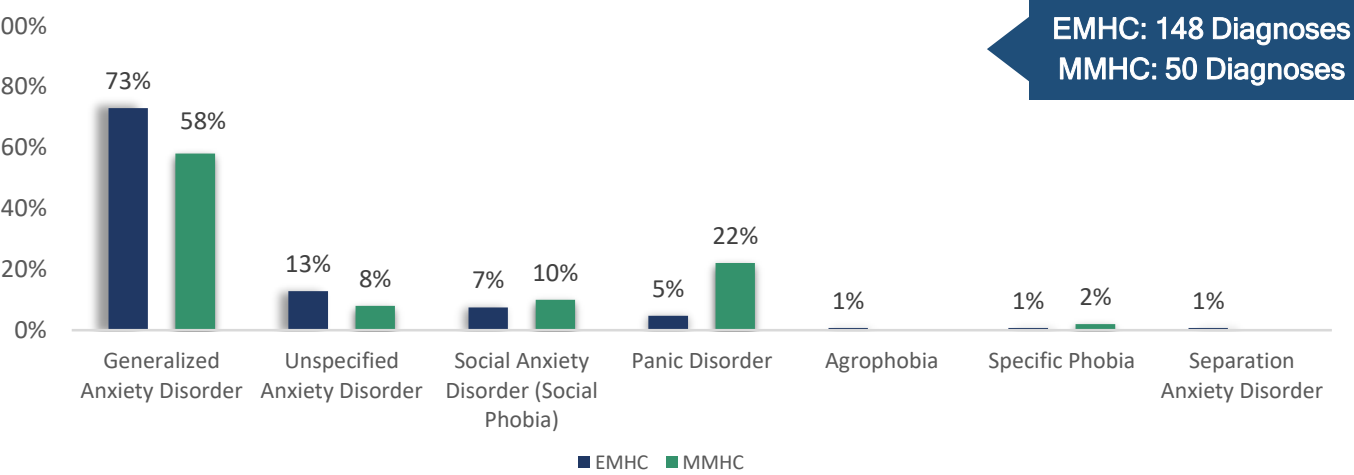
TYPES OF DIAGNOSES - ECMHC

The chart below presents a comparison of the percentage of different types of diagnoses recorded by psychiatrists and psychotherapists among beneficiaries seen at the EMHC and MMHC between Jan and Dec 2024.



*Other disorders: Unspecified Mental Disorder; Gender Dysphoria; Disruptive impulse-Control and conduct disorders; Dissociative disorders, Burnout.

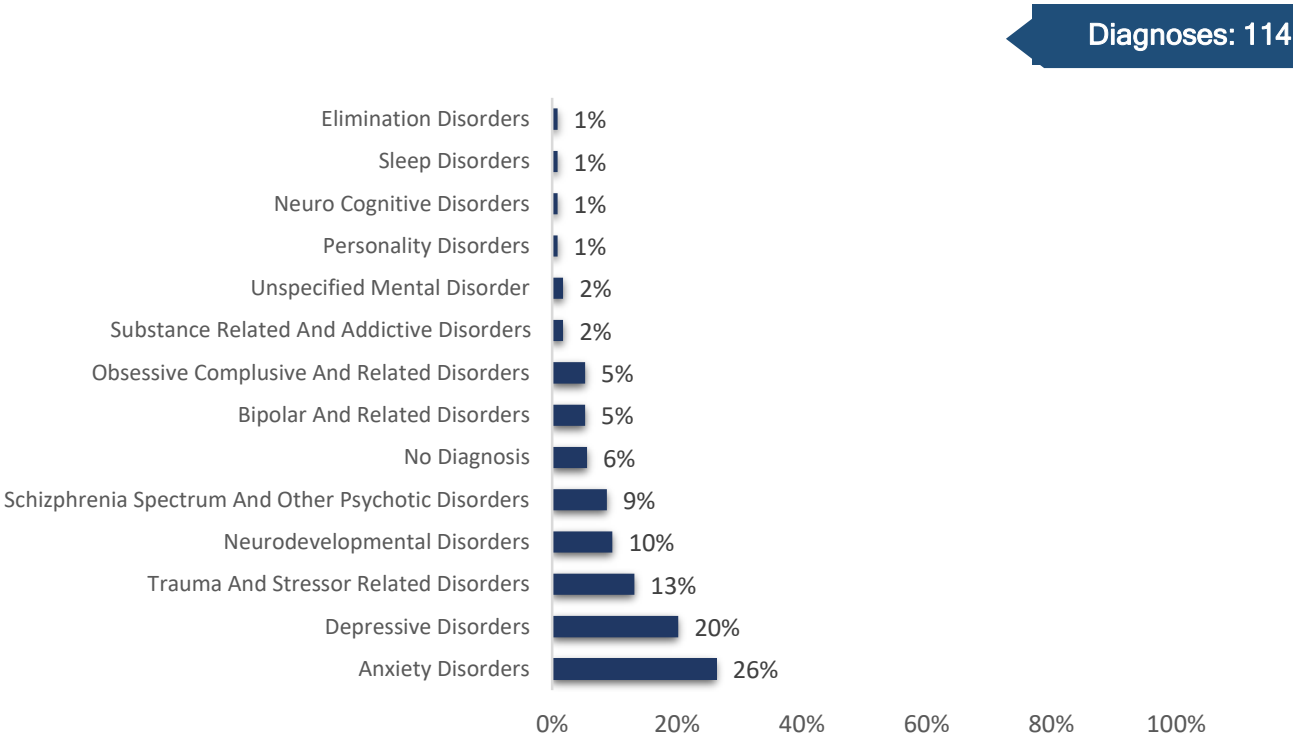
The chart below presents a comparison of the percentage of anxiety disorders among beneficiaries seen at the EMHC and MMHC between Jan and Dec 2024.



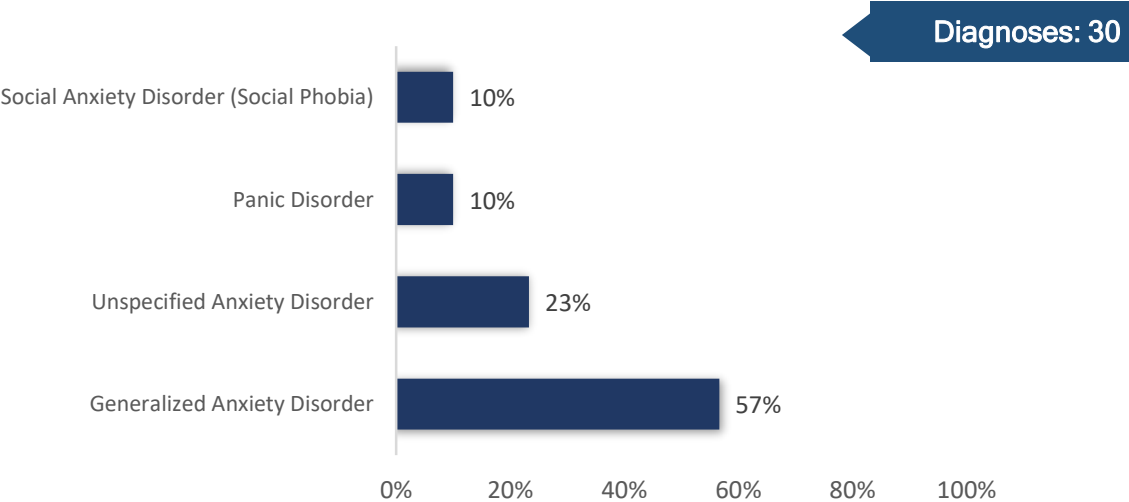
II. BENEFICIARY INFORMATION (Continued)

TYPES OF DIAGNOSES - SHELTERS AND WALK-IN CLINIC

The chart below presents the breakdown percentage of different types of diagnoses recorded by psychiatrists among beneficiaries seen at the shelters or who accessed the walk-in clinic between late Sep 2024 and Dec 2024



The chart below presents the breakdown percentage of anxiety disorders among beneficiaries seen at the shelters or who accessed the walk-in clinic between late Sep 2024 and Dec 2024



III. MEDICAL REFERRALS

Total: 17

Medical referrals include inpatient psychiatric care and medical lab testing.

INPATIENT ADMISSIONS & STAYS8

- The ECMHC covered the cost of 8 admissions and stays at an inpatient psychiatric department for a total of 6 beneficiaries.
- The average length of stay among beneficiaries was 10 days.

MEDICAL LAB TESTING9

- The ECMHC covered the cost of medical lab testing for 7 beneficiaries (2 beneficiaries utilized this service on 2 occasions).
- Medical lab testing primarily included blood tests measuring levels of iron, electrolytes, lithium and vitamins among others.

IV. PHARMACOLOGICAL TREATMENT

Total: 1293

Between January and December 2024, the ECMHC covered the cost of 1293 medications prescribed by its own psychiatrists for 139 beneficiaries seen at the ECMHC.

MOST COMMONLY ACQUIRED MEDICATIONS:



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

Total: 4084

Between January and December 2024, the MMHC covered the cost of 1213 medications prescribed by its own psychiatrist for 219 MMHC beneficiaries. The MMHC also supported the national capacity for response to psychotropic medication needs through the coordination with YMCA for medication provision. Throughout this period 2871 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.

MOST COMMONLY ACQUIRED MEDICATIONS:



VI. BENEFICIARY PROGRESS & OUTCOMES (ECMHC)

During their first visit, beneficiaries are prompted to complete a mental health survey consisting of 2 questionnaires that assess common symptoms of depression and anxiety. As they progress through treatment, beneficiaries are asked to take the same survey again as per the below:

- *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.*

The questionnaires are:

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

Improvements in beneficiary symptom severity is then measured by examining changes in scores over time.

Details about each of the questionnaires in the mental health survey are outlined below:

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

Interpretation	0-10: "These Ups And Downs Are Considered Normal",	21-30: "Moderate Depression",
	11-16: "Mild Mood Disturbances",	31-40: "Severe Depression"
	17-20: "Borderline Clinical Depression",	41-69: "Extreme Depression"

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

Interpretation	0-4: "None/Minimal",	10-14: "Moderate",
	5-9: "Mild",	15-21: "Severe"

***Note** that these instruments do not diagnose depression and anxiety, but only screen for these disorders. Screening positively on either instrument, indicates that the person has considerable level of distress, and would benefit from further evaluation, monitoring and intervention.*

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).

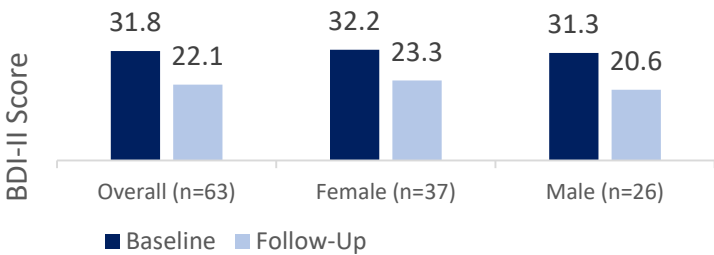
To be eligible for inclusion, beneficiaries must meet one of the following criteria:

- 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.

SYMPTOMS OF DEPRESSION

A. Levels of Depression Reported Pre and Post Treatment | BDI-II Scores

Total: 63



76% of beneficiaries reported improvements in severity of depression.

21% of beneficiaries reported a worsening of depressive symptoms.

3% of beneficiaries reported no changes in depressive symptoms.

	Mean ± SD	P-value
BDI-II baseline	31.8 ± 13.3	< 0.001
BDI-II last complete survey	22.1 ± 13.6	

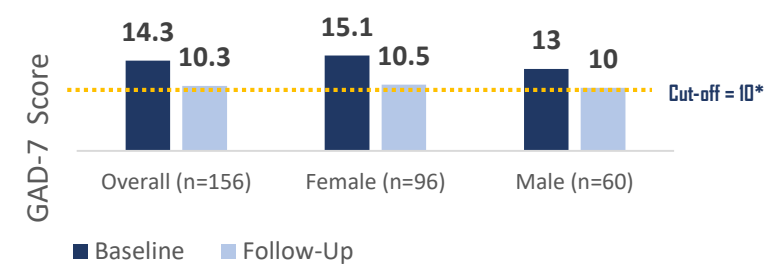
Test used: Paired T-test

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

SYMPTOMS OF ANXIETY -ECMHC

Levels of Anxiety Reported Pre and Post Treatment | GAD-7 Scores

Total: 156



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

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

24% of beneficiaries reported a worsening of anxiety symptoms.
*Among those, 24% showed a clinically significant worsening of symptoms.

9% of beneficiaries reported no changes in anxiety symptoms.

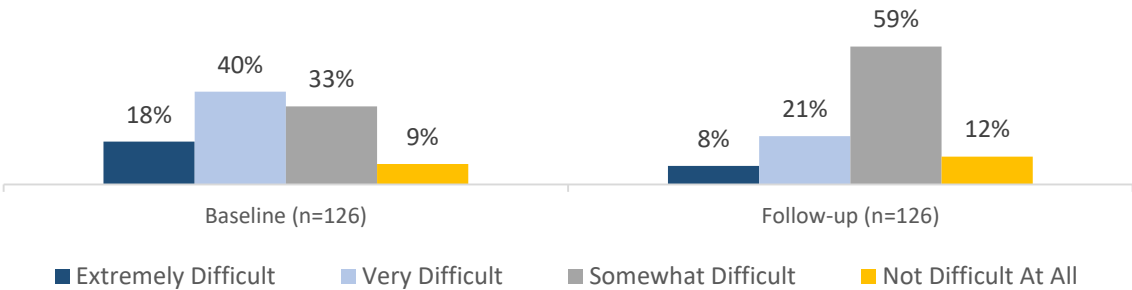
	Mean ± SD	P-value
GAD-7 baseline	14.3 ± 5.5	< 0.001
GAD-7 last complete survey	10.3 ± 6.0	

Test used: Paired T-test

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

Zoom In: Difficulty Of Anxiety Symptoms

The GAD-7 asks beneficiaries how difficult it is for them to do their work, take care of things at home, or get along with other people. Responses include “Extremely Difficult”, “Very Difficult”, “Somewhat Difficult”, “Not Difficult at all”.



In addition to improvement of symptoms, there was also a marked change in how beneficiaries perceived the impact of their mental health on their daily lives.

- Prior to treatment, 58% reported that their mental health status impacted their lives and daily functioning very much to extremely, which decreased to 29% post-treatment.
- Conversely, there was a corresponding increase in the percentage of beneficiaries reporting that their mental health status had minimal to no impact on their life and daily functioning, rising from 42% to 71%.

BENEFICIARY PROGRESS & OUTCOMES (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.



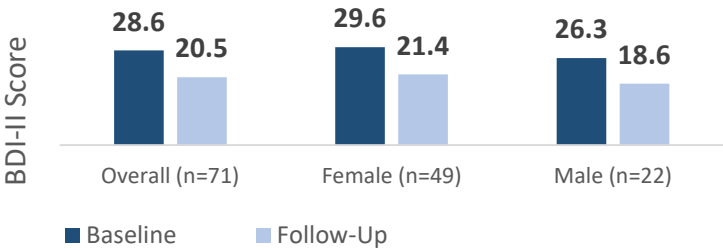
A SNAPSHOT OF BENEFICIARY IMPROVEMENT OF SYMPTOMS
JANUARY- DECEMBER 2024

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).

SYMPTOMS OF DEPRESSION

Levels of Depression Reported Pre and Post Treatment

Total: 71



- 75% of beneficiaries reported improvements in severity of depression.
- 23% of beneficiaries reported a worsening of depressive symptoms.
- 3% of beneficiaries reported no changes in depressive symptoms.

	Mean ± SD	P-value
BDI-II baseline	28.6± 13.8	<0.001
BDI-II last complete survey	20.5 ± 15.5	

Test used: **Paired T-test**

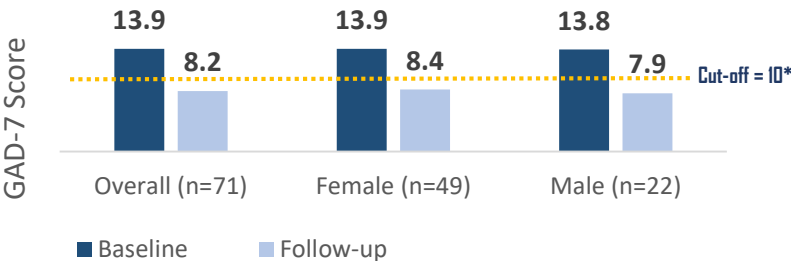
There was a **statistically significant reduction in BDI-II score** from baseline to the last complete survey (P value= 0.01).

SYMPTOMS OF ANXIETY - MMHC

Levels of Anxiety Reported Pre and Post Treatment | GAD-7 Scores



Total: 71



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

13% of beneficiaries reported a worsening of anxiety symptoms.
*Among those, 22% showed a clinically significant worsening of symptoms.

4% of beneficiaries reported no changes in anxiety symptoms.

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

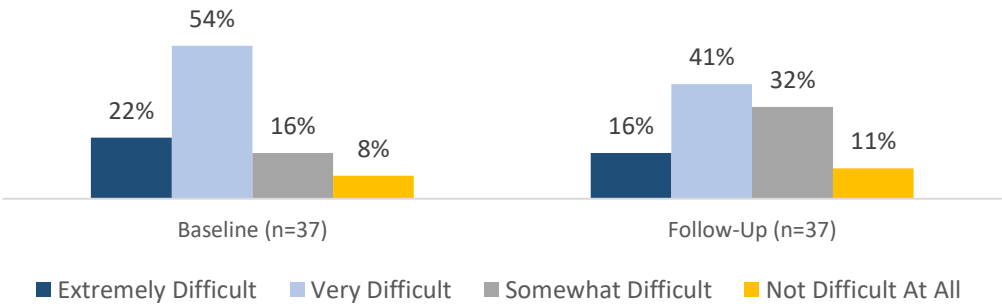
	Mean ± SD	P-value
GAD-7 baseline	13.9 ± 5.2	< 0.001
GAD-7 last complete survey	8.2 ± 6.3	

Test used: Paired T-test

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

Zoom In: Difficulty Of Anxiety Symptoms

The GAD-7 asks beneficiaries how difficult it is for them to do their work, take care of things at home, or get along with other people. Responses include “Extremely Difficult”, “Very Difficult”, “Somewhat Difficult”, “Not Difficult at all”.



In addition to improvement of symptoms, there was also a marked change in how beneficiaries perceived the impact of their mental health on their daily lives.

- Prior to treatment, 76% reported that their mental health status impacted their lives and daily functioning very much to extremely, which decreased to 57% post-treatment.
- Conversely, there was a corresponding increase in the percentage of beneficiaries reporting that their mental health status had minimal to no impact on their life and daily functioning, rising from 24% to 43%.

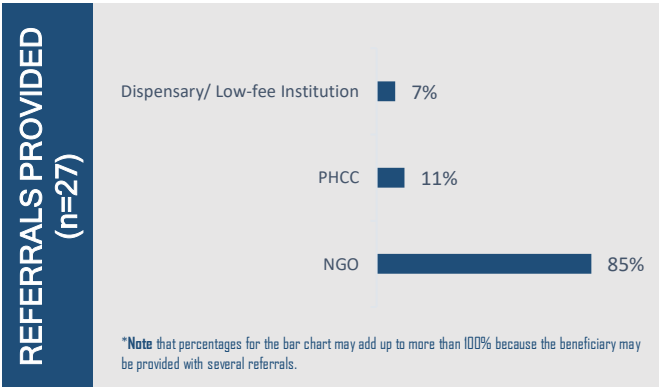
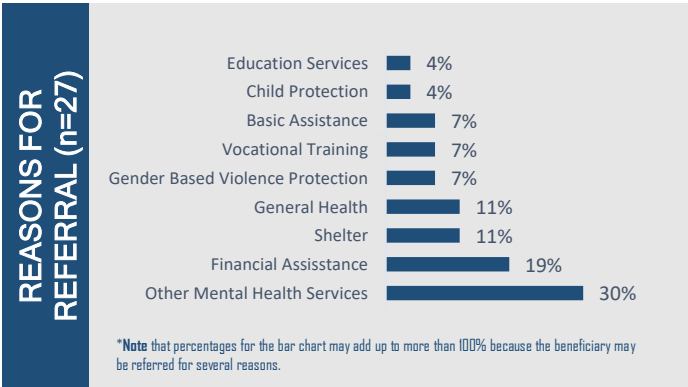
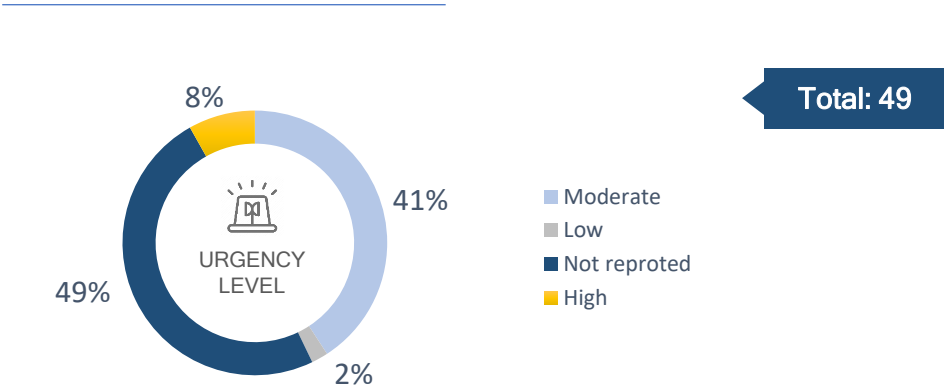
VII. SOCIAL WORK

The mental health social worker at the ECMHC and the MMHC aims to provide a holistic approach to mental health care by offering psycho-social assistance to beneficiaries. The center 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*	155
Total Number of ECMHC Consultations	116
Total Number of MMHC Consultations	39
TOTAL NUMBER OF BENEFICIARIES SEEN / CONTACTED	64
Total Number of ECMHC Beneficiaries Seen / Contacted	41
Total Number of MMHC Beneficiaries Seen / Contacted	23

*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)

ZOOM IN ON NEW CASES

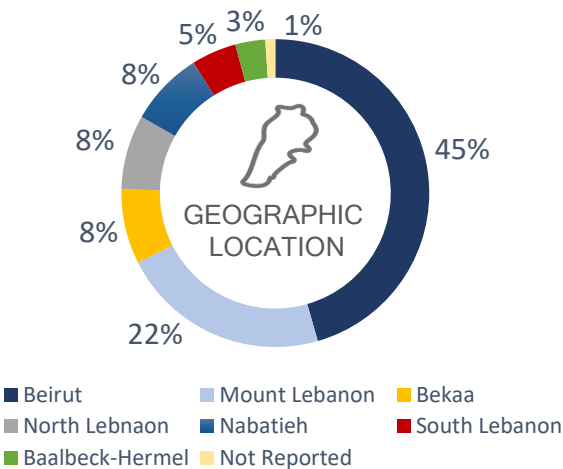
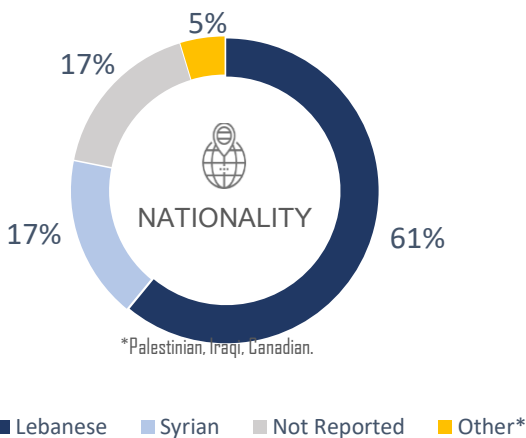
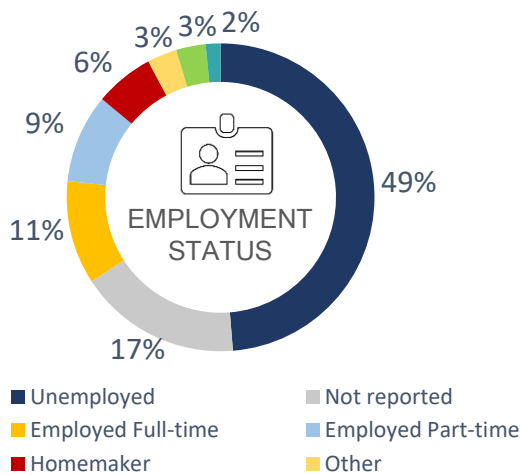
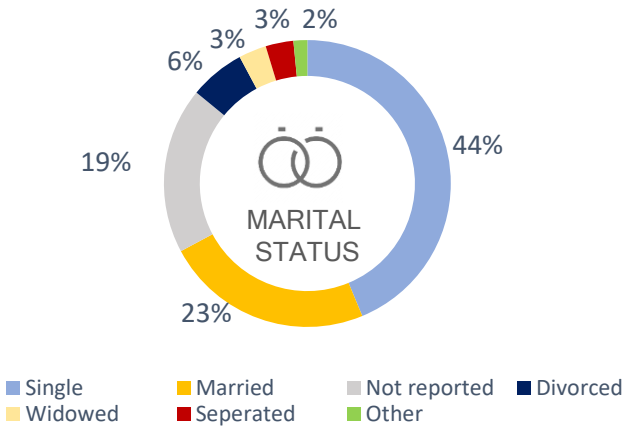
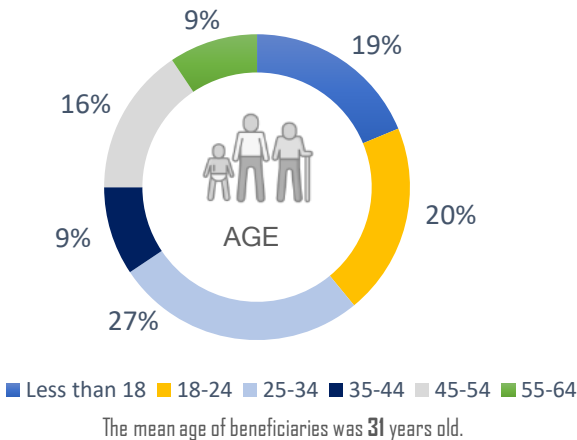
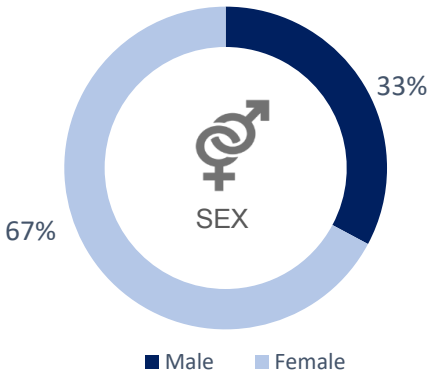


BENEFICIARY DEMOGRAPHICS

TOTAL NUMBER OF BENEFICIARIES SEEN / CONTACTED

64

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.



BENEFICIARY SATISFACTION EMHC & MMHC

VIII. BENEFICIARY SATISFACTION & FEEDBACK:

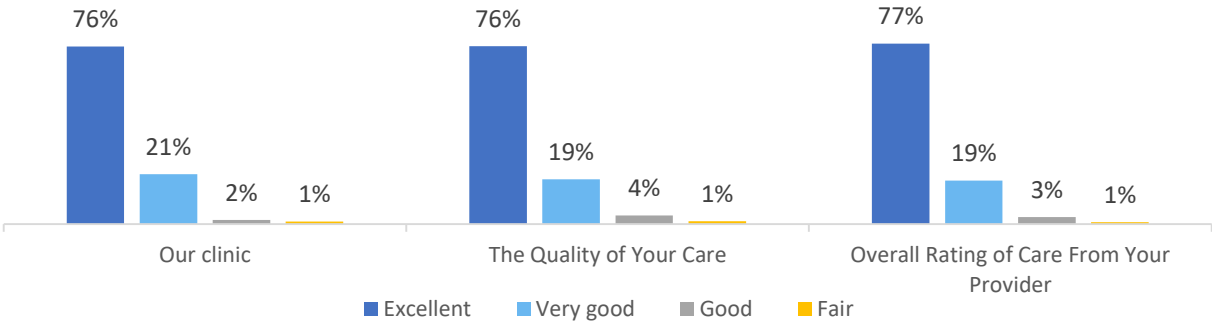
The **Embrace Community Mental Health Center (ECMHC)** prioritizes the satisfaction and well-being of its beneficiaries and assesses different aspects of their experiences at the ECMHC. Beneficiaries are invited to anonymously complete a satisfaction survey. The survey prompts beneficiaries to rate a set of statements on a scale of 1 (Poor) to 5 (Excellent). The statements evaluate beneficiaries' overall satisfaction with ECMHC services along with their satisfaction with experiences such as booking sessions and visiting their mental health providers.

A total of **N = 623** satisfaction surveys were completed between January 2024 and December 2024. The below charts present a summary of responses to satisfaction surveys completed during the first year of operations at the ECMHC.

RATINGS OF OVERALL EXPERIENCE & CARE

As shown in the below chart, beneficiaries were generally expressed high levels of satisfaction with both their overall experience at the ECMHC as well as the individual quality of care received from their mental healthcare provider(s).

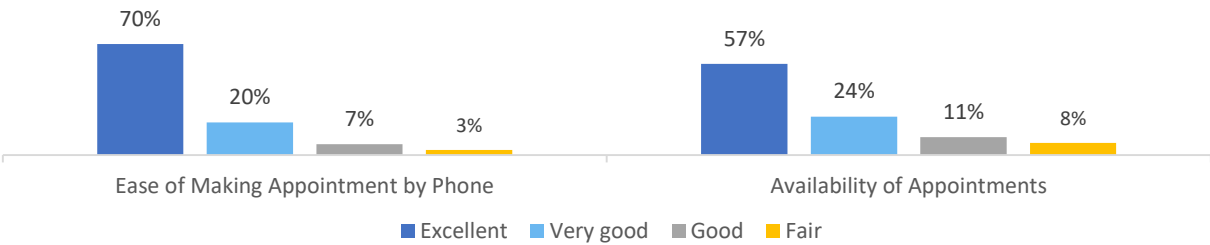
Overall Quality of Care



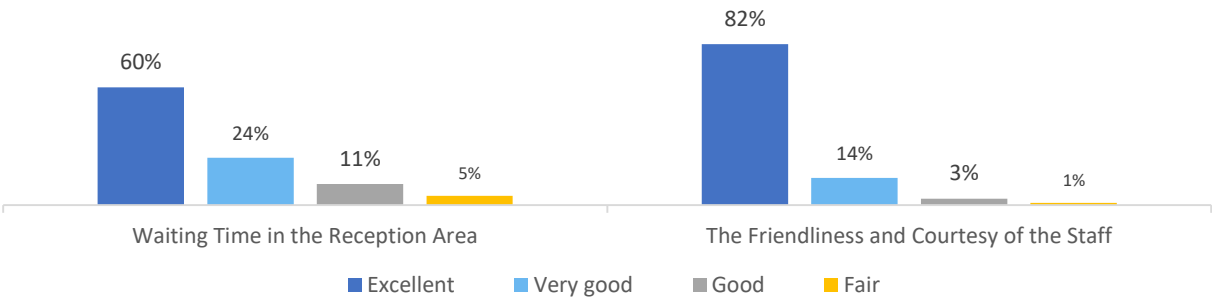
EVALUATION OF BOOKING & RECEPTION

The below charts present a summary of beneficiaries' evaluation of the **Clinic Environment** and the **Quality of Care**.

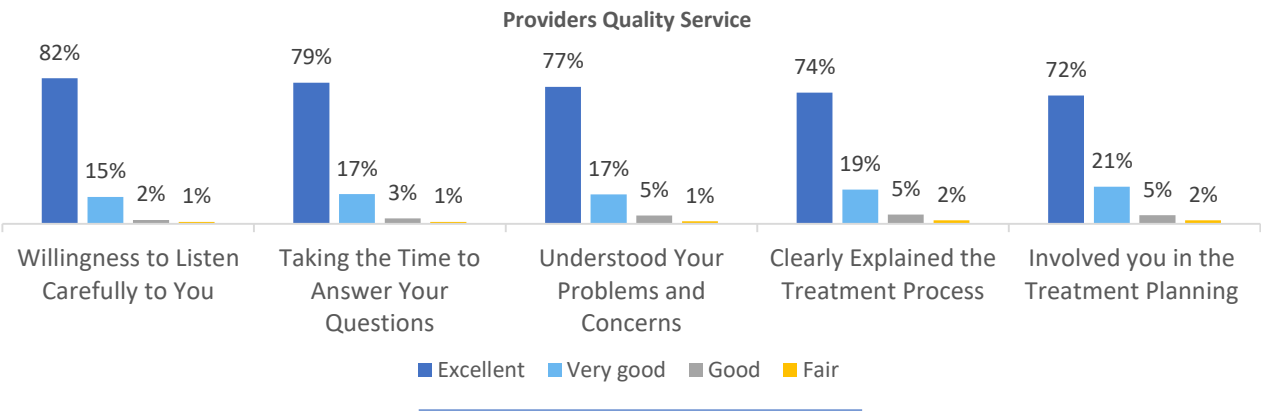
Access to Appointments



Clinic Reception



EVALUATION OF SESSION



BENEFICIARY TESTIMONIALS

- “ No all went great and everyone was hospitable and welcoming, easy to talk to. I felt listened to overall and I'm positive about future appointments and overall therapy.....
Anonymous Male, 37 years old ”
- “ اليوم هو آخر نهار الي معكن بشكركم على حسن المتابعة والاهتمام لقد استفدت من للعلاج النفسي بشكل جيد وآمل ان اكون بصحة نفسية افضل من ما كنت عليه في الوقت السابق
Anonymous Female, 29 years old ”
- “ تدريبات جماعية تحسّن من المهارات الشخصية .
Anonymous Male, 26 years old ”
- “ More available appointments
More psychotherapy opportunities
Anonymous Female, 32 years old ”
- “ No, thank you. Keep up the great work! We live in a world where everything is about money, so I am very thankful to get this amazing help from the best NGO. God bless you all. Thank you so much for everything and for your help. I wouldn't be here if it were not for you.
Anonymous Female, 32 years old ”
- “ I am hopeful that I can get better and I believe that the services provided are great
Anonymous Male, 22 years old ”
- “ Just remain the loving home for all of us to come when we need an embrace
Anonymous Female, 43 years old ”
- “ Everything is perfect. Thanks for changing my life.
Anonymous Female, 43 years old ”

IX. BENEFICIARY SATISFACTION & FEEDBACK:

The **Mobile Mental Health Clinic (MMHC)** prioritizes the satisfaction and well-being of its beneficiaries. To evaluate their experiences effectively, our dedicated case worker reaches out to beneficiaries and invite them to complete a satisfaction survey. The survey prompts beneficiaries to rate a set of statements on a scale of 1 (Poor) to 5 (Excellent). The statements evaluate beneficiaries' overall satisfaction with MMHC services along with their satisfaction with experiences such as booking sessions and visiting their mental health providers.

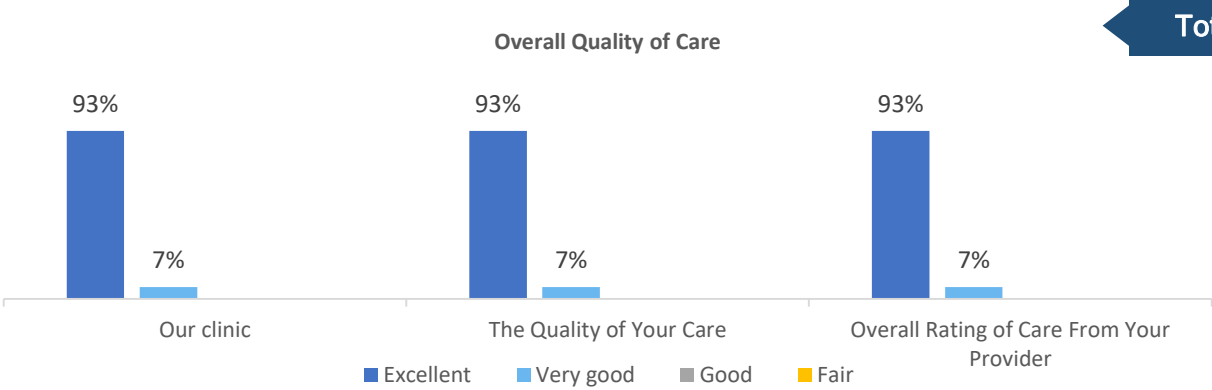
A total of **N = 390** satisfaction surveys were completed between January 2024 and December 2024. The below charts present a summary of responses to satisfaction surveys completed during the first year of operations at the ECMHC.



On November 15, the survey was updated with 19 new questions, replacing the original ones. These new questions focus on professional understanding, support, information clarity, service accessibility, treatment effectiveness, and the comfort and privacy of the facilities. The following charts summarize beneficiaries' responses to the previous experience and satisfaction survey.

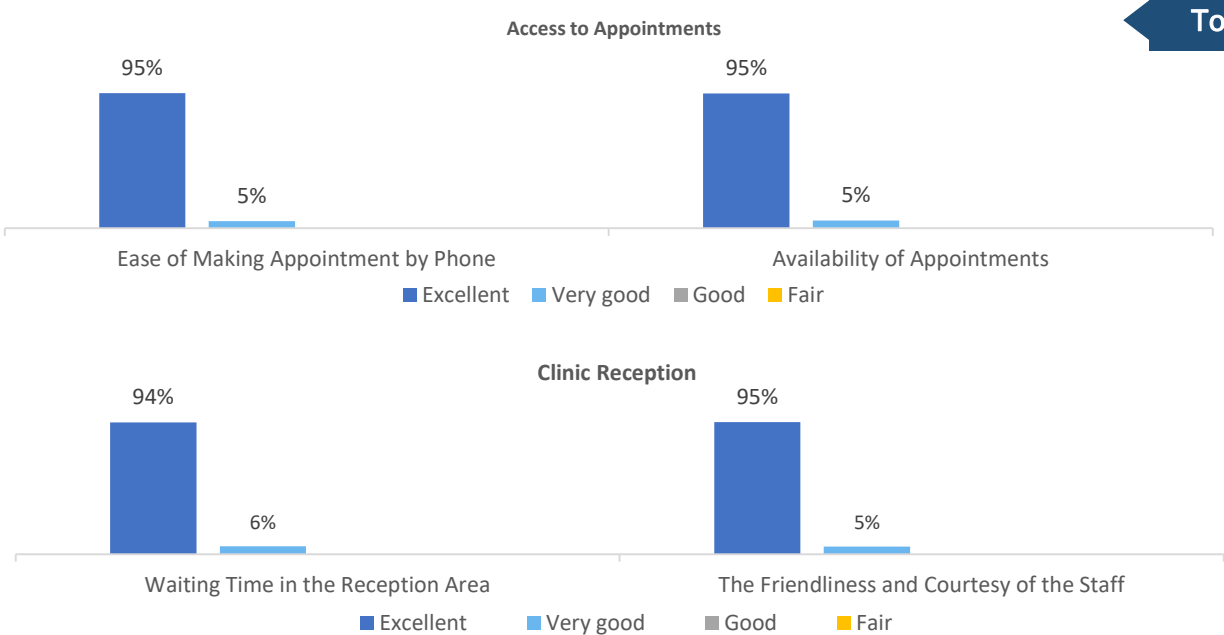
RATINGS OF OVERALL EXPERIENCE & CARE

As shown in the below chart, beneficiaries generally expressed high levels of satisfaction with both their overall experience at the ECMHC as well as the individual quality of care received from their mental healthcare provider(s).



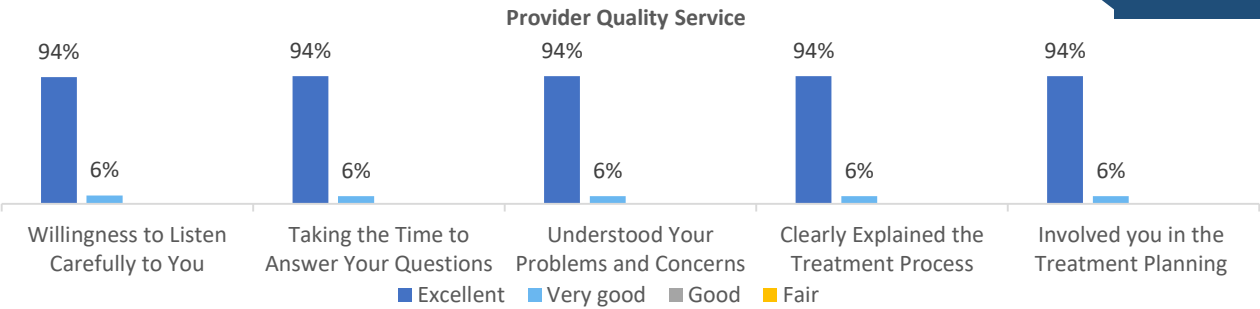
EVALUATION OF BOOKING & RECEPTION

The below charts present a summary of beneficiaries' evaluation of the **Clinic Environment** and the **Quality of Care**.



EVALUATION OF SESSION

Total: 335



IX. BENEFICIARY SATISFACTION & FEEDBACK (Continued)

Total: 55

The following charts summarize beneficiaries' responses to the updated experience and satisfaction survey.

OVERALL SATISFACTION

I am satisfied with the mental health services I received.



Overall, I am pleased with the care provided to me.



I would recommend this mental health service to others.



Legend: ■ Exellent ■ Mostly Satisfactory ■ Mixed ■ Moslty Unsatisfactory ■ Terrible

PROFESSIONAL INTERACTION AND SUPPORT

The mental health professionals I interacted with were knowledgeable.



I felt that the professionals understood my concerns and needs.



The professionals I worked with were supportive and respectful.



Legend: ■ Exellent ■ Mostly Satisfactory ■ Mixed ■ Moslty Unsatisfactory ■ Terrible

INFORMATION AND COMMUNICATION

I received enough information about my condition and treatment options.



The information provided to me was clear and easy to understand.



I felt well-informed about the goals of my treatment.



Legend: ■ Exellent ■ Mostly Satisfactory ■ Mixed ■ Moslty Unsatisfactory ■ Terrible

IX. BENEFICIARY SATISFACTION & FEEDBACK (Continued)

The following charts summarize beneficiaries' responses to the updated experience and satisfaction survey.

Total: 55

ACCESSIBILITY AND TIMELINESS

It was easy for me to access mental health services when I needed them.



I received consistent care from the same professionals over time.



Appointments were scheduled in a timely manner.



■ Exellent ■ Mostly Satisfactory ■ Mixed ■ Mostly Unsatisfactory ■ Terrible

EFFECTIVENESS AND IMPACT OF TREATMENT

I believe the treatment I received has been effective.



I have seen improvement in my condition since starting treatment.



The services provided have helped me cope better with my mental health issues.



■ Exellent ■ Mostly Satisfactory ■ Mixed ■ Mostly Unsatisfactory ■ Terrible

ENVIRONMENT AND PRIVACY

The physical environment where services were provided was comfortable.



I felt that my privacy was respected during my visits.



The facilities were appropriate for receiving mental health services.



■ Exellent ■ Mostly Satisfactory ■ Mixed ■ Mostly Unsatisfactory ■ Terrible

I AM SATISFIED WITH THE PROGRESS AND FOLLOW-UP APPOINTMENTS REGARDING THE CONCERNS I INITIALLY CAME FOR



■ Yes ■ No

The ECMHC and MMHC are supported by