





# **NATIONAL LIFELINE**

LEBANON'S NATIONAL EMOTIONAL SUPPORT AND SUICIDE PREVENTION HELPLINE

In collaboration with the National Mental Health Program at the Ministry of Public Health

# LIFELINE QUARTERLY REPORT

January-March 2025



# LIFELINE VALUES

# **EMPATHY**

Understanding and sharing feelings while being compassionate and caring

## **GENUINENESS**

Being sincere, authentic, attentive, and respectful

# **OPEN-MINDEDNESS**

Being willing to listen without being biased

# **NON-JUDGEMENT**

Maintaining an attitude of acceptance and understanding regardless of the situation.







#### INTRODUCTION

The Lifeline is the National helpline in Lebanon for emotional support and suicide prevention. As part of its mission, and in collaboration with the National Mental Health Program of the Ministry of Public Health (MOPH), aggregate data related to the Lifeline is captured, analyzed and disseminated on a quarterly basis and annually for a yearly snapshot. The data is meant to offer a snapshot of the characteristics of callers to the helpline.

#### **METHODOLOGY:**

The National Lifeline's trained operators capture anonymous data through a secure computerized system. The non-identifiable data is then analyzed and reported on a monthly basis.

The numbers in this report are meant to offer a snapshot of the population that the National Lifeline serves. Please note that while that this information is recorded as accurately as possible, not all information may always be available. Unless otherwise indicated, the frequencies and percentages reported in this document represents the percentage of observations in a given category out of the total non-missing information. The metrics in this document can be considered representative of calls received during the reported time-period.

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# TOTAL NUMBER OF CALLS WITH CAPTURED DATA: 2324

The below chart represents the total number of calls per month for this quarter.

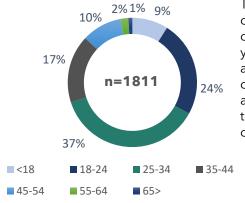
832		804
	688	
January	February	March





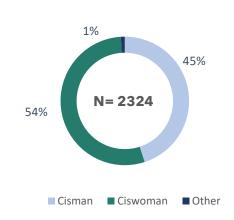


#### I. AGE OF CALLERS

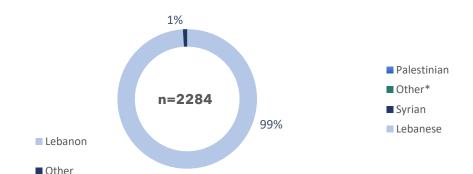


The mean age of callers in this quarter was 31 years old. The age categorizations are illustrated in the adjacent chart.

#### **II. GENDER OF CALLERS**

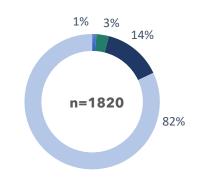


#### **III. COUNTRY OF CALLERS**



# **IV. NATIONALITY OF CALLERS**

47%



#### V. CALLERS CURRENTLY SEEKING MENTAL HEALTH SERVICES

**53%** of calls with available data for this indicator (n=1719) are from individuals who reported currently receiving at least 1 mental health service.

■ Seeking MH services ■ Not seeking MH services

53%

<sup>\*</sup>France, Japan, Qatar, Saudi Arabia, United Arab Emirates, United States of America.

<sup>\*</sup>Armenia, Australia, Egypt, Ethiopia, Japan, Jordan, Kenya, Kuwait, United States of America.



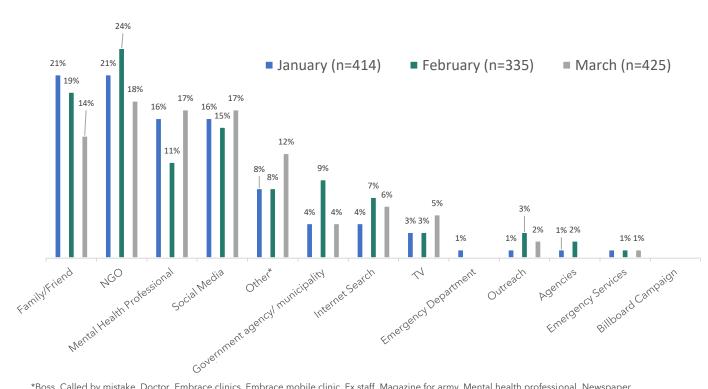




#### VI. HOW CALLERS HEARD ABOUT THE LIFELINE

n = 1174

A total of 1174 **callers** informed us of how they first learned about the National Lifeline. The below chart summarizes their responses.

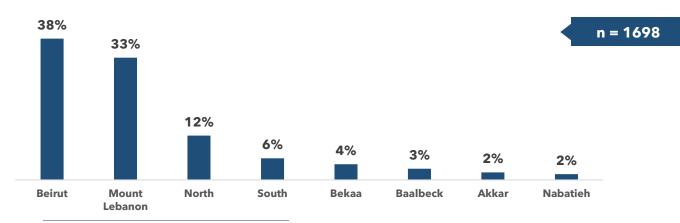


<sup>\*</sup>Boss, Called by mistake, Doctor, Embrace clinics, Embrace mobile clinic, Ex staff, Magazine for army, Mental health professional, Newspaper, Previous/frequent caller, Therapist, UNRWA, UNICEF, United Nations

#### VII. SEXUAL ORIENTATION OF CALLERS

**9%** of calls received by the Embrace Lifeline come from self-identifying LBGTQI+ individuals.

#### VIII. REGION OF RESIDENCE AMONG CALLERS FROM LEBANON

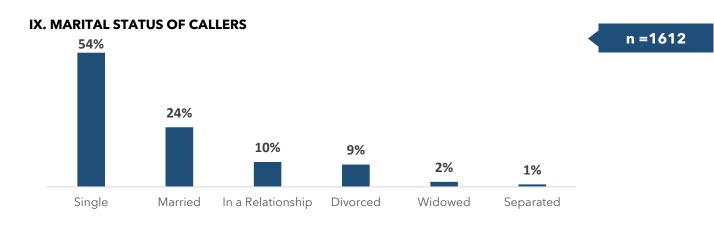


<sup>\*</sup>Note: Percentages may not add up to 100% because callers who responded with "none" are not reported.



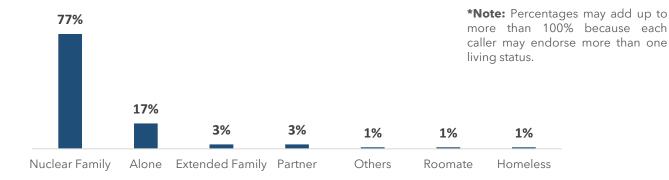






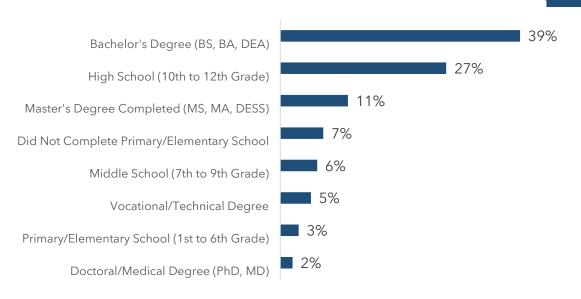


n =1753



### XI. HIGHEST LEVEL OF EDUCATION OF CALLERS

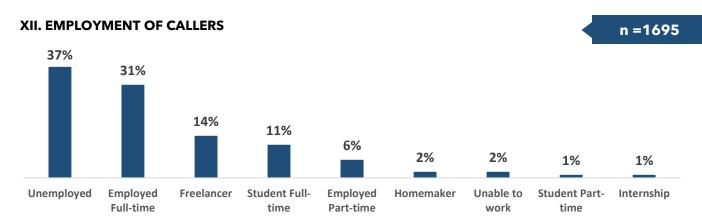
n = 1321





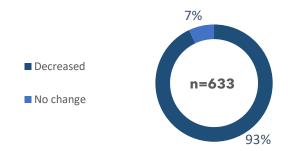






<sup>\*</sup>Note: Percentages may add up to more than 100% because each caller may endorse more than one employment status.

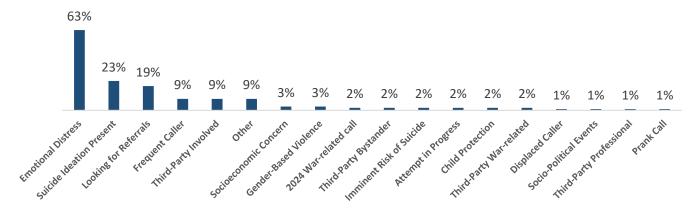
#### XIII. CHANGE IN LEVEL OF DISTRESS FROM BEGINNING TO END OF CALL



In **93%** of calls with available data for this indicator (n=633), callers reported a decrease in the level of distress from the beginning of the call to the end of the call. **7%** of calls were from individuals whose level of distress did not change from the beginning to the end of the call. There were no callers who reported an increase in distress from the beginning to the end of the call.

\*Note: In some callers, the level of distress may continue to be high even after seeking support from an emotional support service such as the National Lifeline, as the intensity of their distress may be linked to stressors they are facing that may remain unresolved. The Lifeline will orient callers to available resources and services depending on their needs. When received, such services would decrease their psychological distress.

#### **XIV. TYPE OF CALL**



<sup>\*</sup>Note: This indicator is assessed by the operator based on their conversation with the caller. Percentages may add up to more than 100% because the caller can express more than one type of concern (e.g., a caller could express both socioeconomic concerns and emotional distress).

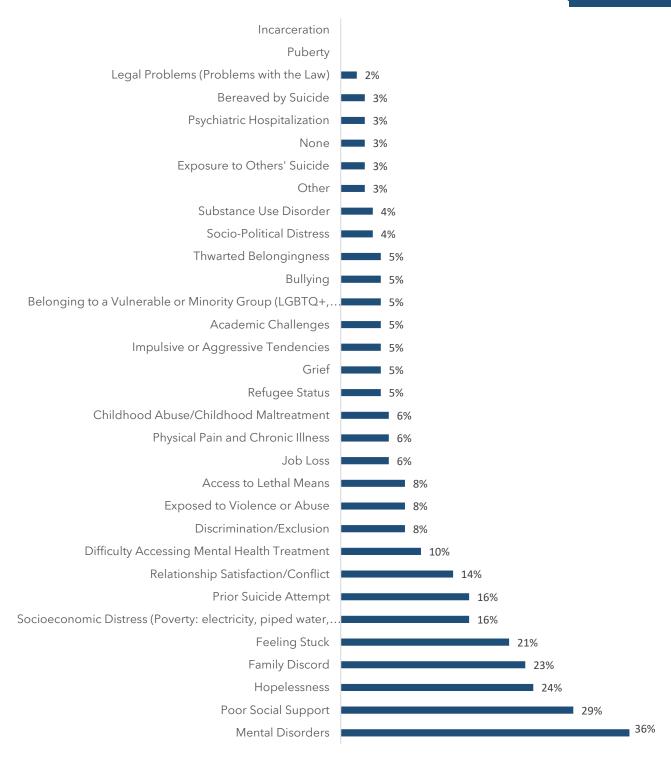






#### **XV. RISK FACTORS**

n = 2006



<sup>\*</sup>Note: This indicator is assessed by the operator based on their conversation with the caller. Percentages may add up to more than 100% because multiple risk factors can occur together.





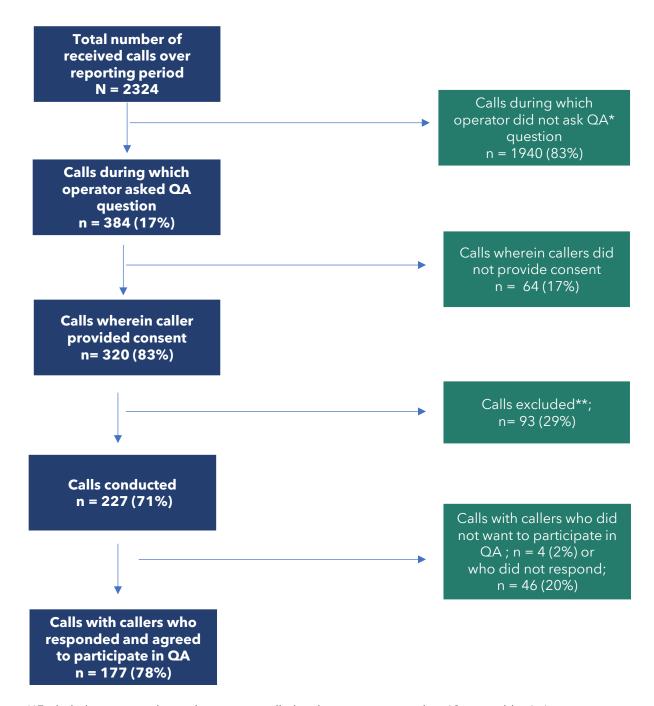




## **QUALITY ASSURANCE CALLS CONDUCTED**

227

#### I. PROCESS FLOWCHART



<sup>\*\*</sup>Excluded represents those who were not called as they were younger than 18 years-old, missing age, wrong number, or frequent callers (to be called once per month)









# **QUALITY ASSURANCE CALLS CONDUCTED**

227

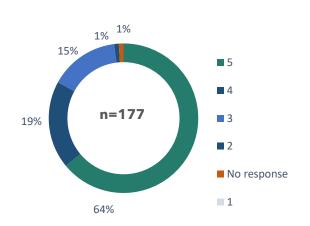
#### II. LEVEL OF SATISFACTION

**227** Quality assurance calls were conducted between January to March 2025.

177 responded and agreed to participate.

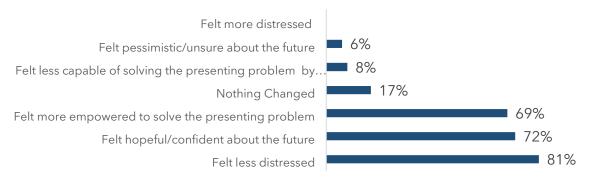
Beneficiaries were asked to rate their level of satisfaction with the services received during their call on a scale of 1 to 5 with higher numbers indicating greater satisfaction.

Across all 177 callers who responded to this question, the average satisfaction rating was 4.5.



#### III. CALL OUTCOME

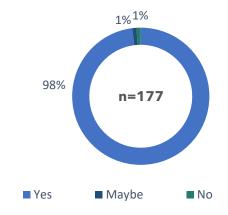
The below figure outlines caller-reported outcomes to the QA question: "At the time of your call, 2 weeks ago, exactly what changed after the call?" (n=177).



<sup>\*</sup>Note: Percentages may add up to more than 100% because callers may experience multiple call outcomes.

#### IV. LIFELINE RECOMMENDATION

**98%** of callers **(n=177)** reported that they would recommend the Lifeline to others in need of assistance. The other 2 percent cited the following:







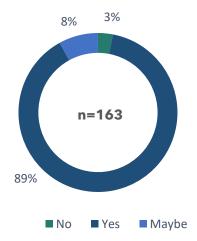


#### **V. CALL BACK**

**89%** of callers with available data\* **(n=145)** reported that they would call the Lifeline again if they were experiencing emotional distress or thinking about suicide

**8%** of callers said that they would maybe call again **(n=13)** and 3 of them cited the reason being:

3% of callers said that they would not call again and said (n=5)



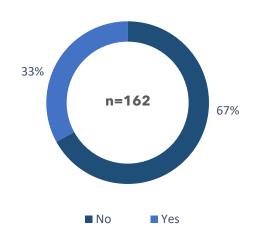
\*Note: Frequent callers are not asked this question according to protocol.

#### VI. HELPFULNESS OF THE ORIENTATION TO OTHER SERVICES

137 of the 177 callers were provided with referrals during their initial call to the Lifeline. Of them, **162** provided insight about the service.

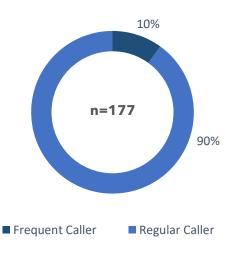
33% reported that the service was helpful.

67% did not find it helpful for logistical reasons related to the NGOs not accepting the case, or related to the called (transportation services, have not called yet).



#### **VII. FREQUENT CALLERS' FEEDBACK**

**10% (17 out of 177)** callers who responded to the Quality Assurance calls were **frequent callers.** 









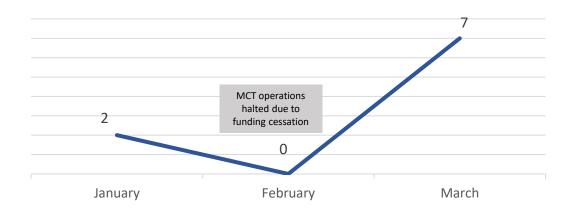


## **MOBILE CRISIS TEAM**

The **National Mental Health Emergency Response Mechanism** (NMHERM) aims to ensure access to timely quality care for persons experiencing a mental health emergency while respecting human rights in compliance with applicable laws and best practices. The operations of the NMHERM are localized in the city of Beirut, and in Tripoli region (including the city of Tripoli, Minyeh-Donniyeh and Zgharta). The NMHERM consists of a project coordinator and a trained team, referred to as **Mobile Crisis Team** (MCT). The MCT is dispatched to the location of a person going through a mental health emergency to support them on-site.

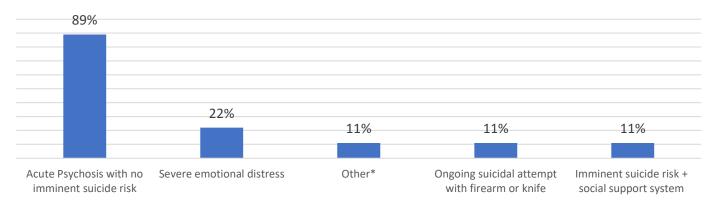
The mental health emergency can be one of the following: an unmitigated suicide attempt; an ongoing suicide attempt; an acute psychosis, presenting with aggressive behavior towards oneself or others, that may require hospitalization or an acute mania, presenting danger to oneself or others.

The below chart represents the total number of dispatches per month for this quarter.



#### I. REASONS FOR DISPATCH

The below graph shows the count for each reason for dispatch noting that multiple reasons can occur simultaneously.



<sup>\*</sup>Other: Not applicable as patient was not present for an assessment.



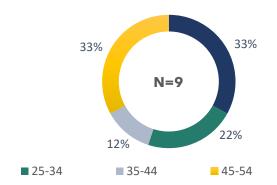


**18-24** 



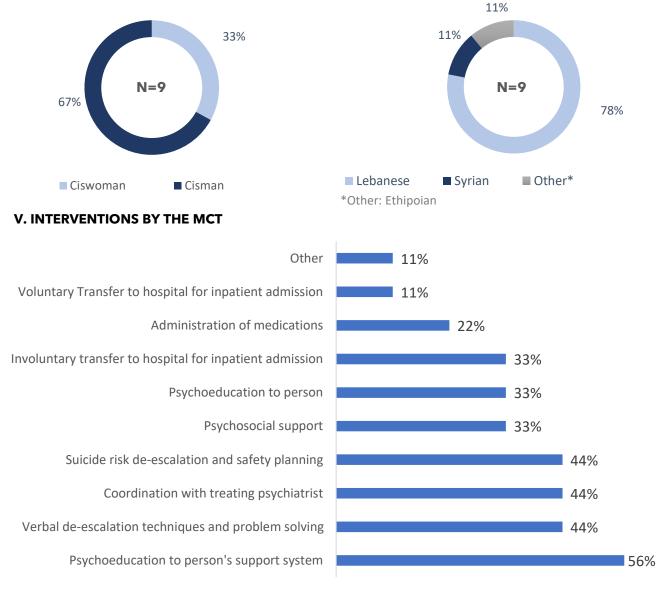
#### **II. AGE OF MCT BENEFICIARIES**

The mean age of beneficiaries this quarter was 38 years-old. The age categorizations are illustrated in the adjacent chart.



#### **III. GENDER OF MCT BENEFICIARIES**

#### IV. NATIONALITY OF MCT BENEFICIARIES



Note: Percentage may add up to more than 100% as multiple interventions can be employed simultaneously. \*Other: Not applicable as patient was not assessed.









## **SOCIAL WORK**

The Lifeline social worker aims to orient and manage the cases of callers who call the **National Lifeline (1564)** and are in imminent suicide risk with supportive community resources when persons are in life threatening situations and are in need of resourcing. This is done through orientations to organizations providing mental health or other livelihood or protection services and case management services. The Lifeline social worker coordinates with other members of the Lifeline team including operators, lifeline supervisors and lifeline manager.

NUMBER OF CONSULTATIONS PER MONTH								
JANUARY	109	FEBRUARY	71	MARCH	74			
TOTAL NUMBER OF CONSULTATIONS								
1st CONSULT*	40	REFERRAL**	43	FOLLOW UP***	171			
TOTAL NUMBER OF CALLERS REFERRED TO LIFELINE SOCIAL WORKER								
TOTAL NUMBER OF CALLERS REACHED OUT TO								
TOTAL NUMBER OF ACTIVE CASES 49 TOTAL NUMBER OF CLOSED CASES								
AVERAGE TIME TO CLOSE A CASE (IN DAYS)								

**Note:** One caller this quarter was a social work beneficiary in two separate cases.

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

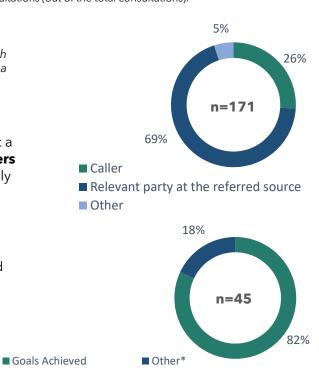
### I. ZOOM IN ON FOLLOW-UP CASES

Follow Up Consultations can be carried out with the callers directly or with the relevant party at a referred resource.

69% of follow up consultations were conducted with the *relevant party at the referred resource* (e.g., a case manager at a rehab facility) and 26% were with the *callers directly*. 5% were with others (callers' family members, healthcare providers, judicial services, etc.).

#### **II. ZOOM IN ON CLOSED CASES**

**82%** of cases were successfully referred and **18%** had other outcomes, namely being referred to Child Protection case management despite not answering.



<sup>\*1</sup>st Consults: Refers to the number of cases contacted by the Mental Health Social Worker for the 1st consultation after being referred from the Lifeline.

<sup>\*\*</sup>Referral: Refers to the Social Worker's first contact with the organization the caller is to be referred to.

<sup>\*\*\*</sup> Follow-up: Refers to the number of follow-up consultations (out of the total consultations).



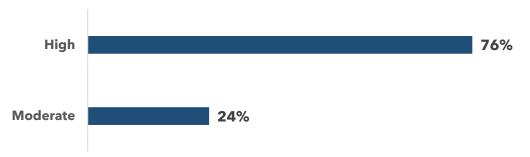




#### **III. ZOOM IN ON NEW OPENED CASES**

#### 1. URGENCY LEVEL

n =46



**Low**: Cases that are assessed to be safe. They need additional support or preventive measures because there is a potential for the person to be at risk in the future if the services are not provided.

**Moderate**: Cases who are not under imminent risk of harm or injury to self or others but are likely to suffer from harm if no proper intervention is planned

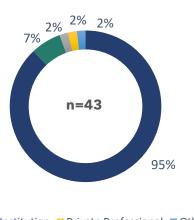
**High:** Cases who are assessed under imminent risk. They are likely to be harmed or injured or to be a threat to self or others if they do not receive services within 48 hours

#### IV. ZOOM IN ON REFERRALS

#### 1. REFERRALS TYPES

The adjacent chart details the entities to which beneficiaries were referred. Noting that percentages may add up to more than 100%, as beneficiaries may be referred to multiple sources simultaneously.

The social worker collaborated with several NGOs in order to successfully refer the beneficiaries.



■ NGO ■ Low-fee dispensary institution ■ Governmental Institution ■ Private Professional ■ Other

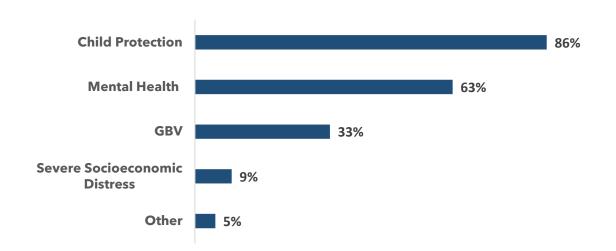






#### 2. REASON FOR REFERRAL



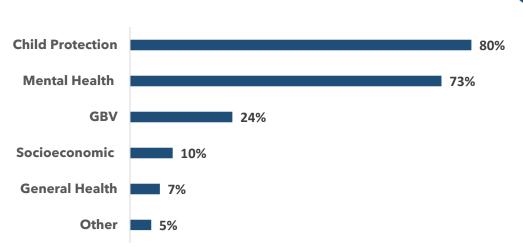


**Note** that percentages for the bar charts may add up to more than 100% because the callers may be referred for several reasons.

Other: 3<sup>rd</sup> party requesting help for a migrant worker.

#### 3. REFERRALS PROVIDED





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

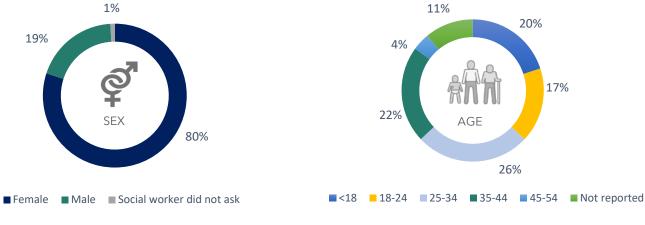
Other: Aiding a migrant worker.

Abbreviations: GBV= Gender Based violence.

#### **TOTAL NUMBER OF BENEFICIARIES**

The below charts present the demographics of **all** beneficiaries the social worker engaged with/ received as a referral.

This includes pending cases, new cases, and follow-ups on other cases active from previous months.



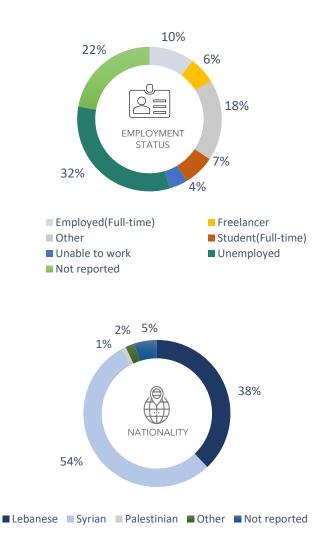
The mean age of beneficiaries assisted was 28 years.

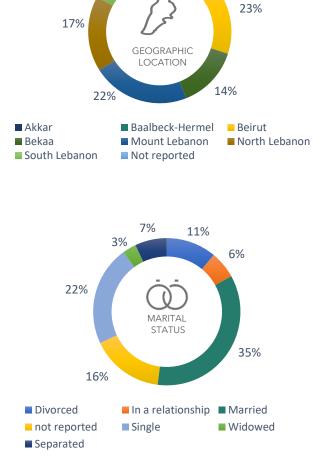
5%

12%

5%

2%

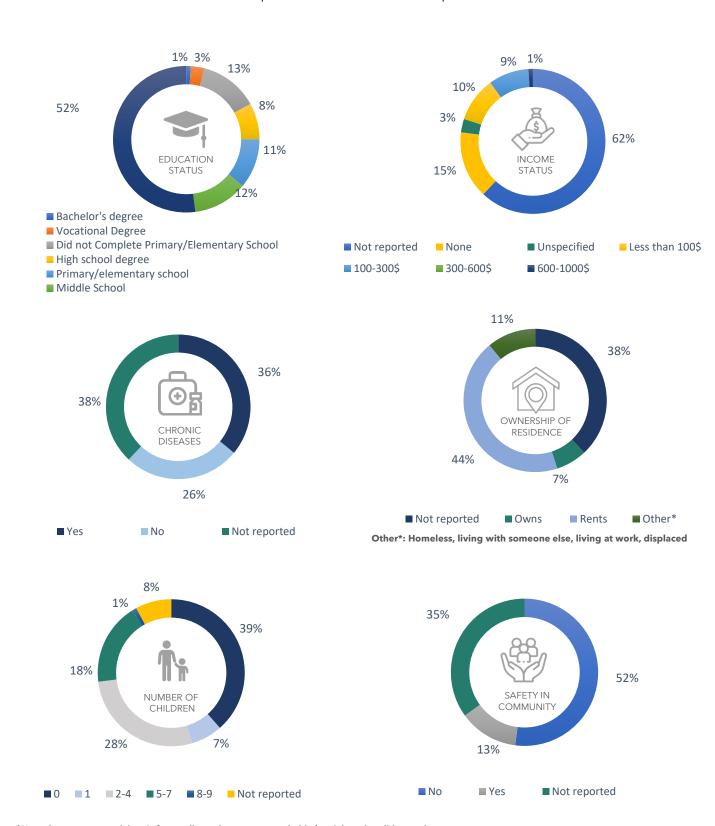




<sup>\*</sup>Note that not reported data is from callers who were unreachable.

93

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.



<sup>\*</sup>Note that not reported data is from callers who were unreachable/ social worker did not ask







# The National Lifeline is supported by















