





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

April- June 2024

REPORTING PERIOD April- June 2024

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.

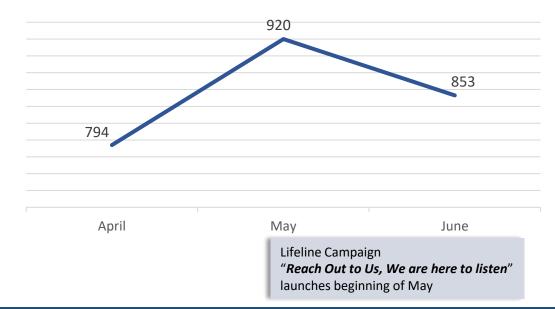
METHODOLOGY:

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: 2567



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





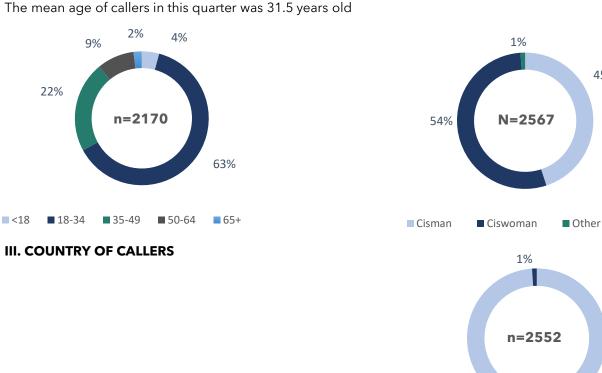
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45%

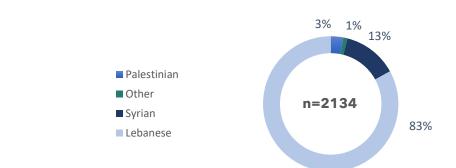
99%

I. AGE OF CALLERS

II. GENDER OF CALLERS



*Angola, Egypt, France, Palestine, Qatar, Switzerland, United States of America



■ Lebanon ■ Other

*Bangladesh, Egypt, Ethiopia, Iraq, Jordan, Oman, Saudi Arabia, Sudan, and the United States of America.

V. CALLERS CURRENTLY SEEKING MENTAL HEALTH SERVICES 54% 46% of calls with available data for this indicator (n=2001) are from individuals who reported currently receiving at least 1 mental health service. n=2001 46% Seeking MH services ■ Not seeking MH services

IV. NATIONALITY OF CALLERS

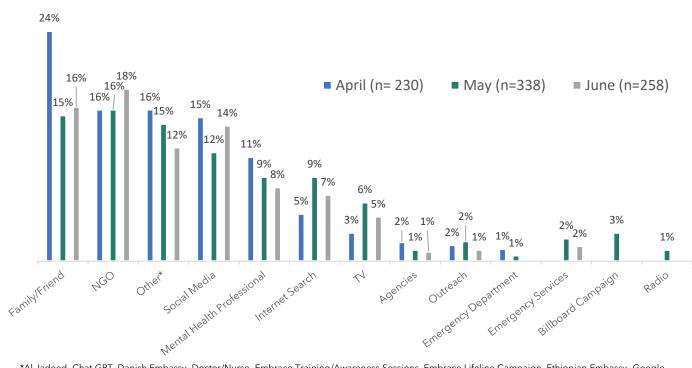




VI. HOW CALLERS HEARD ABOUT THE LIFELINE

n = 826

A total of **826 callers** informed us of how they first learned about the National Lifeline. The below chart summarizes their responses.



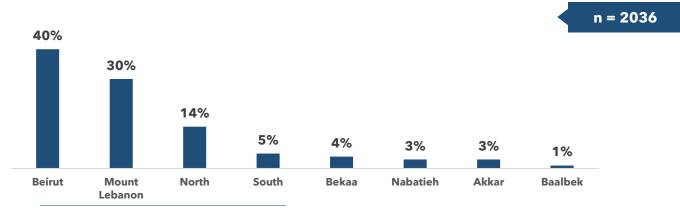
*Al Jadeed, Chat GPT, Danish Embassy, Doctor/Nurse, Embrace Training/Awareness Sessions, Embrace Lifeline Campaign, Ethiopian Embassy, Google, Health Care Center, Magazine, MoPH, Previous Caller, Previous Operator, School, SMS, Step-by-Step, Teacher, Tiktok, UN and UN Bodies, Wrong Number, Zgharta Municipality

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

VII. SEXUAL ORIENTATION OF CALLERS

8% of calls received by the Embrace Lifeline come from self-identifying LBGTQI+ individuals.

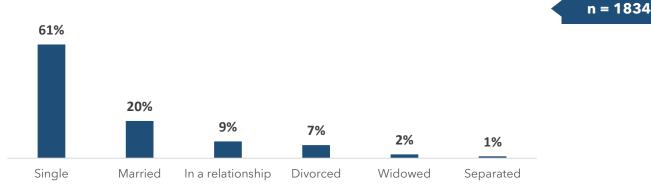
VIII. REGION OF RESIDENCE AMONG CALLERS FROM LEBANON



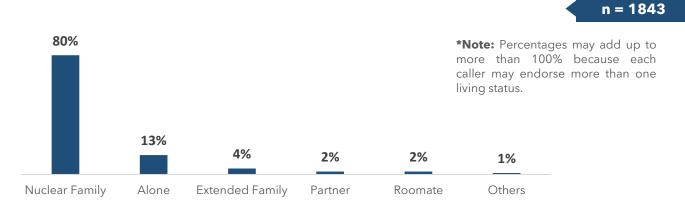




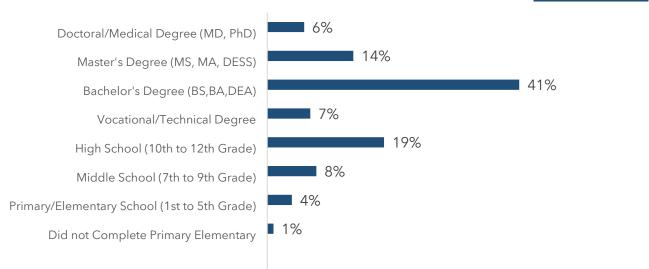




X. CALLER LIVING WITH



XI. HIGHEST LEVEL OF EDUCATION OF CALLERS



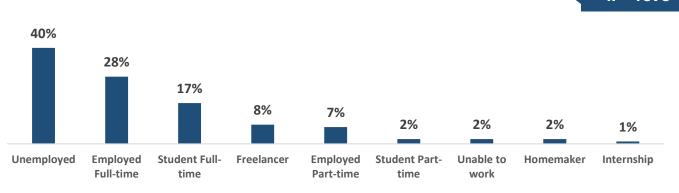
n = 1756





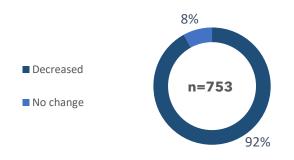
n = 1893





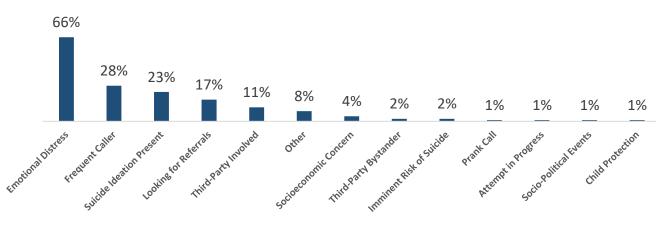
*Note: Percentages may add up to more than 100% because each caller may endorse more than one employment status.

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



In **92%** of calls with available data for this indicator (n=693), callers reported a decrease in the level of distress from the beginning of the call to the end of the call. **8%** of calls were from individuals whose level of distress did not change from the beginning to the end of the call. **0%** of calls reported an increase in their level of distress from 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

*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).





414



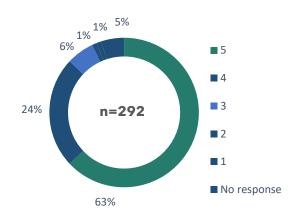
QUALITY ASSURANCE CALLS CONDUCTED

II. LEVEL OF SATISFACTION

414 Quality assurance calls were conducted between April to June 2024.305 responded and agreed to participate.

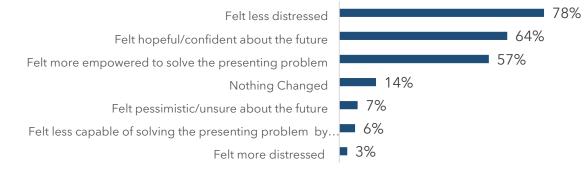
Beneficiaries were asked to rate their level of satisfaction with the services received during their call on a scale of 1 to 5 with higher numbers indicating greater satisfaction.

Across all 292 callers who responded to this question, the average satisfaction rating was 4.5.



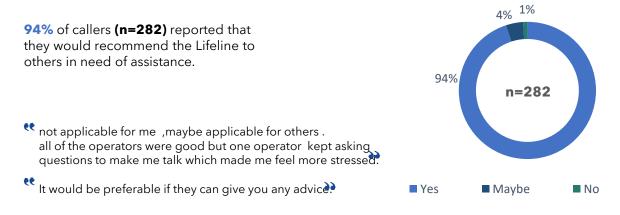
III. CALL OUTCOME

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=294).



*Note: Percentages may add up to more than 100% because callers may experience multiple call outcomes.

IV. LIFELINE RECOMMENDATION

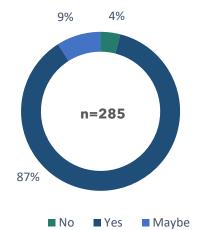






V. CALL BACK

87% of callers with available data* (n=285) reported that they would call the Lifeline again if they were experiencing emotional distress or thinking about suicide

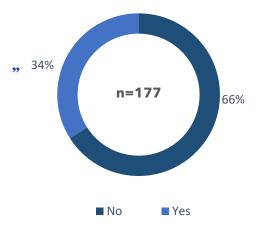


VI. HELPFULNESS OF THE ORIENTATION TO OTHER SERVICES

221 of the 305 callers were provided with referrals during their initial call to the Lifeline. Of them, **177** provided insight about the service.

34% reported that the service was helpful.

66% 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).



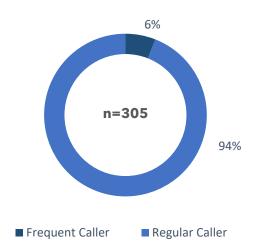
X. FREQUENT CALLERS' FEEDBACK

6% (17 out of 305) callers who responded to the Quality Assurance calls were **frequent callers.**

Frequent callers are asked slightly different questions than the regular callers including if :

In this specific call there was anything done that helped their distress that had not been used before or vice versa

Their calls to the national lifeline are helping them acquire any skills that they can use daily



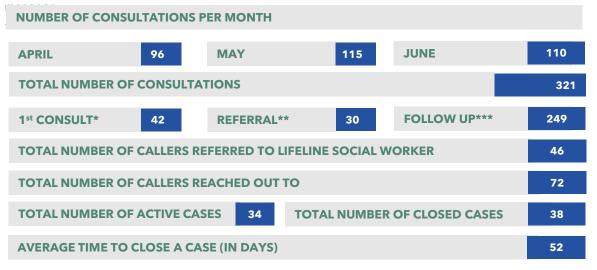






SOCIAL WORK

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



Total Number of Active Cases: Refers to the number of callers who are still being followed up by the Mental Health Social Worker. (For this quarter, 3 pending cases have yet to become active).

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

**Referral: Refers to the Social Worker's first contact with the organization the caller is to be referred to.

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

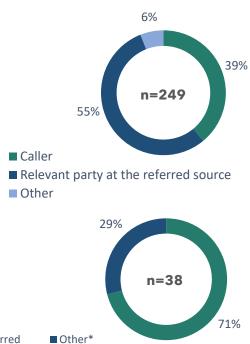
I. ZOOM IN ON FOLLOW-UP CASES

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

55% of follow up consultations were conducted with the *relevant party at the* referred resource (e.g., a case manager at a rehab facility) and 39% were with the callers **directly**. 6% were with others (callers' family members, insurance company, etc.).

II. ZOOM IN ON CLOSED CASES

71% of cases were successfully referred and 29% were beneficiaries who were unreachable/done all that is possible/referred to another source.

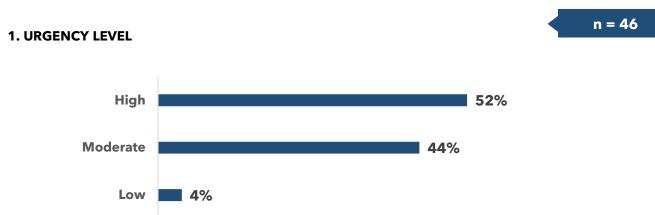


Successfully Referred





II. ZOOM IN ON NEW CASES



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.

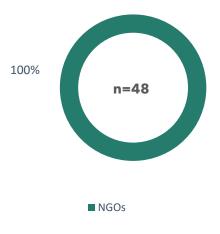
Moderate : Cases who are not under imminent risk of harm or injury to self or others but are likely to suffer from harm if no proper intervention is planned

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

III. ZOOM IN ON REFERRALS

1. REFERRALS TYPES

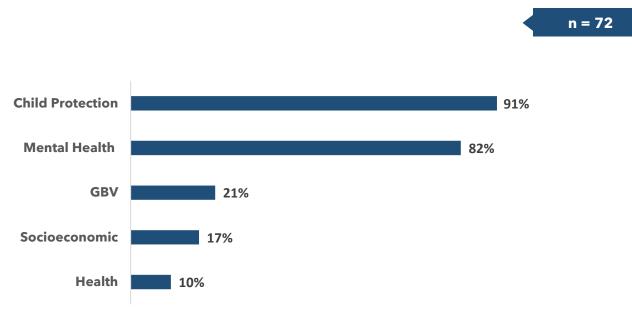
100% of callers who were successfully referred were referred to NGOs (**n=48**). The social worker collaborated with several NGOs in order to successfully refer the beneficiaries.



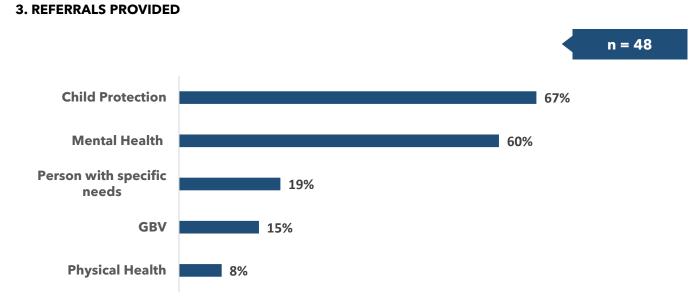




2. REASON FOR REFERRAL



Note that percentages for the bar charts may add up to more than 100% because the callers may be referred for several reasons.*Other: General protection, disability, education, livelihood.



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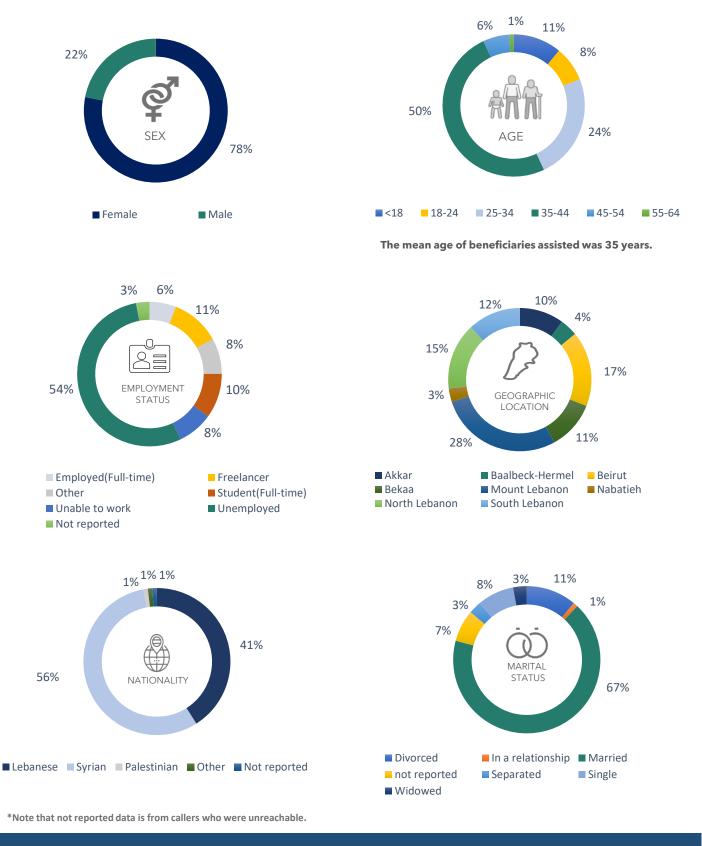
Abbreviations: GBV= Gender Based violence.

IV. CALLER DEMOGRAPHICS

TOTAL NUMBER OF CALLERS REACHED OUT TO

72

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.





Lebanese Republic Ministry of Public Health National Mental Health Programme





The National Lifeline is supported by

In partnership with









Government of the Netherlands





