



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

IMPACT REPORT
3rd YEAR OF OPERATION | January - December 2023





**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 Embrace bus, the MMHC team travels throughout Lebanon to provide free psychiatric consultations, dispense prescribed medications, and connect individuals with essential services through referrals to primary health care centers with integrated mental health services.

This report provides a summary of activities hosted and beneficiaries seen at the ECMHC and MMHC between **January and December 2023** (inclusive). While all efforts are made to record information as accurately as possible, not all information is available at all times.



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.

I. SERVICES PROVIDED

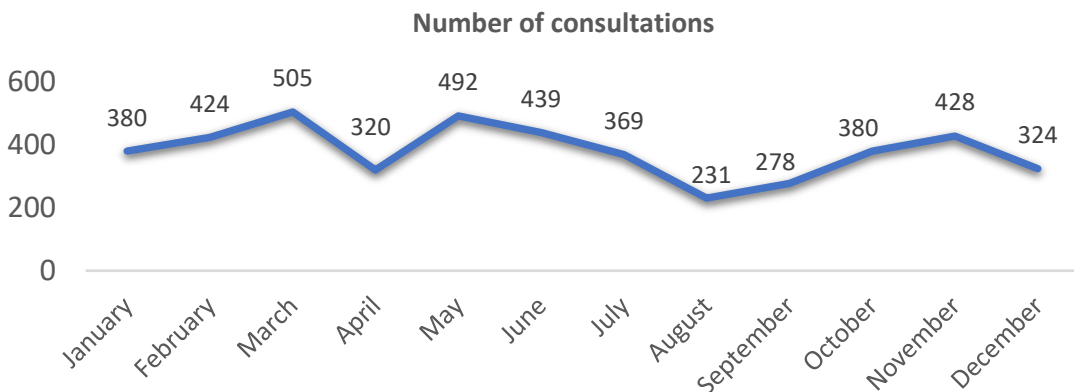
4,570 Sessions

	Total		Total
INDIVIDUAL SESSIONS	3,837	FAMILY SESSIONS	19
<ul style="list-style-type: none"> • Psychiatrist : 1,359 <ul style="list-style-type: none"> • EMHC 869 • MMHC 490 • Psychologist: 1,145 • Psychologist in Training: 1,333 		<i>All family sessions were led by psychologists.</i>	
NURSING SESSIONS	557	PARENTAL GUIDANCE SESSIONS	31
<ul style="list-style-type: none"> • EMHC 542 • MMHC 15 		<i>Parental guidance sessions were led by child psychologists and psychiatrists.</i>	
SOCIAL WORK SESSIONS	126		
<ul style="list-style-type: none"> • EMHC 110 • MMHC 16 			

*Sessions include individual consultations with psychiatrists, staff psychologists, psychologists in training, social workers, and nurses. Family sessions and parental guidance sessions are considered to represent 1 session.

The below chart presents the total number of consults provided each month between January and December 2023.

Avg. Sessions/Month: 381



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

- The consultants decreased their working hours at the ECMHC.
- **May 2023** - One of our child psychologists resigned, and no replacement was hired.
- **May 2023** - The MMHC project was launched.
- **August 2023** - Therapists-in-training graduated from the clinical training program of 2022/2023 and they were no longer practicing at ECMHC.
- **October 2023** - The new group of therapists-in-training joined EMHC.

I. SERVICES PROVIDED (Continued)

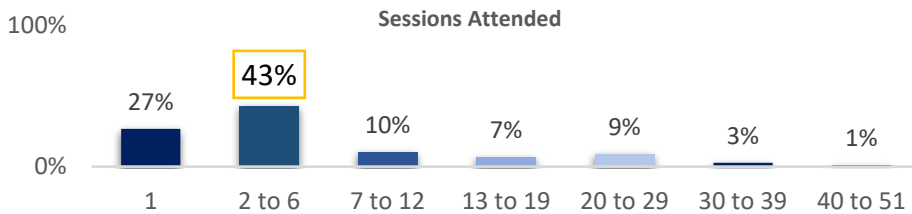
SESSIONS ATTENDED PER BENEFICIARY

*Under protocol guidelines, MMHC beneficiaries would typically have just one to two sessions with a psychiatrist before being referred to the nearest PHCC. Therefore, below analysis focuses on the beneficiaries who were seen at the EMHC.

Most commonly, beneficiaries attended between 2 to 6 sessions with a psychiatrist, or psychologist. The below chart presents the percentage distribution of the total number of consultations received by beneficiaries.

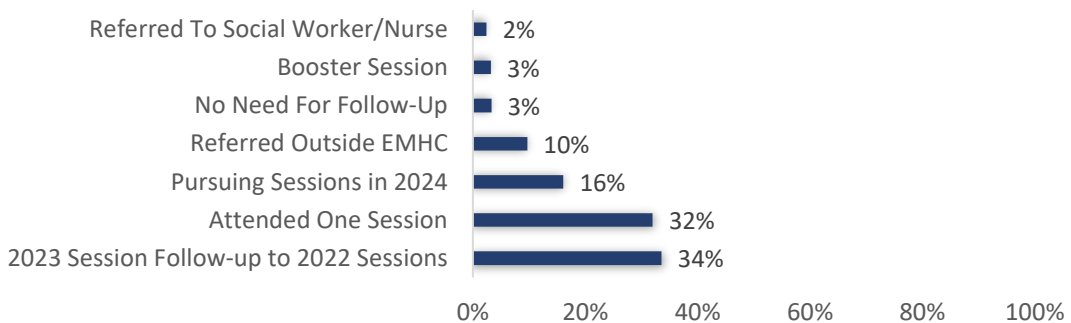
Keeping treatment solution-focused and brief is consistent with the model of community mental health and maximizes availability for new sessions.

Avg. Consults/Beneficiary: M = 7 | SD = 9

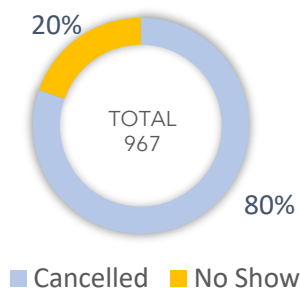


Details on the 27% of beneficiaries who attended one session are presented in the below graph such as being referred outside or pursuing treatment in 2024

Details on Beneficiaries Who Attended One Session



CANCELLED OR NO-SHOW APPOINTMENTS



**Total:
967**

A total of **967** appointments were either **cancelled by the beneficiary** or the **beneficiary did not show for his/her appointment** which represents **14%** and **3%** respectively out of total booked appointments (n=5537).

II. BENEFICIARY INFORMATION

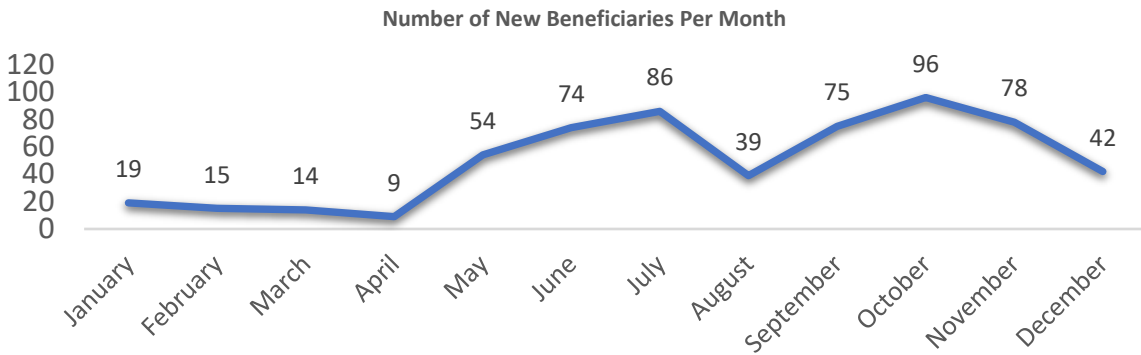
	Total
NUMBER OF BENEFICIARIES SEEN (first session or follow up)	884
NUMBER OF NEW BENEFICIARIES SEEN (those whose first session was this year)	601

**Total:
884**

The below chart presents the total number of beneficiary intakes (i.e., new beneficiaries) at the EMHC and MMHC for each month of the reporting period.

**Total:
601**

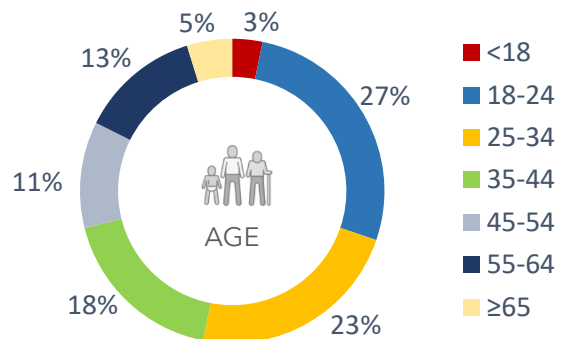
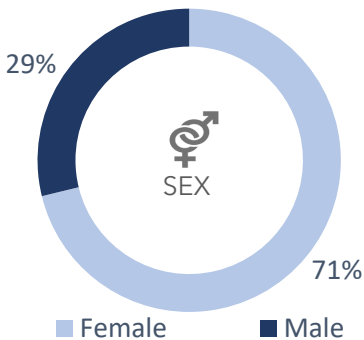
Avg. New Beneficiaries/Month: 50



NEW BENEFICIARY DEMOGRAPHICS

The below charts present basic demographic information for the **new** beneficiaries served during the reporting period (n=601).

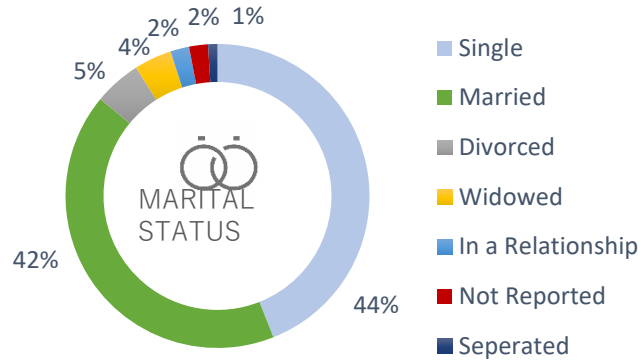
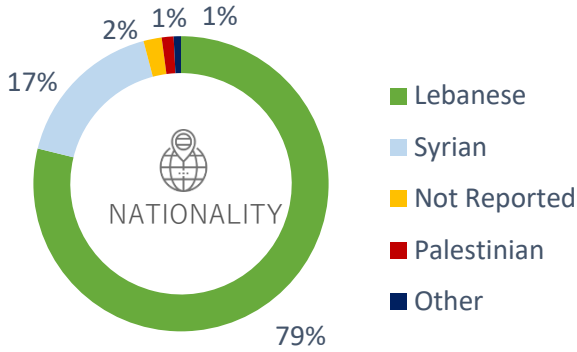
EMHC new beneficiaries = 186
MMHC new beneficiaries = 415



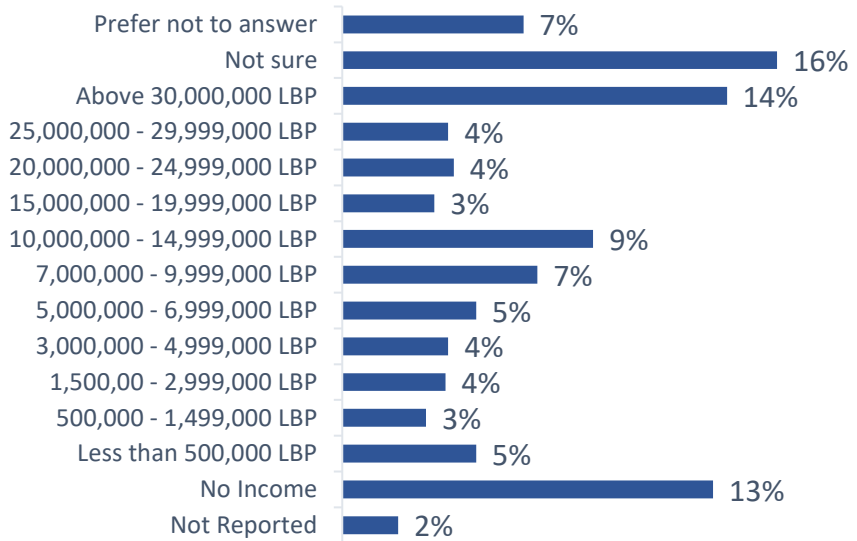
The mean age of beneficiaries was of **36** years old.

II. BENEFICIARY INFORMATION (Continued)

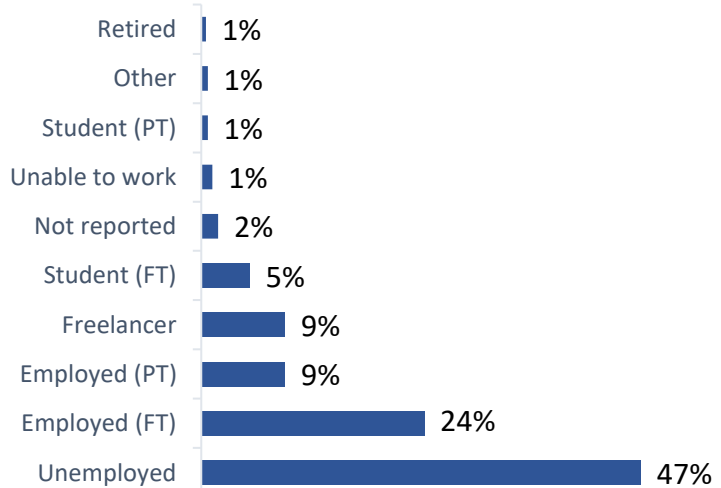
NEW BENEFICIARY DEMOGRAPHICS (N=601)



HOUSEHOLD INCOME STATUS

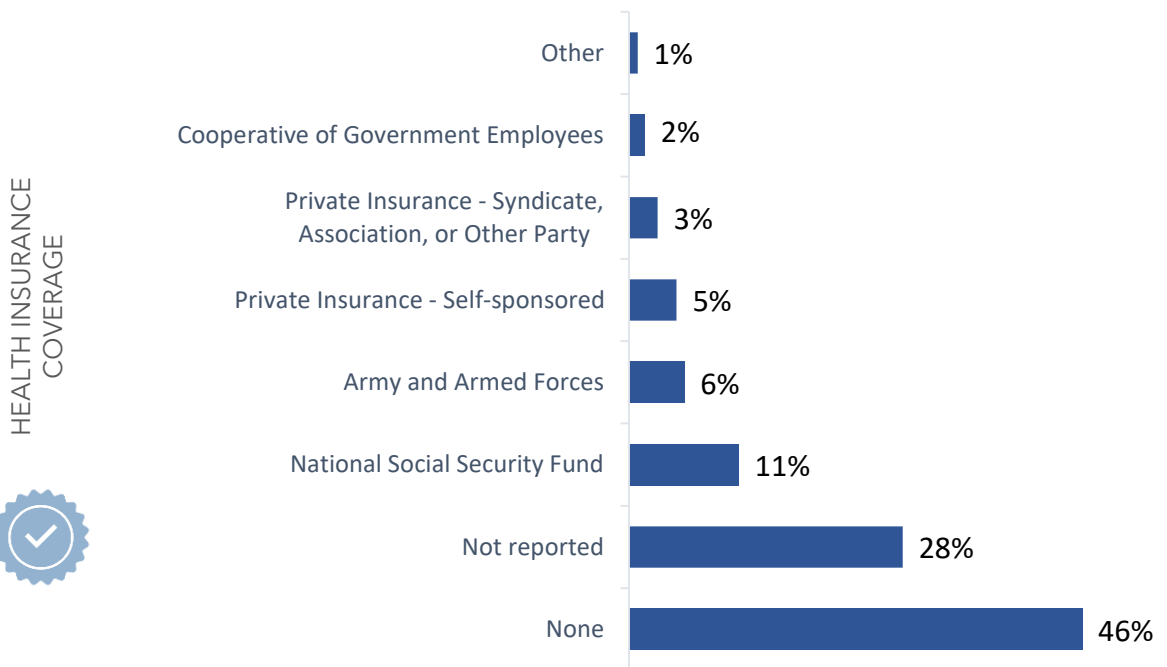
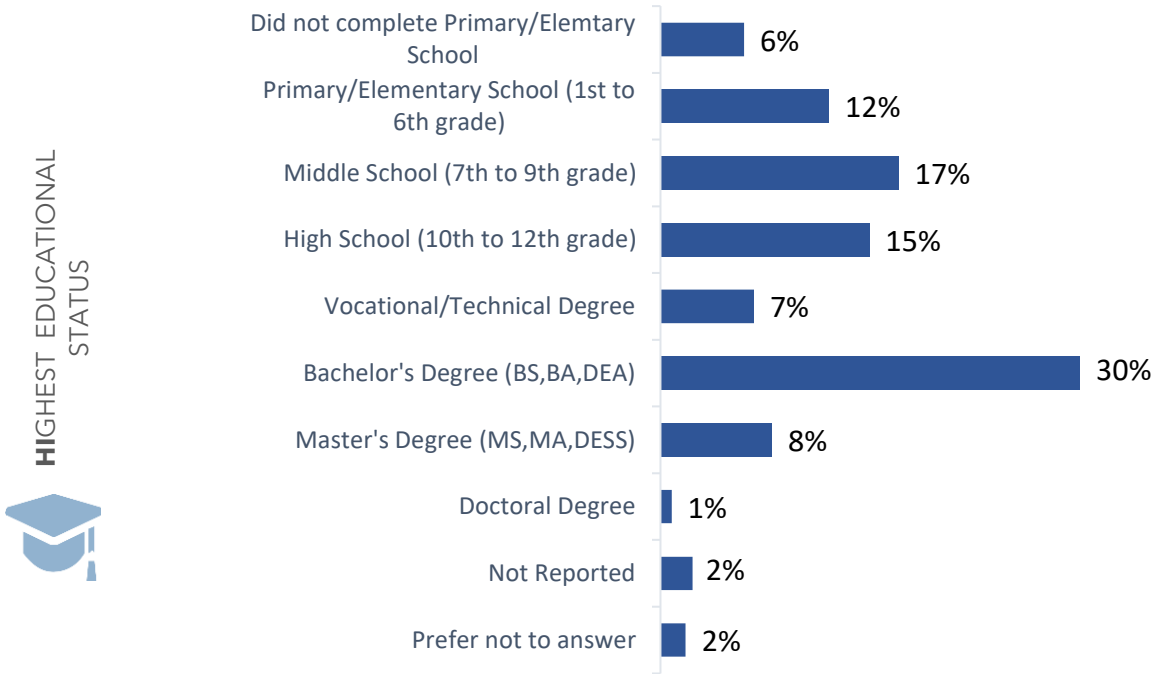


EMPLOYMENT STATUS



II. BENEFICIARY INFORMATION (Continued)

NEW BENEFICIARY DEMOGRAPHICS (N=601)

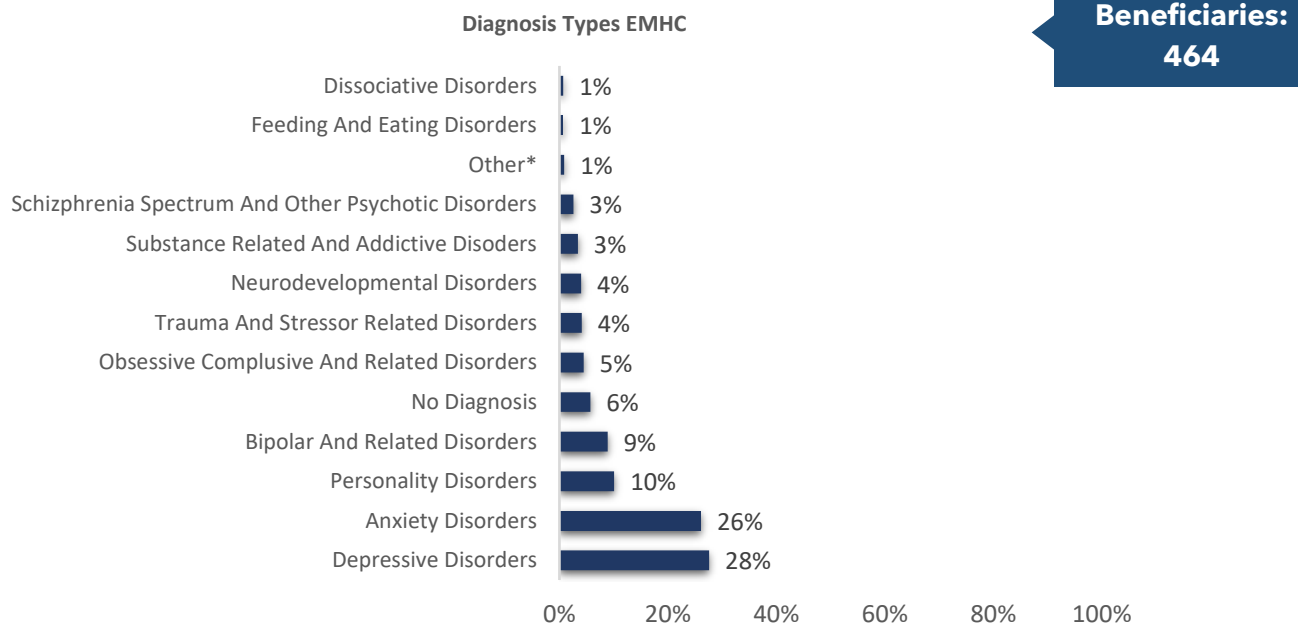


**Note that percentages for the bar chart may add up to more than 100% because the beneficiary may have different types of coverage.*

II. BENEFICIARY INFORMATION (Continued)

TYPES OF DIAGNOSES - EMHC

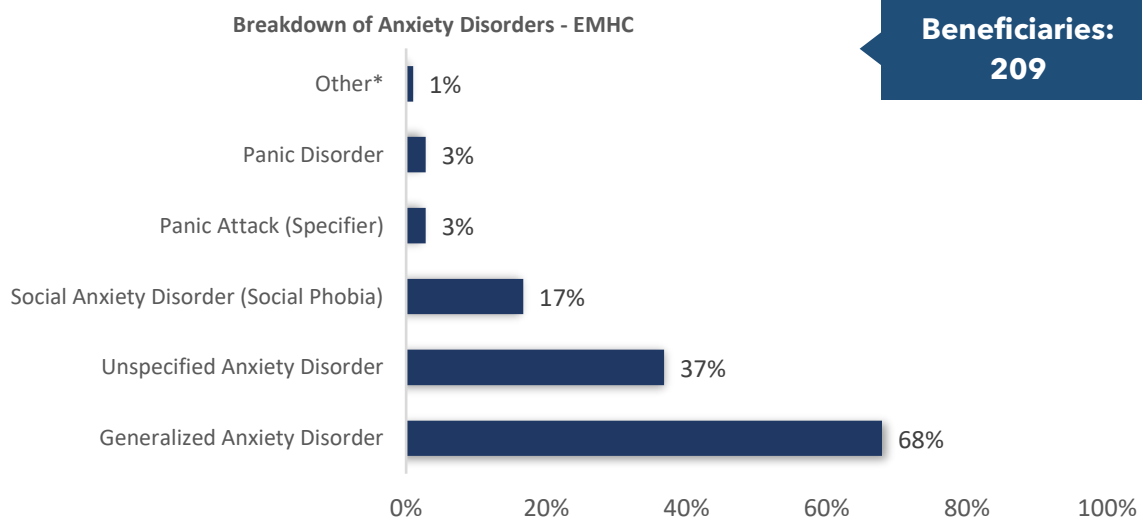
The below chart presents the breakdown percentage of diagnoses among beneficiaries seen at the EMHC between Jan 2023 and Dec 2023



*Note that:

- Other disorders: Burnout; Unspecified Mental Disorder; Gender Dysphoria.
- The percentages may add up to more than 100% due to the possibility of the beneficiary being diagnosed with multiple mental disorders.

The below chart presents the breakdown percentage of anxiety disorders among beneficiaries seen at the EMHC between Jan 2023 and Dec 2023



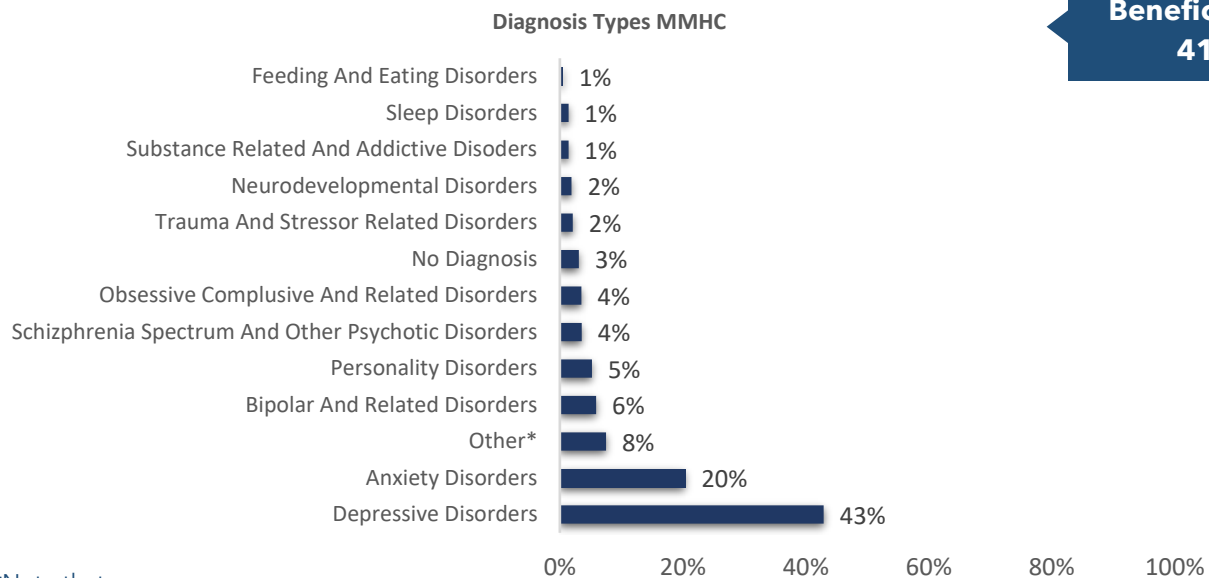
*Note that:

- Other: Agoraphobia, Separation Anxiety Disorder, Specific Phobia
- The percentages may add up to more than 100% due to the possibility of the beneficiary being diagnosed with multiple anxiety disorders.

II. BENEFICIARY INFORMATION (Continued)

TYPES OF DIAGNOSES - MMHC

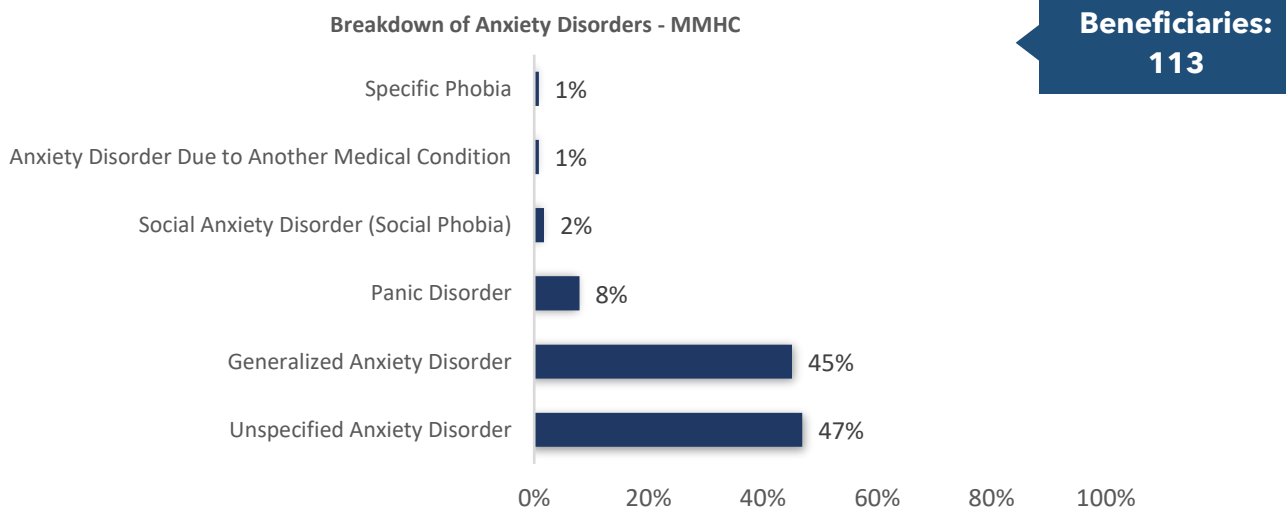
The below chart presents the breakdown percentage of diagnoses among beneficiaries seen at the MMHC between May 2023 and Dec 2023



*Note that:

- Other disorders: Burnout; Unspecified mental disorder.
- The percentages may add up to more than 100% due to the possibility of the beneficiary being diagnosed with multiple mental disorders.

The below chart presents the breakdown percentage of anxiety disorders among beneficiaries seen at the MMHC between May 2023 and Dec 2023



*Note that the percentages may add up to more than 100% due to the possibility of the beneficiary being diagnosed with multiple anxiety disorders.

III. MEDICAL REFERRALS

Total: 20

Medical referrals include inpatient psychiatric care and medical lab testing.

INPATIENT ADMISSIONS & STAYS

6

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

MEDICAL LAB TESTING

14

- The ECMHC covered the cost of medical lab testing for **10** beneficiaries (3 beneficiaries utilized this service on 2 and 3 occasions).
- Medical lab testing primarily included blood tests measuring levels of iron, electrolytes, lithium and vitamins among others.

IV. PHARMACOLOGICAL TREATMENT

Total: 113

Between January and December 2023, the ECMHC covered the cost of medications prescribed by its own psychiatrists for **113** beneficiaries seen at the EMHC.

MOST COMMONLY ACQUIRED MEDICATIONS:

FLUOXETINE

VENLAFAXINE

OLANZAPINE

LAMOTRIGINE

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

Total: 3625

Between May and December 2023, the MMHC covered the cost of **517** medications prescribed by its own psychiatrist for **226** MMHC beneficiaries.

MOST COMMONLY ACQUIRED MEDICATIONS:

SERTRALINE

ESCITALOPRAM

VENLAFAXINE

The MMHC supports the national capacity for response to psychotropic medication needs through the coordination with YMCA for medication provision. Throughout this period **3,108** 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.

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. **PHQ-9:** a validated instrument for measuring the severity of depression.
2. **GAD-7:** a validated instrument for measuring the severity of anxiety.
3. **BDI-II:** the PHQ-9 questionnaire was replaced by the BDI-II scale for assessing depression severity as of July 2023.

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. PHQ-9: a validated instrument for measuring the severity of *depression*.

Interpretation	0-4: "None/Minimal",	15-19: "Moderately
	5-9: "Mild",	Severe",
	10-14: "Moderate",	20-27: "Severe"

2. 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"

3. 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 2023

The below charts present a summary of the improvement in depression and anxiety levels among active beneficiaries seen at **EMHC between January and December 2023** by comparing baseline scores (initial EMHC encounter) with the last follow-up survey they completed during this period (not necessarily during the last session).

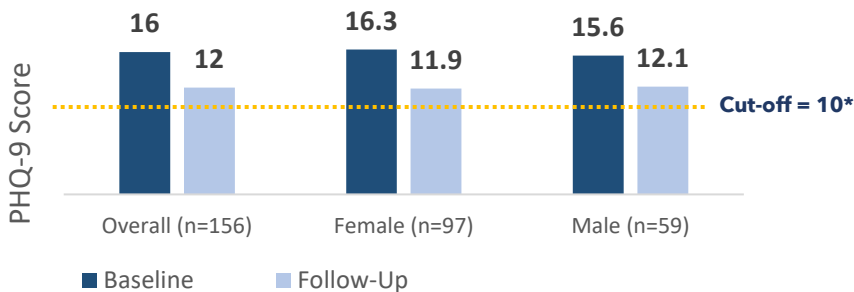
To be eligible for inclusion, beneficiaries must meet one of the following criteria:

- 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.

SYMPTOMS OF DEPRESSION

A. Levels of Depression Reported Pre and Post Treatment | PHQ-9 Scores

Total: 156



69% of beneficiaries reported improvements in severity of depression. *Among those, **42%** showed **clinically significant improvements**.

25% of beneficiaries reported a worsening of depressive symptoms. *Among those, **31%** showed a **clinically significant worsening of symptoms**.

6% of beneficiaries reported no changes in depressive symptoms.

Test used: **Paired T-test**

There was a **statistically significant reduction in PHQ-9 score** from baseline to the last complete survey (P value <0.001).

*Note that the indicated cut-off score has been shown to have 89% sensitivity in detecting current depression (Manea et al., 2012)

	Mean ± SD	P-value
PHQ-9 baseline	16 ± 6.9	< 0.001
PHQ-9 last complete survey	12 ± 6.2	

Zoom In: Difficulty Of Depressive Symptoms

The PHQ-9 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".



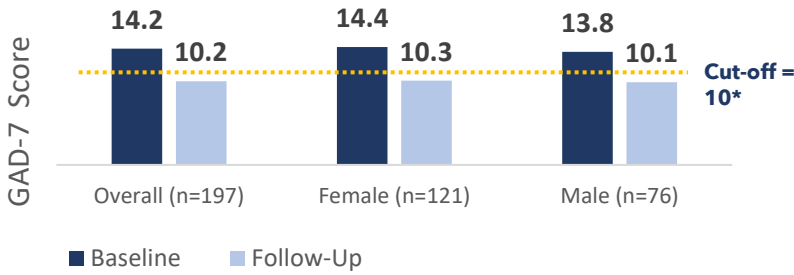
In addition to improvement of symptoms, there was also a marked change in how beneficiaries perceived the impact of their mental health on their daily lives.

- Prior to treatment, **58%** reported that their mental health status impacted their lives and daily functioning very much to extremely, which decreased to **32%** 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 **68%**.

SYMPTOMS OF ANXIETY - EMHC

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

**Total:
197**



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

67% of beneficiaries reported improvements in severity of anxiety. *Among those, **56%** showed **clinically significant improvements**.

27% of beneficiaries reported a worsening of anxiety symptoms. *Among those, **25%** showed a **clinically significant worsening of symptoms**.

6% of beneficiaries reported no changes in anxiety symptoms.

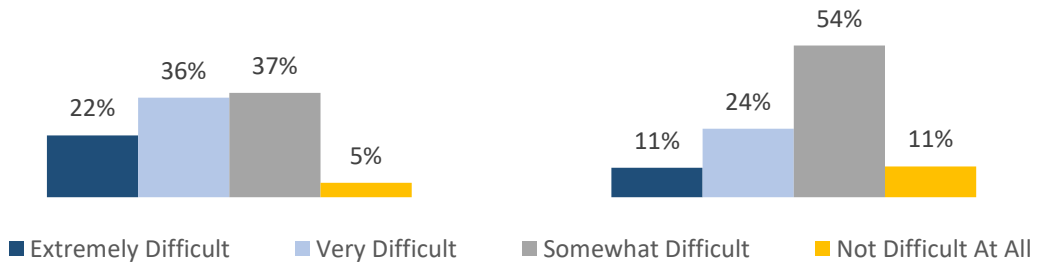
	Mean ± SD	P-value
GAD-7 baseline	14.2 ± 5.2	< 0.001
GAD-7 last complete survey	10.2 ± 5.7	

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 **35%** 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 **65%**.

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.



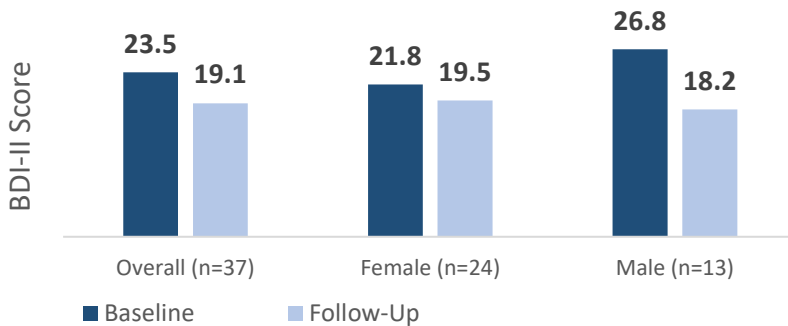
A SNAPSHOT OF BENEFICIARY IMPROVEMENT OF SYMPTOMS MAY- DECEMBER 2023

The below charts present a summary of the improvement in depression and anxiety levels among beneficiaries seen at **MMHC between May and December 2023** 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: 37



70% of beneficiaries reported improvements in severity of depression.

25% of beneficiaries reported a worsening of depressive symptoms.

8% of beneficiaries reported no changes in depressive symptoms.

	Mean ± SD	P-value
BDI-II baseline	23.5 ± 14.1	0.01
BDI-II last complete survey	19.1 ± 12.7	

Test used: **Paired T-test**

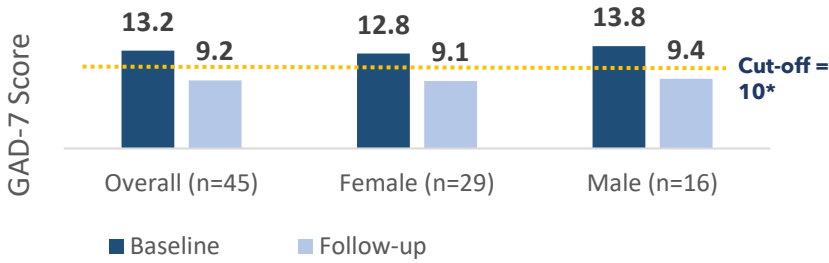
There was a **statistically significant reduction in BDI-II score** from baseline to the last complete survey (P value= 0.01).



Total: 45

SYMPTOMS OF ANXIETY - MMHC

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



64% of beneficiaries reported improvements in severity of anxiety. *Among those, **41%** showed clinically significant improvements.

18% of beneficiaries reported a worsening of anxiety symptoms. *Among those, **63%** showed a clinically significant worsening of symptoms.

18% 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)

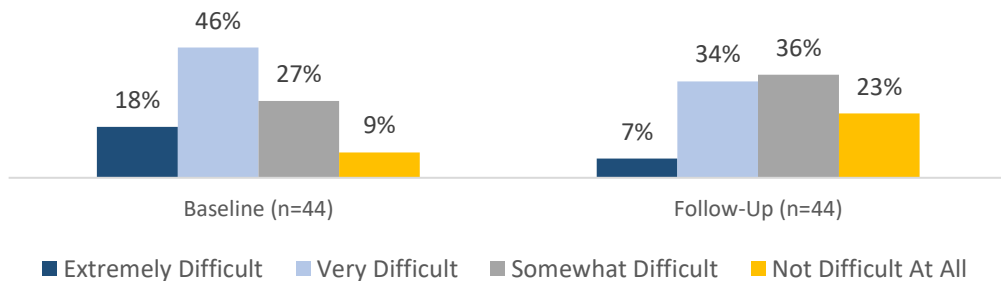
	Mean ± SD	P-value
GAD-7 baseline	13.2 ± 6.2	< 0.001
GAD-7 last complete survey	9.2 ± 6.1	

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, **64%** reported that their mental health status impacted their lives and daily functioning very much to extremely, which decreased to **41%** 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 **36%** to **59%**.

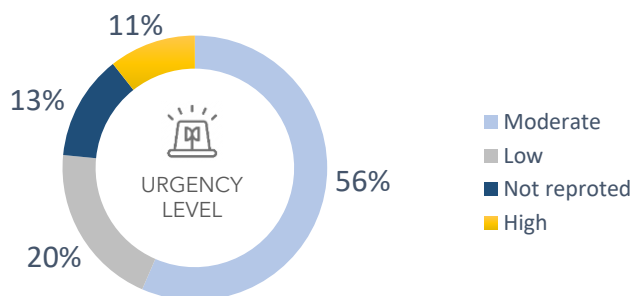
VII. SOCIAL WORK

The mental health social worker at the EMHC and the MMHC aims to provide a holistic approach to mental health care by offering psycho-social assistance to beneficiaries. The center 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).

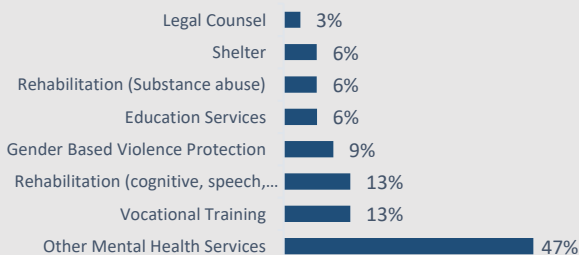
TOTAL NUMBER OF CONSULTATIONS*	126
Total Number of EMHC Consultations	110
Total Number of MMHC Consultations	16
TOTAL NUMBER OF BENEFICIARIES SEEN / CONTACTED	44
Total Number of EMHC Beneficiaries Seen / Contacted	33
Total Number of MMHC Beneficiaries Seen / Contacted	11

*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

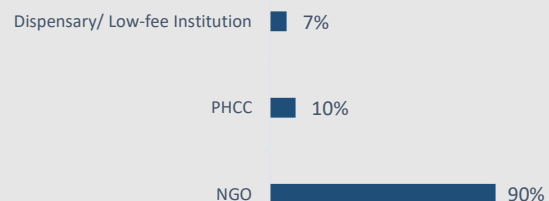


REASONS FOR REFERRAL (n=32)



*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 (n=29)



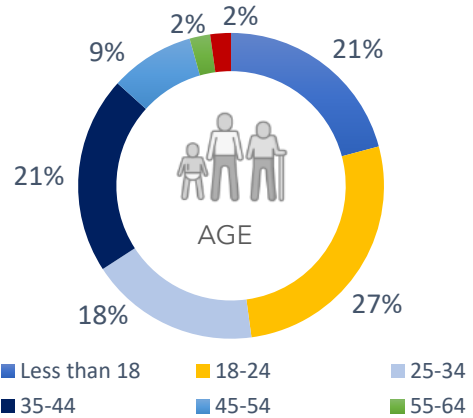
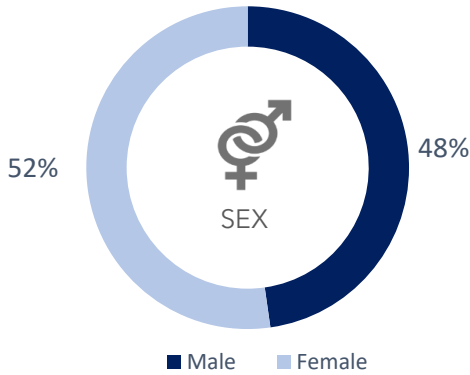
*Note that percentages for the bar chart may add up to more than 100% because the beneficiary may be provided with several referrals.

BENEFICIARY DEMOGRAPHICS

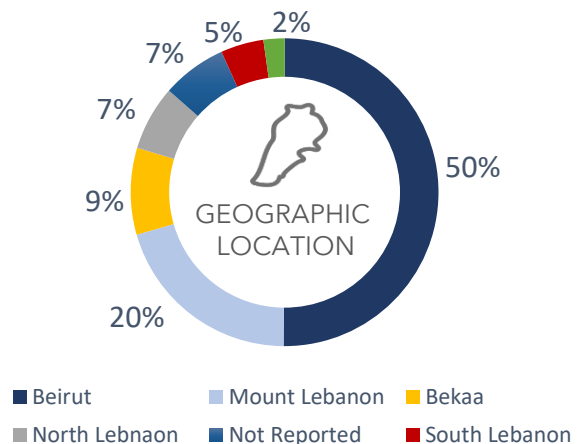
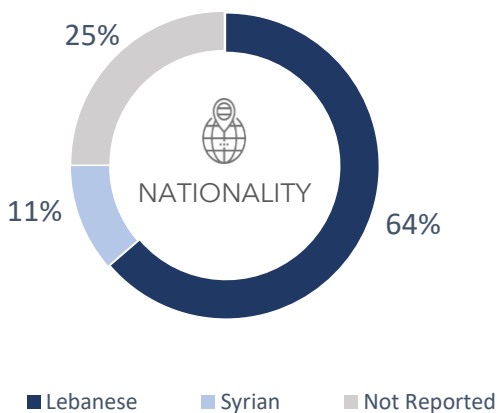
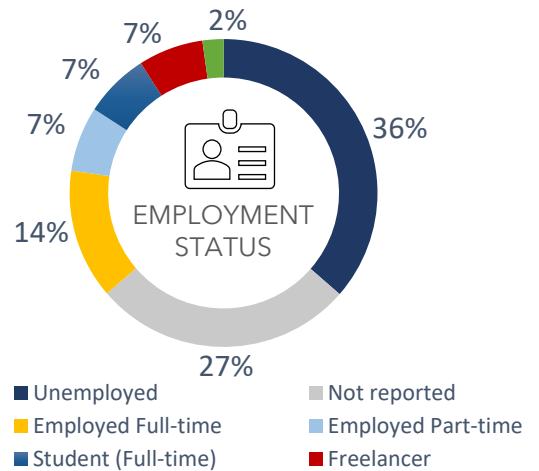
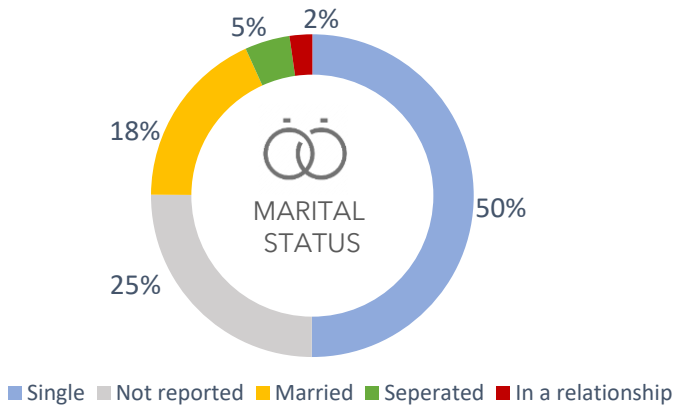
TOTAL NUMBER OF BENEFICIARIES SEEN / CONTACTED

44

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 **29** years old.



VIII. BENEFICIARY SATISFACTION & FEEDBACK:

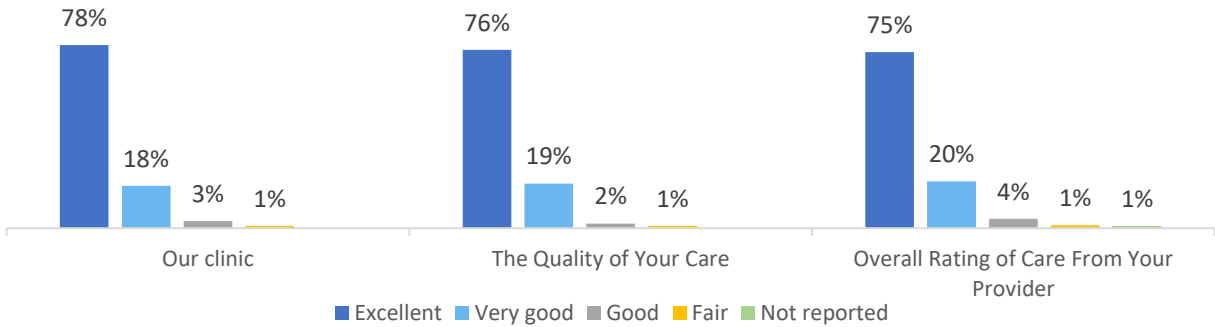
The **Embrace Community Mental Health Center (ECMHC)** prioritizes the satisfaction and well-being of its beneficiaries and assesses different aspects of their experiences at the ECMHC. Beneficiaries are invited to anonymously complete a satisfaction survey. The survey prompts beneficiaries to rate a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

A total of **N = 905** satisfaction surveys were completed between January 2023 and December 2023. The below charts present a summary of responses to satisfaction surveys completed during the first year of operations at the EMHC.

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 EMHC as well as the individual quality of care received from their mental healthcare provider(s).

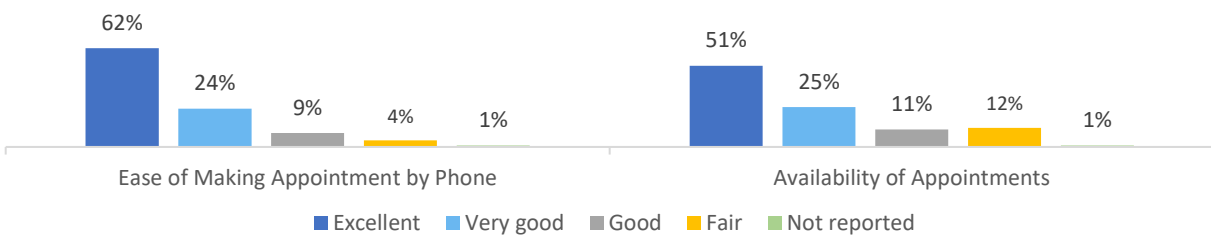
Overall Quality of Care



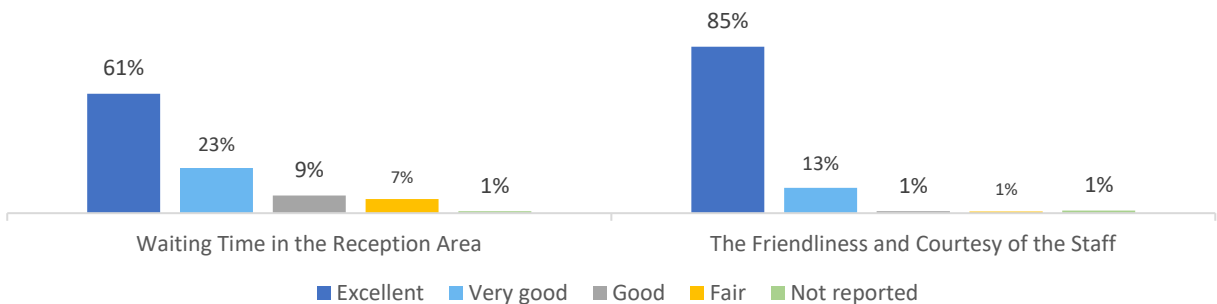
EVALUATION OF BOOKING & RECEPTION

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

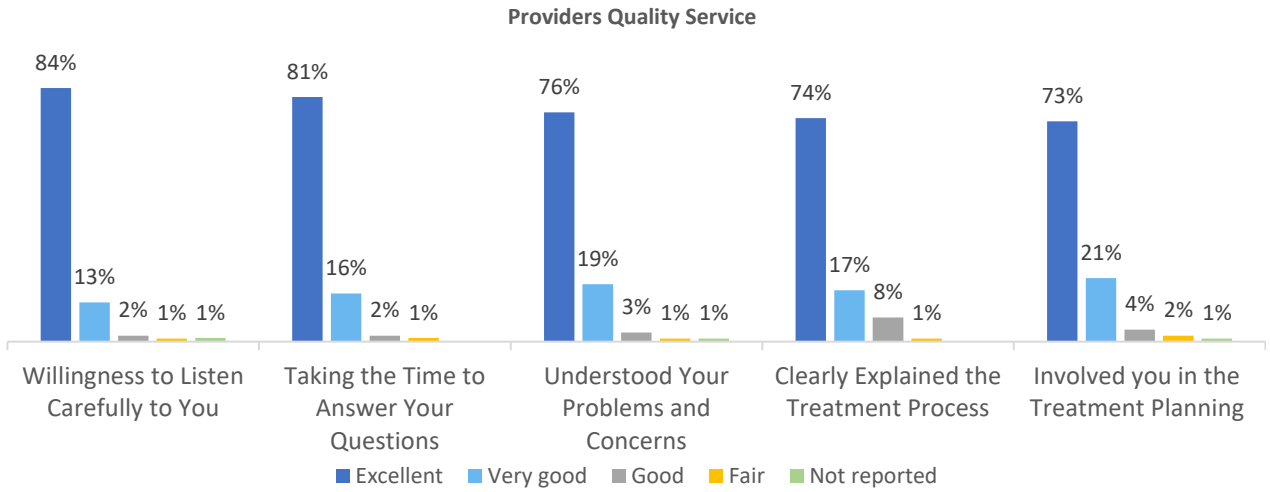
Access to Appointments



Clinic Reception



EVALUATION OF SESSION



BENEFICIARY TESTIMONIALS

“

I think you're doing the best you could with the resources you have, but I suggest looking more into the waiting time at the reception area, sometimes it takes long to be admitted to an office.

Anonymous Female, 19 years old

”

“

Just continue doing your work as it's much needed in Lebanon!

Anonymous Female, 21 years old

”

“

Perfect treatment and service especially from therapy in personal case where it showed much improvement. Much appreciated for all the work you do

Anonymous Male, 26 years old

”

“

More clinics across Lebanon
 More pharmacies providing free medicines
 Absolute financial transparency

Anonymous Male, 25 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 = 269** satisfaction surveys were completed between May 2023 and December 2023. The below charts present a summary of responses to satisfaction surveys completed during the first year of operations at the EMHC.



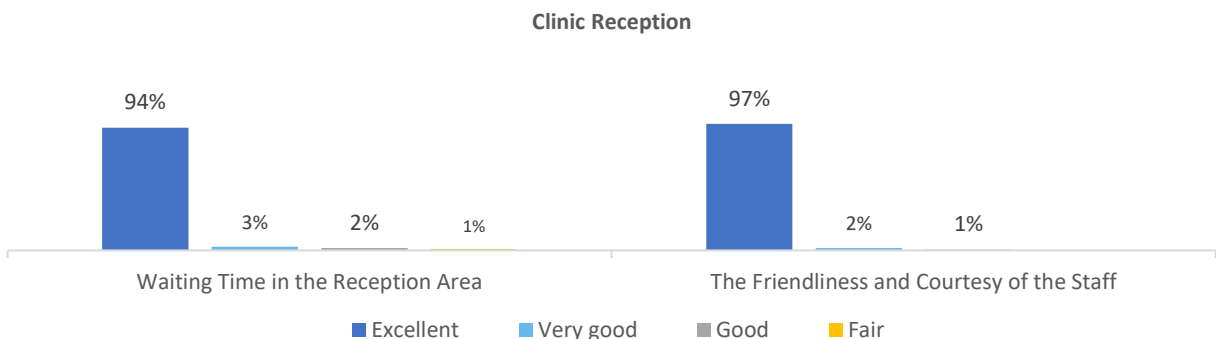
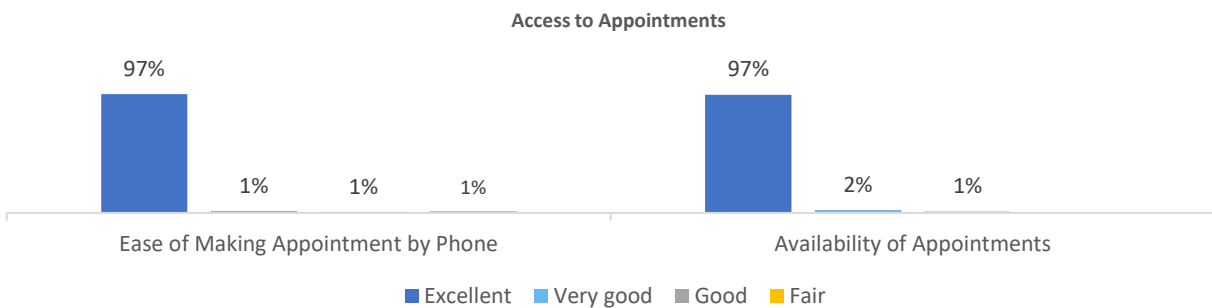
RATINGS OF OVERALL EXPERIENCE & CARE

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



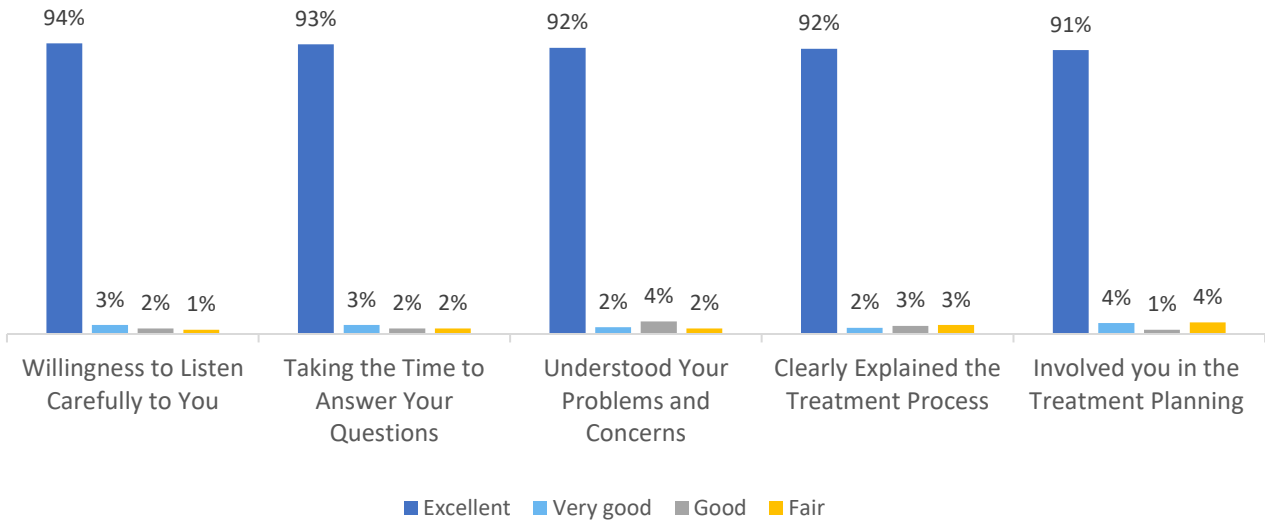
EVALUATION OF BOOKING & RECEPTION

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



EVALUATION OF SESSION

Provider Quality Service



In 2023, the operations of the ECMHC and MMHC were supported by