



Lebanese Republic
Ministry of Public Health
National Mental Health Programme



embrace

THE NATIONAL LIFELINE

LEBANON'S EMOTIONAL SUPPORT
AND SUICIDE PREVENTION HELPLINE

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

**MONTHLY
NATIONAL LIFELINE
INDICATORS**

REPORTING PERIOD
May 2022



INTRODUCTION

Embrace Lifeline is the national helpline in Lebanon for emotional support and suicide prevention. Aggregate data related to the National Lifeline is captured, analyzed and disseminated on a monthly 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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www.embracelebanon.org



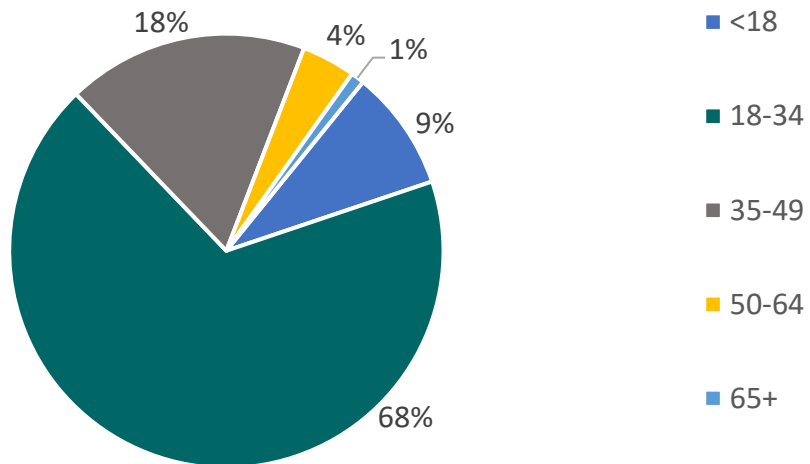
May 2022

TOTAL NUMBER OF CALLS WITH CAPTURED DATA

1302

I. AGE OF CALLER (n=1131)

MEAN AGE: 29



II. SEX OF CALLERS



55%



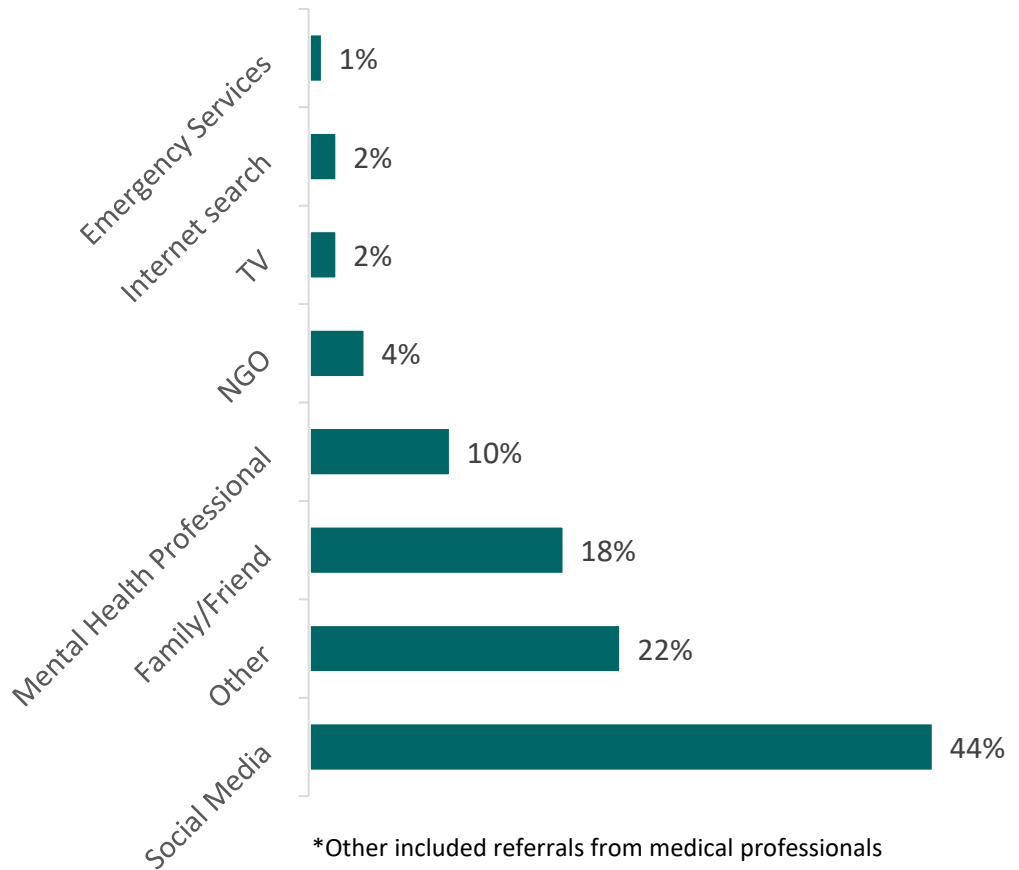
45%



III. HOW CALLERS HEARD ABOUT THE LIFELINE

*Percentages may not add up to 100% because each caller may have more than one status.

In May of 2022, n = 532 callers informed us of how they first learned about the National Lifeline. The below chart summarizes their responses.

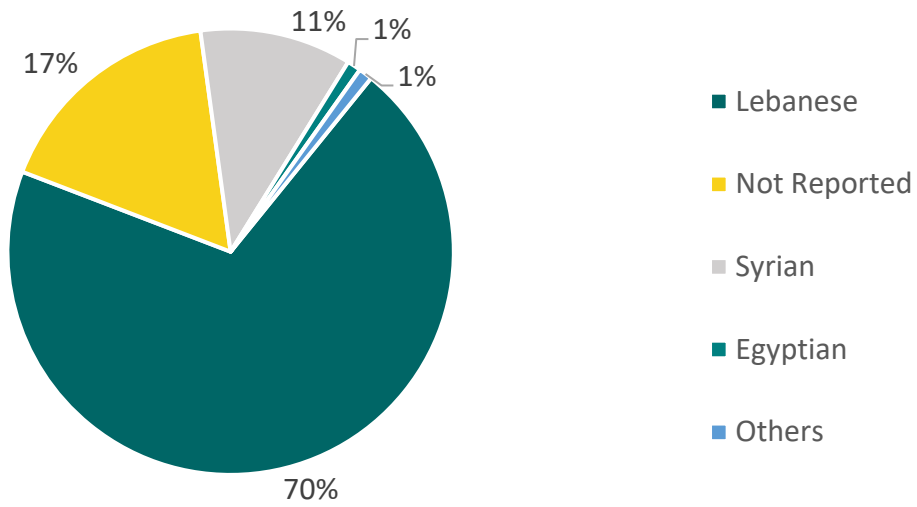


IV. SEXUAL ORIENTATION OF CALLERS

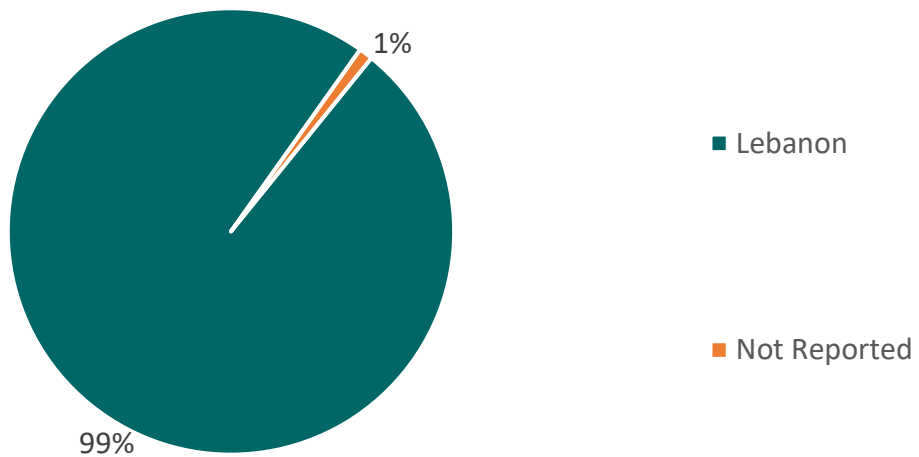
9% of calls received by the Embrace Lifeline come from self-identifying LGBTQI+ individuals.



V. NATIONALITY OF CALLERS

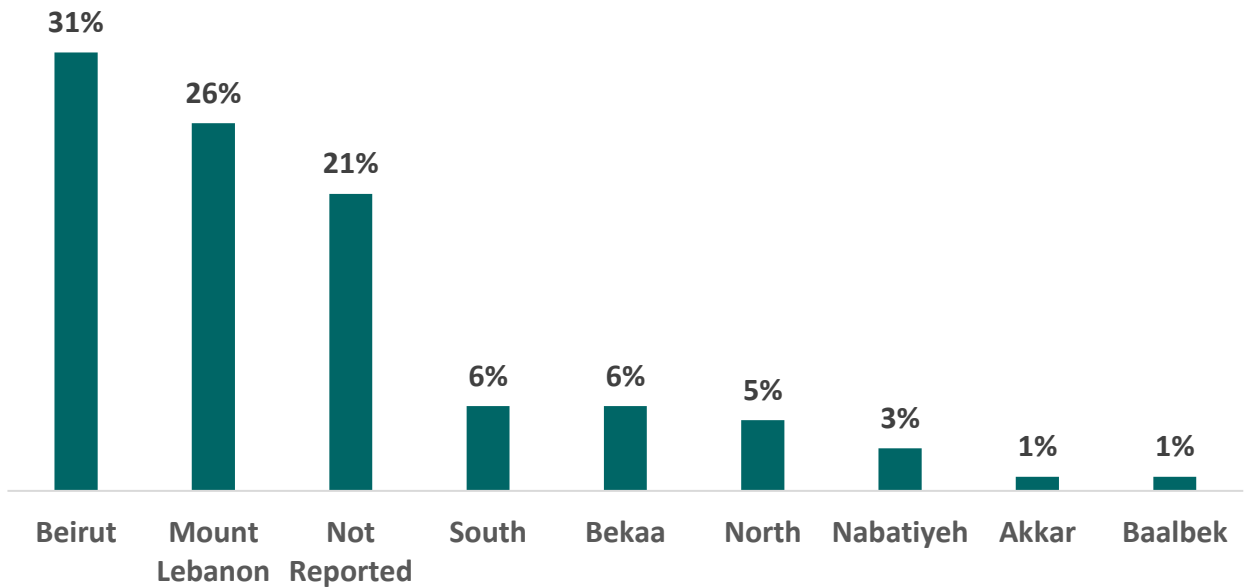


VI. COUNTRY OF CALLERS

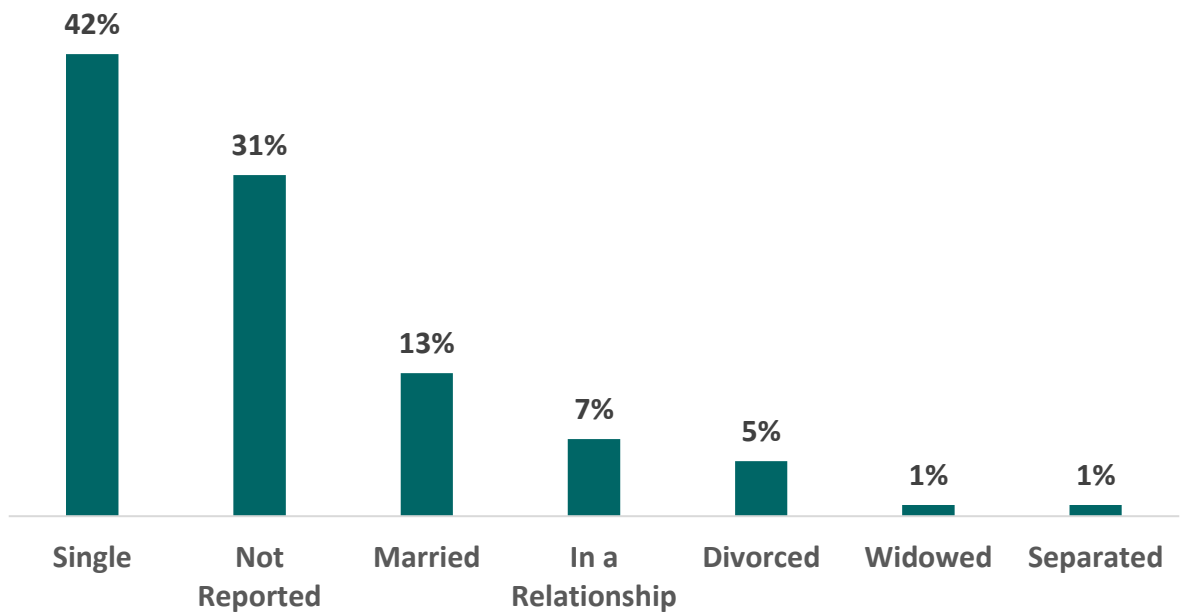




VII. REGION OF RESIDENCE AMONG CALLERS FROM LEBANON



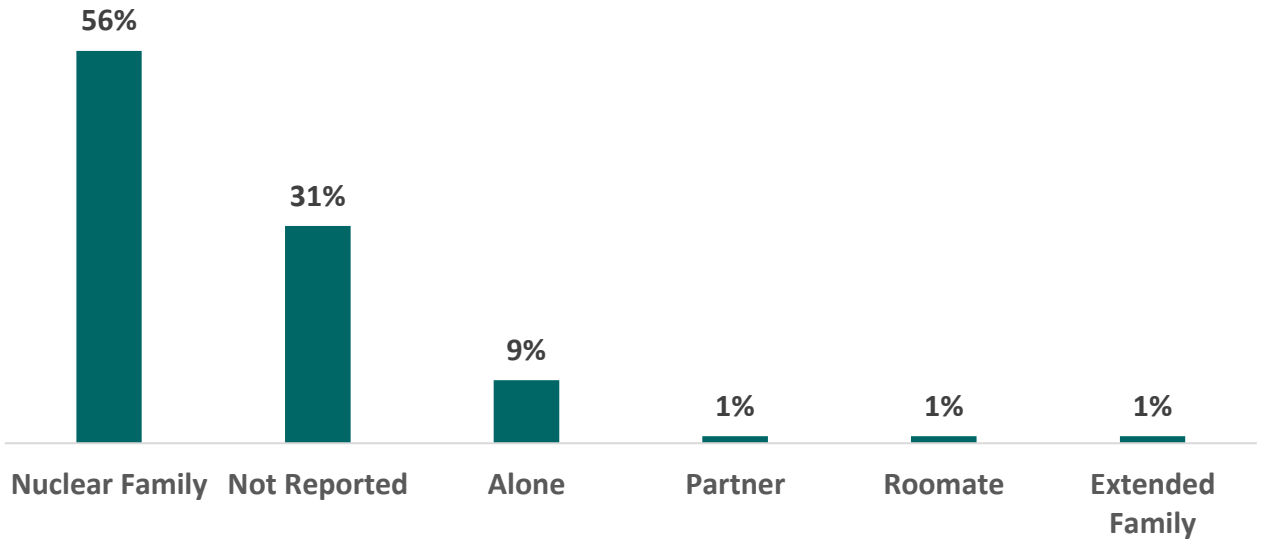
VIII. MARITAL STATUS OF CALLERS



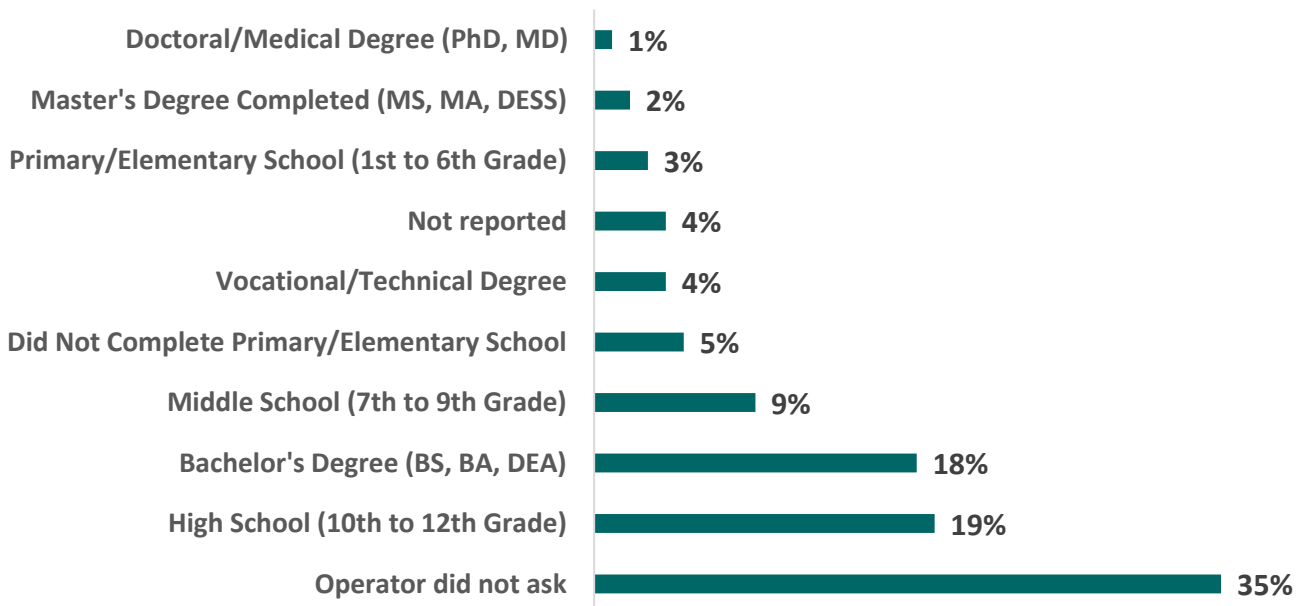


IX. CALLER LIVING WITH

*Percentages may not add up to 100% because each caller may endorse more than one living status.



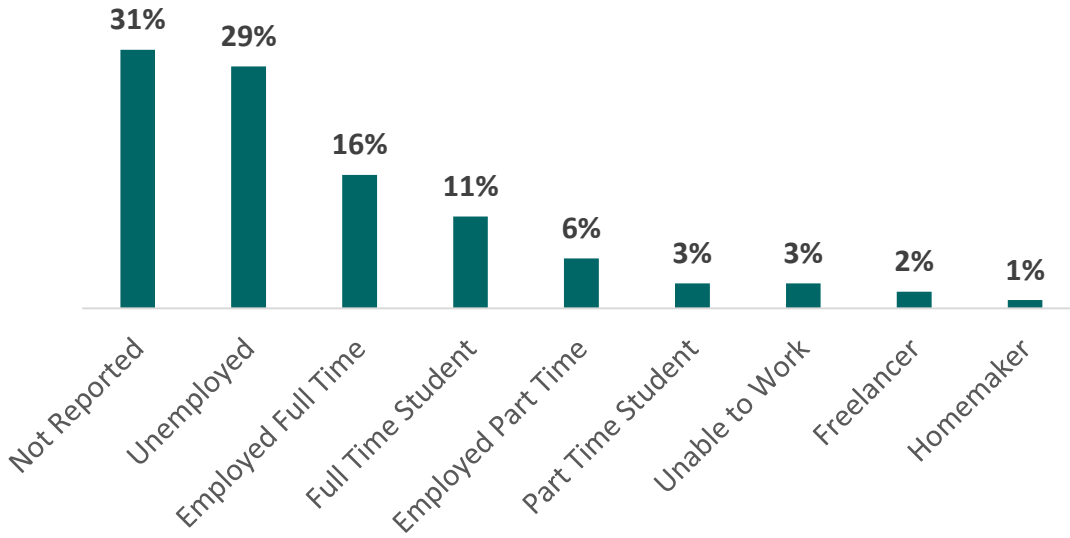
X. HIGHEST LEVEL OF EDUCATION OF CALLERS



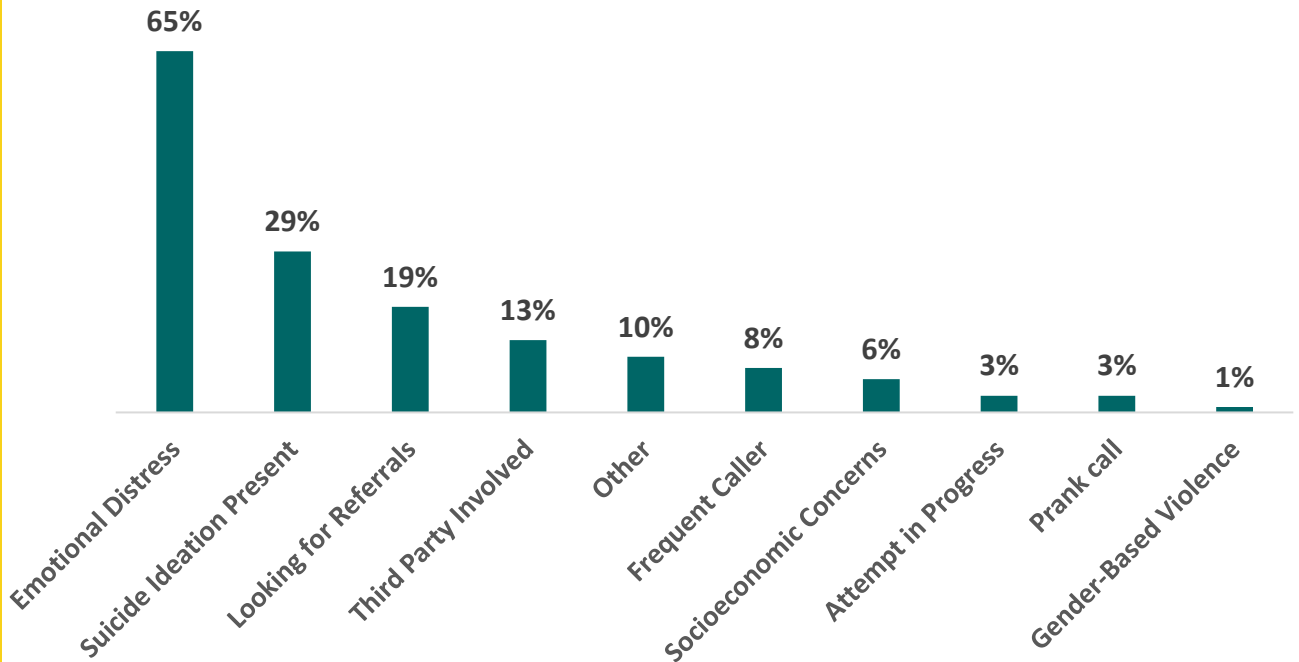


XI. EMPLOYMENT OF CALLERS

*Percentages may not add up to 100% because each caller may have more than one status.



XII. TYPE OF CALL



*This indicator is assessed by the operator based on their conversation with the caller. Percentages may not add up to 100% because the caller can express more than one type of concern (e.g., a caller could express *both* socioeconomic concerns and emotional distress).

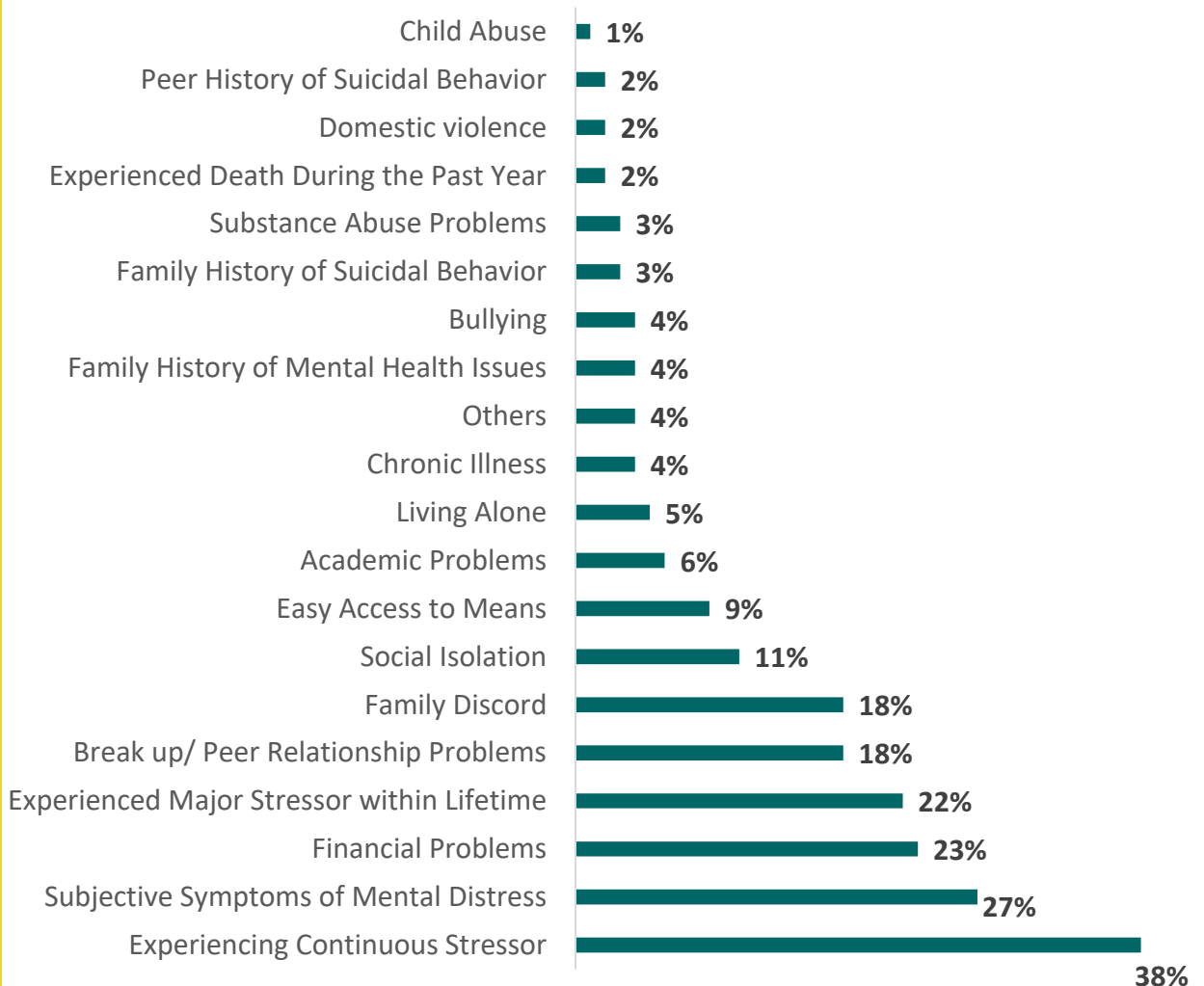
XIII. CHANGE IN LEVEL OF DISTRESS FROM BEGINNING TO END OF CALL

92% of calls with available data for this indicator (n=402) 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 and **1%** of calls were from individuals whose **level of distress worsened** from the beginning to the end of the call.

XIV. CALLERS CURRENTLY SEEKING MENTAL HEALTH SERVICES

43% of calls with available data for this indicator (n=955) are from individuals who reported currently receiving *at least 1* mental health service.

XV. RISK FACTORS



*This indicator is assessed by the operator based on their conversation with the caller. Percentages may not add up to 100% because multiple risk factors can occur together (e.g., a caller could be *both* living alone and reporting experiences of bullying...)



QUALITY ASSURANCE CALLS

TOTAL NUMBER OF ASSURANCE CALLS CONDUCTED

10

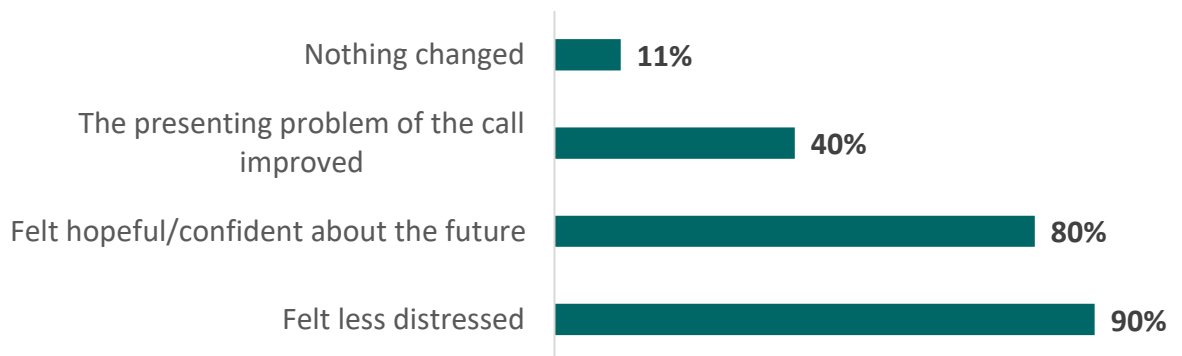
I. LEVEL OF SATISFACTION

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

Across all **10** callers, the average satisfaction rating was **5**.

II. CALL OUTCOME

The below figure outlines caller-reported outcomes of their initial call to the Lifeline:





III. RECOMMENDING THE LIFELINE TO OTHERS



90% of callers with available data (n=9) reported that they would recommend the Lifeline to others in need of assistance.

The remaining (n=1) reported that he cannot recommend the Lifeline to others as Mental health is still considered as a taboo topic in his region.

IV. CALLING BACK THE LIFELINE



100% reported that they **would call the Lifeline again** if they were experiencing emotional distress or thinking about suicide

V. HELPFUL ORIENTATIONS



4 of the 10 callers were provided with referrals during their initial call to the Lifeline. **1** (25%) reported that the service was helpful. The remaining (75%) did not proceed with calling the referral source.

X. SOCIAL WORK

The social work department at Embrace serves both the **Embrace Mental Health Center (EMHC)** and the **National Lifeline (1564)**. It aims to provide a holistic approach to mental health care by offering psycho-social assistance to beneficiaries. The Social Work Department is resourced with comprehensive referral networks linked with 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 department is currently staff by one social worker who coordinates with a multi-disciplinary internal team of psychologists, psychiatrists, psychiatric nurse, hotline operators and clinical supervisors.

TOTAL NUMBER OF CONSULTATIONS	39	TOTAL NUMBER OF ACTIVE CASES	39
1 ST CONSULT	11	FOLLOW UP*	28

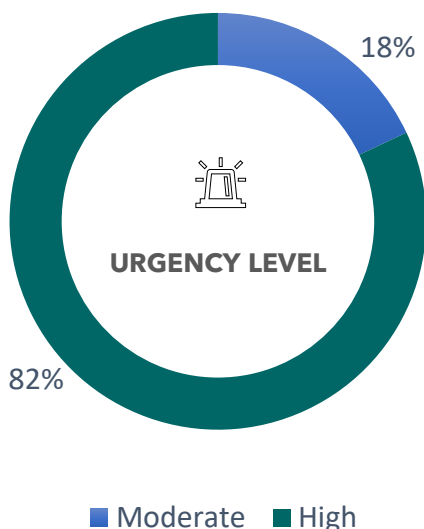
ZOOM IN ON FOLLOW UP CASES

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

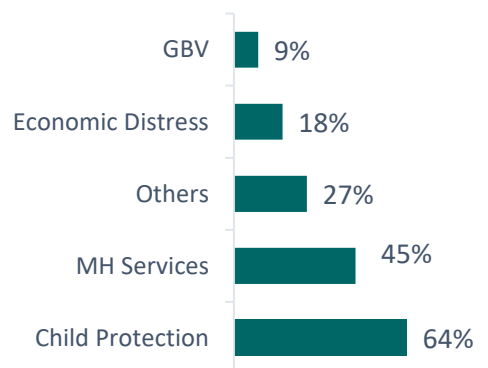
38% of follow up consultations were carried out **directly with the callers** (or their parent/legal guardian where a minor was involved).

62% of follow up consultations were carried out with the **relevant party at the referred resource** (e.g., a case manager at a rehab facility).

ZOOM IN ON NEW CASES



REASON FOR REFERRAL (N=11)



*Note that percentages for the bar charts may add up to more than 100% because the callers may be referred for several reasons; Abbreviations: GBV = Gender Based Violence, MH = Mental Health