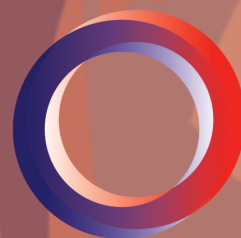


VULNERABILITY IN LEBANON: MENTAL HEALTH IS AT STAKE

Research Report by CLDH
2022



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Research Report

Vulnerability in Lebanon: Mental Health is at Stake

2022

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Preface

After closely working with vulnerable individuals during the past few years in Lebanon, the Lebanese Center for Human Rights (CLDH) developed this research study in the aim of assessing the accessibility to mental health and psychosocial support services (MHPSS) of these individuals in Lebanon, taking 2019 as the baseline, the year during which multiple crises emerged.

This report includes a brief literature review of the research work that was conducted prior to 2019 and the crises following it. However, the main analysis revolves around the years 2019, 2020, 2021 and 2022, especially that the data collection tools that are used were implemented in 2022.

Vulnerability is an umbrella under which various individuals can be included. This research delimits these to five core study groups, to ensure each group is studied in all related aspects and is covered with all needed analysis. This research does not expand wider than these five groups, but the research team encourages potential studies to be developed including other vulnerable individuals to fill in the gaps.

The five core study groups are the following:

- Victims of torture and ill-treatment;
- Migrant domestic workers;
- Refugees;
- Detainees with mental disabilities at the Blue building in Central Roumieh Prison;
- And LGBTQIA+ individuals.

This research has multiple data sources, which are:

- Desk research;
- Focus group discussions with three of the five study groups (victims of torture, migrant domestic workers and refugees);
- Key informant interview with Proud organization;
- And in-person interviews with Detainees with mental disabilities at the Blue building in Central Roumieh Prison. The table below further details these sources.

(Review Annex 1 for details on the data collection tools implemented)

Research Objectives

- 1) Highlighting the gaps and obstacles in the provision of mental health services to residents in Lebanon, particularly rehabilitation services to vulnerable communities including victims of torture.

- 2) Examining the impact of the country's crises (political and economic instabilities) on vulnerable communities' mental health.
- 3) Studying the importance of having a holistic approach in the rehabilitation process of victims of torture.

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Definitions and Acronyms

It is both necessary and helpful to use acronyms and keywords in this research report. These are listed in this section to ensure the reader can comprehend what this report designates by each acronym and keyword, which could be different from the known usage of these.

Acronyms

CLDH: Lebanese Center for Human Rights

CSO: Civil Society Organizations

DEI: Diversity, Equity, and Inclusion

FGDs: focus-group discussions

LA: Legal Agenda

LGBTQIA+: lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more

MHPSS: mental health and psychosocial support

MDW: Migrant Domestic Workers

NPM: National Preventative Mechanism against Torture

PTSD: Post-Traumatic Stress Disorder

UNDRR: United Nations Office for Disaster Risk Reduction

UNHCR: United Nations High Commissioner for Refugees

VOT: Victim(s) of Torture

Definitions

Diversity, Equity and Inclusion (DEI)

“**Diversity** is the presence of differences that may include race, gender, religion, sexual orientation, ethnicity, nationality, socioeconomic status, language, (dis)ability, age, religious commitment, or political perspective. Populations that have been-and remain-underrepresented among practitioners in the field and marginalized in the broader society.

Equity is promoting justice, impartiality and fairness within the procedures, processes, and distribution of resources by institutions or systems. Tackling equity issues requires an understanding of the root causes of outcome disparities within our society.

Inclusion is an outcome to ensure those that are diverse actually feel and/or are welcomed. Inclusion outcomes are met when you, your institution, and your program are truly inviting to all. To the degree to which diverse individuals are able to participate fully in the decision-making processes and development opportunities within an organization or group.”

Source: [DEI Extension](#)

Health and healthcare in detention

Access to healthcare in detention means “the degree of access that inmates have to health staff, consultations and treatment. Access must be considered at two levels: access to health care within the prison and access to health care outside the prison, which is necessary when medical needs go beyond the capabilities of the prison health staff and facilities.”

Source: [Healthcare in Detention - ICRC Practical Guide](#)

Intersectionality

“The complex, cumulative way in which the effects of multiple forms of discrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups”.

Source: [Intersectionality as per the Merriam Webster dictionary](#)

LGBTQIA+

LGBTQIA+ is an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and more. These terms are used to describe a person’s sexual orientation or gender identity.

Source: [Defining LGBTQIA+](#)

Mental Health

Mental health refers to cognitive, behavioral, and emotional well-being. It is all about how people think, feel, and behave. Mental health can affect daily living, relationships, and physical health.

However, this link also works in the other direction. Factors in people's lives, interpersonal connections, and physical factors can contribute to mental ill health.

Source: [Mental Health: Definition, Common Disorders, Early Signs, and More](#)

Migrant Domestic Workers

A migrant worker is a person who is engaged or has been engaged in a remunerated activity in a state of which they are not nationals.

Source: [Migration and Home Affairs / European Commission](#)

Refugees

Refugees are persons who are outside their country of origin for reasons of feared persecution, conflict, generalized violence, or other circumstances that have seriously disturbed public order and, as a result, require international protection.

Source: [Definitions | Refugees and Migrants](#)

Torture

“Torture” is understood to mean any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.

Source: Convention Against Torture, Article 1

Vulnerability

The conditions determined by physical, social, economic and environmental factors or processes which increase the susceptibility of an individual, a community, assets or systems to the impacts of hazards.

Source: [Vulnerability | UNDRR](#)

Executive Summary

How has the situation for vulnerable groups, torture survivors, and recipients of mental health services changed over the last few years in Lebanon?

This study uses an intersectional approach, linking the needs of five vulnerable groups to the performance of providers of mental health and psychosocial support (MHPSS). Taking the situation immediately prior to 2019 as a baseline, it analyzes the perceived impact of the accelerated and multifaceted crises in Lebanon (social, economic, human rights, security, political, infrastructure) during the last three years on specific populations.

It uses a mixed methods approach, combining desk research, focus group discussions (FGDs), key informant and in-person interviews, and an online survey of support organizations in the field.

The study's primary contribution to the community of researchers, activists, service providers, as well as government and civil society leaders, are the survey findings described in the results section of this report.

The conclusion and recommendations are based on FGDs with victims of torture (VOTs), migrant domestic workers (MDWs), and refugees; a one-on-one interview with a leader of the Proud LGBTQIA+ organization; and in-person interviews with detainees with mental disabilities or illnesses in the Blue building at the Central Prison Roumieh.

The study is based on three correlated 'Research Objectives/Questions' dealing with:

1/A the perceived overall gaps, weakness, and abuse in Lebanon, independent of the crisis situation;

2/B the impact of the accelerated and multifaceted crises as of 2019;

3/C the aspirations and hopes of those surveyed for a future holistic approach to the rights of vulnerable groups, torture survivors, and service providers.

Key results included a lack of awareness on the part of vulnerable groups for the services provided to them; a high level of discomfort in opening up about their personal problems; and

an overwhelming admission that the current crisis situation is making matters much worse. Many did however express the hope that the MHPSS offered was helping them cope, but added that the rapidly worsening environment was daunting.

Among the key recommendations was the need to reform or eliminate discriminatory laws, regulations, and practices undermining the wellbeing of MDWs, refugees, the LGBTQIA+ individuals, and current and former detainees; the need for a rights-based approach, giving agency to marginalized groups such as those without Lebanese citizenship; an improved coordination between governments, CSOs, the media and educational sector and the survivor groups themselves; and finally a coordinated campaign to improve the general populations understanding for the need for mental health services for all in Lebanon. These can all be better served using an intersectional approach, combining awareness and support for Diversity, Equity, and Inclusion (DEI).

Introduction and Objectives

“The mental health care system in Lebanon has a complex organization that sits between a corporatist public coverage limited to specific beneficiaries and an expensive private sector occasionally resorting to a charitable philosophy of care.”¹ This is how Hala Kerbage, a psychiatrist at Hotel Dieu Hospital in Lebanon and a lecturer at the Saint Joseph University of Beirut, introduces the abstract of her report on mental health legislations in Lebanon, published in 2017. Taking this as a baseline, one can view attempt to determine which elements of the situation are inherent to the overall situation in the country and which are caused by the proliferation of the crisis as of 2019. Writing in 2022, Ahmad Saneh states: “Largely due to the impact of NGOs, Lebanon has made noticeable strides when it comes to accessing mental health support but there is much to be said about how the shortcomings in the field will impact the process of internalizing and healing all [stressors including Beirut explosion, economic crisis, fuel shortage, electricity cuttage, political instability, security issues...].”²

Even though individuals’ mental health became further at risk as of 2019 in Lebanon, there has been no governmental initiative on the matter until 2022.

In fact, Lebanon’s legislation is still lacking when it comes to mental health. There are only two existing regulations that somehow concern mental health, which are the following:

- **The Law No. 673 - issued on 16 March 1998** (and its amendments in 2000 and 2016) related to narcotic drugs, psychotropic substances and precursors with attached list of controlled substances related to the law;
- **And the Legislative Law No. 72 - issued on 9 September 1993:** after being determined by lawyers Nizar Saghieh and Rana Saghieh as non-conforming to international standards, in 2014, Legal Agenda³ reviewed and revised the statute with suggested amendments, which was endorsed by the Ministry of Health’s National Mental Health Program. “The draft law would define mental health based on international standards, stipulate clear procedures to promote treatment and the explicit responsibility of the state to

¹ Hala Kerbage, “Rethinking mental health legislation in Lebanon: updates and implications”, Contemporary Levant, Abstract, 2017.

² Ahmad Saneh, Beirut Today, “Mental Health in Lebanon: What to expect in the near future”, January 2022, <https://beirut-today.com/2022/01/25/mental-health-lebanon-expect-near-future/>.

³ “The Legal Agenda (LA) is a Beirut-based nonprofit research and advocacy organization with offices in Lebanon and Tunisia and correspondents in several other Arab countries. It was established in December 2009 by a group of legal professionals, scholars, and human rights activists who institutionalized their efforts to build a critical and multidisciplinary approach to law and justice in Arab countries with a special focus on political, civil, social, and economic rights.” (<https://english.legal-agenda.com/about-us/>)

realize these goals. Both through allocated funding for free out-patient care and the establishment of community-based mental health care centers for prevention, treatment and rehabilitation, the State would uphold its obligations.”⁴ This updated version, as many suggested law amendments in Lebanon, remains a draft.

This study uses an intersectional approach, linking the needs of five vulnerable groups to the performance of providers of mental health and psychosocial support (MHPSS).

When talking about Lebanon and its context, this does not focus exclusively on Lebanese citizens. It is more inclusive and brings all residents in Lebanon to the table. Anyone residing in Lebanon is enduring the same challenges abovementioned.

Even more, as therapy has become a luxurious service, its accessibility becomes harder to the poor and vulnerable people, out of which there are Lebanese and non-Lebanese.

This research picks five study groups as previously stated, to ensure all aspects related to the accessibility of MHPSS of each group are covered.

In terms of research, no updates have been done in regards to mental health in Lebanon as the **last piece** was published over 10 years ago, except for one research study mentioned previously (published in 2017). It is essential to shed light on the situation of mental health services, especially when related to vulnerable communities in Lebanon, as the past two years have been subject to collective trauma and other arising mental health needs.⁵

However, before 2019, multiple studies have been published and are somewhat related to the topic at hand. These are listed in the Annex 7. This report does not dive into a detailed literature review but focuses on the current situation as per its main objective, to evaluate the influence of the country’s crises on vulnerable individuals’ mental health, with the baseline being 2019.

In response to the economic crisis and the devaluation of the Lebanese Lira in the past years, mental health services have fallen under luxurious services as only those who are financially capable have the privilege to seek individual psychotherapy.

⁴ Arab Reform Initiative, “Mental Health Reforms in Lebanon during the Multifaceted Crisis”, 28 September 2021.

⁵ Karam, Elie G et al. “Prevalence and treatment of mental disorders in Lebanon: a national epidemiological survey.”, 1000-1006. (Lancet / **2006** Mar 25; 367 (9515):1000-6. doi: 10.1016/S0140-6736(06)68427-4;)

In June 2021, “one therapy session that used to cost 70,000 LBP now costs 300,000 LBP after it reached 150,000 LBP in 2020. Attending two therapy sessions would cost you almost as much as the minimum wage of 675,000 LBP.”⁶

In 2022, similarly to other services in Lebanon, the price has shifted to USD instead of LBP, as the LBP keeps devaluating compared to the USD. Thus, the price per session has been escalating from 30 USD to 100 USD in 2022, inside and outside the Beirut area: “Today, a therapy session with a therapist or counselor would cost approximately \$30, almost the Lebanese minimum wage for a single session. Therapy, being a continuous process that requires a multitude of sessions, is simply an unrealistic and unaffordable luxury for some of the Lebanese population.”⁷

Research Contextualization

Vulnerable communities in Lebanon have long been discriminated against, left aside, and not included in the priority list of interventions needed. With the numerous challenges and problems occurring in the country, this has been escalating. For these reasons, this research aims at evaluating the access to mental health services in Lebanon and examining in particular the need for vulnerable communities to access these.

On a sidenote, a question needs to be raised at this stage: are discriminatory practices caused by problems or intentional planification? Based on the research conducted in 2021 and published by the Arab Reform⁸, there are two keynotes to highlight.

1. The protracted system of discrimination against vulnerable groups;
2. And the escalation of Lebanon’s “problems”.

Is the second keynote initiated intentionally by the power elite? This report does not aim at answering this question but considers this a major factor to be mentioned.

Research Objectives and Questions

This study has established three objectives linked to the baseline of gaps and obstacles existing prior to the country’s multifaceted crises, the impact of the accelerated crisis as of 2019, and

⁶ 961, “Therapy Prices Quadrupled in Lebanon Amidst A Rising Mental Health Crisis”, June 2021, <https://www.the961.com/therapy-prices-quadrupled-amidst-rising-suicide-rates/>.

⁷ Ahmad Saneh, Beirut Today, “Mental Health in Lebanon: What to expect in the near future”, January 2022, <https://beirut-today.com/2022/01/25/mental-health-lebanon-expect-near-future/>.

⁸ Arab Reform, Mental Health Reforms in Lebanon During Multifaceted Crisis, available at <https://www.arab-reform.net/publication/mental-health-reforms-in-lebanon-during-the-multifaceted-crisis/>, consulted in October 2022.

the hopes and aspirations of the vulnerable groups studied for a holistic approach to the situation in the foreseeable future. All three objectives mainstream the issue of torture in their analysis.

Research Objectives

- 1) Highlighting the gaps and obstacles in the provision of mental health services to residents in Lebanon, particularly rehabilitation services to vulnerable communities including victims of torture.
- 2) Examining the impact of the country's crises (political and economic instabilities) on vulnerable communities' mental health.
- 3) Studying the importance of having a holistic approach in the rehabilitation process of victims of torture.

Research Questions

In order to gather pertinent information on the three research objectives, three correlate research questions have been developed. Thus, the questions A-C have been allocated to the objectives 1-3.

- Question A: What are the available mental health services to vulnerable communities' residents in Lebanon including vulnerable communities and victims of torture? How accessible are these? Are there obstacles such as the cultural perception of the topic (taboo) and the economic crisis? *Responding to Objective (1)*
- Question B: How have the country's crises impacted the psychological wellbeing of vulnerable communities including victims of torture in Lebanon? What differences are there between those who were being provided mental health services before the accelerating crises, and those who were not? *Responding to Objective (2)*
- Question C: What kinds of services are needed in the rehabilitation process of victims of torture? Why? *Responding to Objective (3)*

The research will be used to ensure recommendations are addressed to concerned entities in the purpose of improving the provision of mental health services to vulnerable communities in Lebanon, especially when it comes to the rehabilitation of victims of torture.

Vulnerability is often aggravated by discrepancies in guaranteeing legal protection, which could be portrayed by gaps or provisions in certain laws and regulations. Mental health is threatened because of this. For this reason, this report studies each vulnerable community aside, starting with the community's legal framework, moving to CLDH's intervention, and then to the analysis of the collected data and their access to mental health services.

Methodology & Ethics Policy

The field researchers take particular care to show sensitivity to cultural values and respect the dignity and rights of every interviewed individual.

For the focus-group discussions, these were conducted only after the respondents had provided their verbal and written voluntary informed consent to participate. CLDH's social workers who are managing the cases of respondents (CLDH's beneficiaries) coordinated and attended the discussions. The beneficiaries' identities remained anonymous in respect to the "Do No Harm" considerations CLDH abides by.

As for the rest of the studies, the assessment followed the rules of informed consent by making sure that all respondents, regardless of the study's type, agree to participate after they are informed about the following: the purpose of the study and the research conducted; what the provided information will be used for; that they may withdraw their consent at any time during or after the interview; that the research report will not contain any information which would reveal the identity of the respondents if they do not wish to; that they can ask any questions that they may have before starting, during and after the interview.

I. Victims of Torture (VOT)

International Regulation

Taking an overview on the international regulation, Lebanon has the following to abide with:

The International Covenant on Civil and Political Rights (1966) - Article 7:

“No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.”

The United Nations Convention Against Torture (1987) - Article 14, Paragraph 1:

“Each State Party shall ensure in its legal system that the victim of an act of torture obtains **redress** and has an enforceable right to fair and adequate compensation, including the means for as full **rehabilitation** as possible.”

This convention is binding to the State of Lebanon as it ratified it in 2000. Additionally, the Lebanese Constitution (1926) stipulates in its preamble (Paragraph B) the following:

“Lebanon is also a founding and active member of the United Nations Organization and abides by its covenants and by the Universal Declaration of Human Rights. The Government shall embody these principles in all fields and areas without exception.”

Domestic Regulations

On the national level, on September 19, 2017, the Lebanese Parliament passed the national **Law No. 65/2017** criminalizing torture (also known currently as the Anti-Torture Law).

In order to implement the law's stipulations, in July 2019, the government appointed the five members of the **National Preventative Mechanism against Torture (NPM)**.

Moreover, on October 22, 2020, the parliament amended **article 47 of the Code of Criminal Procedure** to explicitly allow lawyers to be present with detainees during their initial interrogation at security agencies. This amendment, if respected, helps in preventing the use of torture during interrogations.

However, rehabilitation and mental health are off the table when it comes to these domestic regulations. No legal stipulation obliges the judge to ensure victims of torture are rehabilitated. This remains under the judge's free will on whether they choose to refer the victim to rehabilitation or not.

CLDH's Intervention

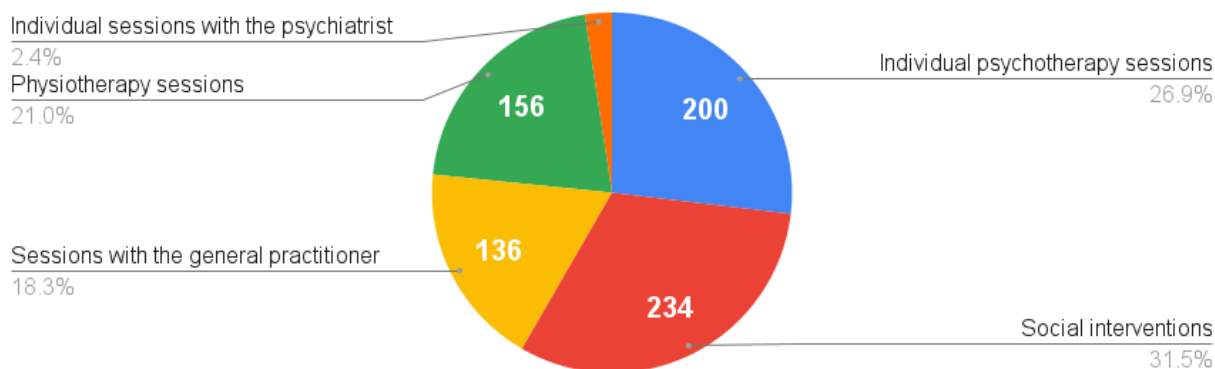
In response to the lack of available rehabilitation services, CLDH established the Nassim rehabilitation center in 2007, aiming to rehabilitate victims of torture and ill-treatment, and to help them get reintegrated into society.

CLDH adopts a holistic approach based on the Istanbul Protocol⁹ by providing various services.

For example, between September 2021 and July 2022, CLDH provided 747 rehabilitation services to 61 beneficiaries (victims of torture). These services are divided as below:

- 200 individual psychotherapy sessions;
- 234 social interventions;
- 136 sessions with the general practitioner;
- 156 physiotherapy sessions;
- and 18 individual sessions with the psychiatrist.

747 rehabilitation services provided by CLDH to 61 VOT



"The holistic approach is to assist a victim of torture in rebuilding their life after it being destroyed by torture. It tackles all aspects of the trauma inflicted through an interdisciplinary approach to ensure that the person is looked at as whole and supports all of their needs: Legal, Clinical (Medical and Psychological) and Social."¹⁰

Analysis of the Data Collected

During one of the focus-group discussions (FGDs) - Tool 1, held with victims of torture who are at Nassim center, questions were addressed to the participants, who had the space to answer, decide not to answer, or discuss further. Victims of torture who participated in this activity are kept anonymous to abide by do-no-harm principles and take into consideration

⁹ OHCHR, Istanbul Protocol, Professional Training Series No. 8, Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, UN New York and Geneva, 2004.

¹⁰ Key Informant Interview, Stephanie Haddad, Psychologist at Nassim Center - CLDH, May 16, 2022.

their safety and security wellbeing. For the exclusive reason of analyzing the FGDs held with them, numbers are given to indicate which participant provided each response, especially to be able to cross-analyze responses. The questionnaire is attached as Annex 2. For the purpose of the analysis, questions were divided into two main categories:

Category 1: Talking about mental health, reaching out, feelings, headspace... (*Answering Research Question A Objective 1*)

Category 2: The crises' impact on mental health (*Answering Research Question B Objective 2*)

In the first category, participants' responses were various as some mentioned opening up about their mental state while others would not talk about that to anyone. One of the questions was addressed to them as "senders" as they were asked if they talk about their mental health. Another question was addressed to them as "receivers" as they were asked if people reached out to them for venting.

Some relevant answers are listed in the following table.

VOT as the "sender" <i>Qst 1 Do you talk about your mental health?</i>	
VOT 1	"Mental health is sacred."
VOT 2	"I do not talk about my mental health to anyone, not even my wife, except for the psychologist at Nassim center. I am grateful for the center as it allowed me to talk."
VOT 3	"It is a sensitive topic to me."
VOT 4	"No, I do not talk about my mental health."
VOT 5	"I will never say the things I say at the Center to the outside world. They would never understand."
VOT as the "receiver" <i>Qst 2 Have people reached out to you for venting?</i>	
VOT 6	"Yes, but I cannot share the way they do. At some point, I could not listen to people venting anymore, I became drained."
VOT 8	"When people come to me, I am not able to hear them out. It makes me feel uncomfortable, it triggers me, especially when things are related to prison."

In the same category, it was important to highlight whether VOTs feel better after opening up or on the contrary, do not feel comfortable when doing so.

Qst 3 Do you feel comfortable opening up about your feelings and mental health?

VOT 3	“I talk and share, but it is stressful and tiring to me. I always get emotional.”
VOT 5	“When I left the prison, I could not leave my house and sometimes even my room. It has been really hard to get reintegrated into society. I only open up at the Center.”
VOT 7	“Only to my best friend - I had anger issues and used to be easily irritated. Society’s judgment has been harsher than the court’s judgment.”
VOT 8	“Outside the center, not at all, absolutely not!”

At some point, the discussion became general rather than specific and the facilitator asked: ***What is taking up most of your headspace? (Qst 8)***

All participants answered by mentioning: livelihoods, economic crisis, basic needs, responsibility of children and family, the future, security, fleeing to a safe country, etc.

Only VOT 3 did not agree as they answered: “The only thing stuck with me is my thoughts. I do not care about the economy nor anything else, just my overthinking.” Based on the responses this VOT had given to other questions as mentioned above (Qst 1 and Qst 3), it seems clear that they are in need for continuous mental health and psychosocial support (MHPSS) as they are not feeling better after opening up, they consider mental health as a sensitive topic and they are overwhelmed by overthinking.

In the same category, the following question was addressed: ***Qst 10 Are you aware of any mental health care providers?***

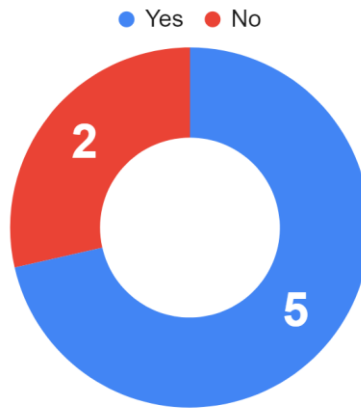
Some VOTs mentioned that they tried to go to other organizations that provide mental health support but did not feel comfortable, which changed when they came to Nassim center.

Other VOTs mentioned that they have not heard of any organization providing such support other than CLDH.

Highlights are made on the deficiency in organizations’ outreach and VOT’s awareness on MHPSS services being provided by organizations free of charge.

In the online survey CLDH disseminated to different organizations operating in Lebanon - Tool 5, 7 MHPSS providers filled out the questionnaire (Annex 3). Out of these 7 respondents, 5 answered “Yes” to whether they provide their MHPSS services for free or not.

Does your organization provide this / these service(s) for free?

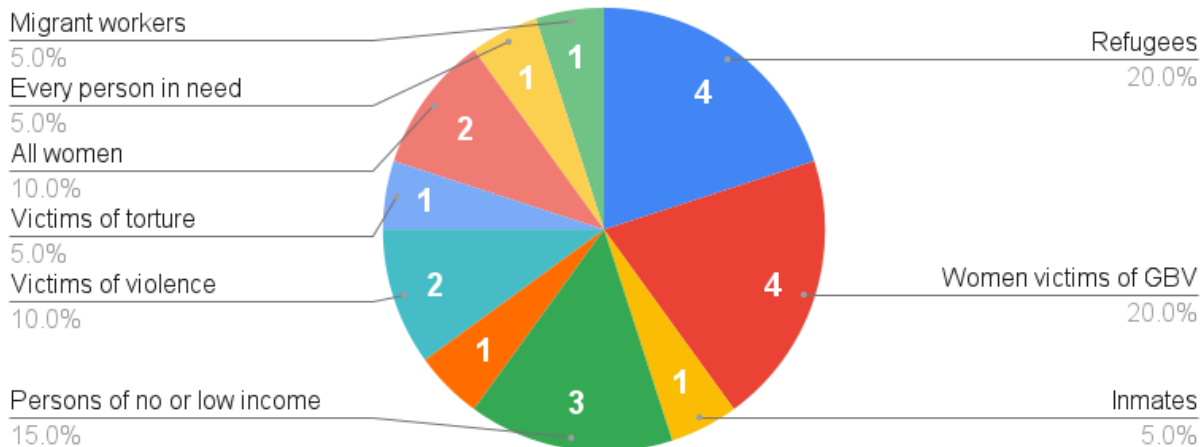


This question followed the question on the type of MHPSS service(s) they provide, which contained the answers listed in the table below. The most provided services are psychosocial support sessions which all respondents conduct and individual psychotherapy which 6 out of 7 provide.

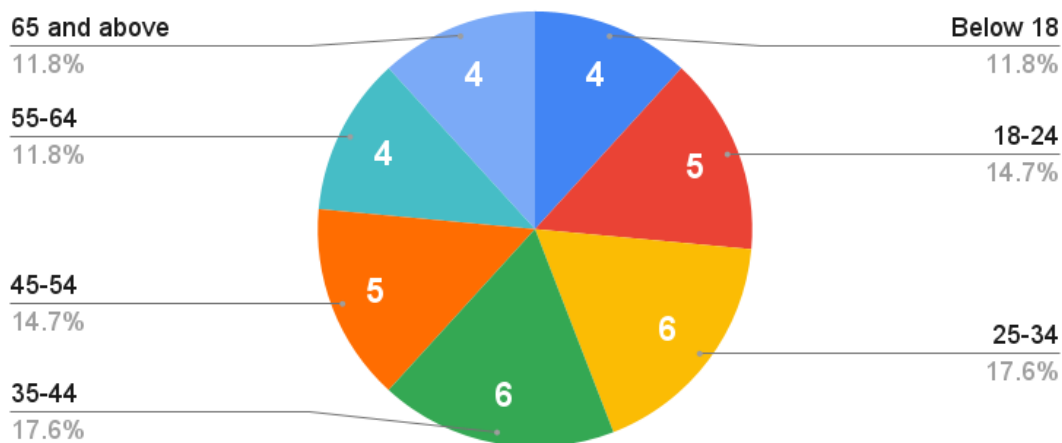
Ranking from most to least provided service	Type of Service	# Organizations providing the service(s)
#1	PSS Sessions	7
#2	Individual Psychotherapy	6
#3	Individual Social Intervention	4
#4	Group Therapy	1
#5	Case Management	1

It is true that these respondents have today different nationalities and age ranges as beneficiaries. Nonetheless, a great gap exists in targeting VOTs. The graph below shows that only 1 out of 7 ticked “VOTs” between the multiple-choice answers to be selected.

Kindly tick the categories that correspond to your organization's current beneficiaries:



Kindly tick the age ranges of your organization's current beneficiaries:



All other categories could be VOTs. For instance, many women could be VOTs. Victims of violence could be VOTs if violence was inflicted in terms of torture as per the definition previously mentioned. Inmates could also be VOTs as they went through preliminary interrogations and might have been subjected to torture.

But even if all other categories could be VOTs, this is not sufficient as a fact to consider VOTs able to reach out to these organizations for MHPSS. This is due to the specificity in the provision of MHPSS and rehabilitation for VOTs, which differs from other MHPSS given to non-VOTs.

The gap is therefore, alarming.

There are two organizations in Lebanon, other than CLDH, that provide multidisciplinary rehabilitation services for VOTs.

1. Restart: <http://restartcenter.com/restartcenter/>
2. Al Khiam Rehabilitation Center: <https://www.khiamcenter.org/en/>

In the second category of questions, a focus was made on the explosion and the economic crisis. Below are the answers that seem relevant to this research.

<i>Qst 4 How have the past two years affected your mental health?</i>	
VOT 2	“Therapy here [at the center] helped in decreasing 50% of the pressure I used to feel before, due to the electricity issue, fuel crisis, economic crisis, etc.”
VOT 8	“Two years ago, till today, the Port explosion affected me. It reminded me of the Syrian war. I was living in Akkar (Lebanon) when the explosion happened. I felt a need to go to Beirut and help. It devastated me, I saw the war itself again. I remember in Hama (Syria), there was literally nobody there, the same situation was in Beirut post-explosion. In Hama, it was the beginning of my trauma. I felt it again in Beirut.”
<i>Qst 5 Can you describe what you were thinking when the explosion happened?</i>	
VOT 2	“I was at Bourj Hammoud. I heard the sound, saw the fumes and threw myself into a shelter. I have been suffering from nose bleeding and ear ringing ever since.”
VOT 6	“I remember Zabadani in Syria. It was the tourist hub of Syria, but now it is completely destroyed. The Beirut Port explosion made me feel the same thing. I remember during the war in Syria, that I had to put someone I love in a plastic bag and throw the body away. No one can relate to this trauma <i>*the participant started crying*</i> .”
<i>Qst 6 Do you often think about the explosion?</i>	
VOT 2	“I still think of it. I am in constant stress and I worry that another explosion will happen. I have a fear of seeing my family / house / buildings all ruined. I suffer from trauma from loud sounds.”
VOT 4	“I still think about the explosion a lot.”

At this point, some symptoms of Post-Traumatic Stress Disorder (PTSD)¹¹ were observed, due to the Beirut explosion.

¹¹ Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder caused by very stressful, frightening or distressing events.

<i>Qst 9 What have been the repercussions of the economic crisis on your mental health?</i>	
VOT 2	“The situation in Lebanon negatively impacts my mental health. Even waking up in the morning is itself negative. There is no progress and no motivation.”
VOT 6	“I started smoking to release the stress.”
VOT 7	“In one sitting, I over-smoke and drink tea. That is how I try to cope.”
VOT 8	“I feel I am at war with the world but I cannot show this to my kids. I cannot show them that I am physically, mentally, medically and economically ill.”

Some of the answers to Qst 9 seem alarming and show potential or possible substance addiction: “I over-smoke. This is how I try to cope”.

When asked if the crisis has affected their accessibility to MHPSS, many VOTs discussed how difficult it is often for them to attend all psychotherapy sessions as they have to work at the same time in order to secure money and not lose their jobs.

II. Refugees

International Regulations

The 1951 Convention relating to the Status of Refugees and the 1967 Protocol relating to the Status of Refugees (the 1951 Refugee Convention) are the two primary international legal instruments that provide protection to refugees around the world.¹²

There are two main articles in the Universal Declaration of Human Rights that give refugees the right for asylum and the right to leave one's own country as follows.

Article 13:

(Paragraph 2) Everyone has the right to leave any country, including his own, and to return to his country.

Article 14:

(Paragraph 1) Everyone has the right to seek and to enjoy in other countries asylum from persecution.

(Paragraph 2) This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations.

Similar to Article 13 above, Paragraph 2 of Article 12 of the International Covenant on Civil and Political Rights states: "Everyone shall be free to leave any country, including his own."

Based on the latest factsheet of the UNHCR, Lebanon remains the country hosting the largest number of refugees per capita and per square kilometer in the world, with the Government estimation of 1.5 million Syrian refugees and some 13,715 refugees of other nationalities.¹³ However, to date, Lebanon has not ratified the 1951 Geneva Convention.

The Universal Declaration of Human Rights in its Article 14 states:

"Everyone has the right to seek and to enjoy in other countries asylum from persecution.

This right may not be invoked in the case of prosecutions genuinely arising from non-political crimes or from acts contrary to the purposes and principles of the United Nations."

Domestic Regulations

Numerous domestic regulations are enlisted in the table below as a (non-exhaustive) summary of refugees' legal framework in Lebanon.

¹² Maya Janmyr, International Journal of Refugee Law, "No Country of Asylum", October 2017, <https://academic.oup.com/ijrl/article/29/3/438/4345649>.

¹³ UNHCR Lebanon at a glance, <https://www.unhcr.org/lb/at-a-glance>.

Law No. 296/2001	Deprivation of Palestinian refugees from property rights in Lebanon, and the right to found organizations.
Law on Entry to Lebanon, Residency and Exist (10 July 1962)	<p>Article 17: “The foreigner comes out of Lebanon by decision of the Director General of Public Security if there is damage to public security and safety. The Director General of Public Security must immediately deposit a copy of his decision. The exit shall either inform the person concerned that he must leave Lebanon within the time limit specified by the Director General of Public Security or be deported to the border by internal security forces.”</p> <p>Article 18: “The Director General of Public Security may, with the approval of the Public Prosecutor’s Office, arrest any foreigner until his deportation has been processed.”</p>
General Security Decree of 2015	Difficult conditions should be met for a Syrian refugee to reside legally in Lebanon. This resulted in challenges related to marriage and children registration, which both require a renewed or valid legal residency.
Example of discriminatory laws - Article 113 from the Lebanese Criminal Procedure	<p>Release orders for those who have been sentenced with imprisonment not exceeding 2 years:</p> <p>→ Lebanese: the investigative judge can release a Lebanese legally in such a case, after 5 days.</p> <p>→ Non-Lebanese: the investigative judge can release a Lebanese legally in such a case, after 4 months.</p>
Multiple decisions are made by municipalities to inflict on Syrian refugees specific curfews and to limit their salaries.	

CLDH’s Intervention

CLDH conducted awareness-raising sessions in the Northern Bekaa area, including Saideh, Bouday, Deir el Ahmar, Chlifa, Btedaai, Houch Barada, Houch Tel Safiyeh, Haour Taala, Jebaa, and Talia municipalities.

In the Syrian refugees’ tents, CLDH organized a total of 152 sessions in 2021, to small groups of 5 to 8 persons to prevent Covid-19 transmission. Sessions were twofold, with a chapter on the rights of detainees, led by lawyers, and a sequence on civil documentation, led by social

workers. They addressed specifically the topics of marriage and birth registrations, and spread practical information on how to register and what steps to follow.

ITS residents proved responsive, allowing CLDH to reach 1 274 people, including 950 women.

Analysis of the Data Collected

In the scope of the FGD held with Syrian refugees in the Bekaa - Tool 3, different questions were addressed and discussions were made. Annex 4 is the list of questions addressed.

When asked *“Do you often feel stressed?”* all participants answered: “Yes, since we always have more than a thing to worry about: electricity, food, safety, violence and discrimination...”

The discussion continued, *“How have the past two years affected your mental health?”*

And the most frequent answer was: “Negatively, very negatively”. They further elaborated that consequences have been divorce and family issues. *“What is taking up most of your headspace nowadays?”* Answers were:

- “How to provide bread for my family”
- “How to ensure milk for my baby”
- “Where to find medication”.

Some of the participants explained that an organization comes and provides psychosocial support to them every once in a while, but they claim it is not enough for them to feel better, as crises keep arising and their circumstances keep getting worse.

At the end of the FGD, a last question was raised: *“What would make you feel better mentally today?”*

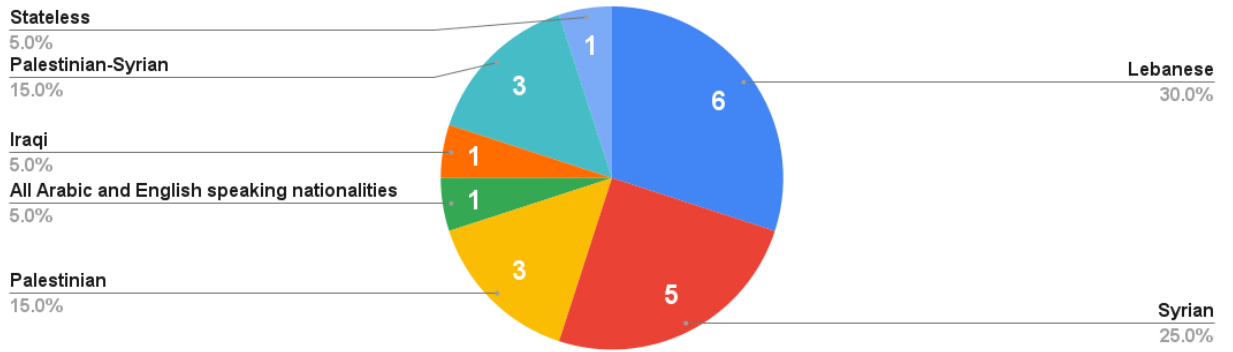
The answer was a mixture of hope and hopelessness:

“When we speak about our reality we feel better, and if someone provides cash assistance for us, we would definitely have so many issues resolved”.

In the online survey - Tool 5 mentioned previously, organizations were asked where they provide psychosocial services to their beneficiaries. 6 respondents answered “at the organization’s office” and 1 answered “refugee camps and houses”.

As for what their beneficiaries’ nationalities are, the graph below shows that 5 out of 7 respondents (25%) ticked “Syrians”, 3 (15%) ticked “Palestinian-Syrian” and 3 (15%) ticked “Palestinian”. This provides a small specimen of refugees’ access to MHPSS, which does not seem to be sufficient and spread in Lebanon.

Kindly tick the nationalities of your organization's current beneficiaries:



III. Migrant Domestic Workers (MDWs)

International Regulations

The International Convention on the Elimination of All Forms of Racial Discrimination was adopted on 21 December 1965. Lebanon accessed¹⁴ it on 12 November 1971.

However, Lebanon has not ratified the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families which was adopted on 18 December 1990.

Domestic Regulations

Article 7 of the Lebanese Labor Law exempts migrant domestic workers and deprives them from the legal protection other workers in Lebanon have, including fees, maximum hours of work, 1 day off weekly, etc.

The Kafala (slavery) system in Lebanon gives the employer (sponsor) power over the migrant domestic worker (MDWs).

Cases of passport confiscation have been recurrent. Physical and sexual abuse keep getting reported by MDWs and organizations.

This system does not allow the worker to terminate their sponsorship, or move to another type of work or sign with a new sponsor, unless approved previously by the Ministry of Labor and Social affairs. (Article 15 of the Decree No 64/17561 regulating migrants' work).

Nevertheless, the sponsor has the right to terminate the sponsorship whenever they want. This often happens when the worker flees the house. When the sponsorship is terminated by the sponsor, and if the worker's passport is not with her (confiscated by the sponsor usually), the worker becomes illegally resident in Lebanon.

CLDH's Intervention

CLDH has long been known to provide legal representation, legal consultation and legal mediation to MDWs whether in detention or not. The most common demand has been repatriation in the past few years.

CLDH's Nassim center provides rehabilitation services to all victims of human rights violations. But as of July 2022, specific funds were gathered to ensure the provision of these services to MDWs: social intervention, psychotherapy, medical consultation and physiotherapy.

¹⁴ "Accession" is the act whereby a state accepts the offer or the opportunity to become a party to a treaty already negotiated and signed by other states. (<https://treaties.un.org/pages/overview.aspx>.)

Below is an example of one of CLDH's success stories.¹⁵

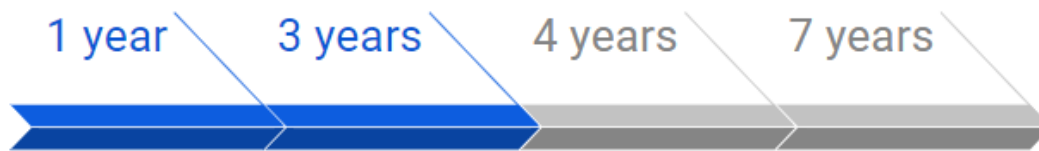
Halima Arba Ubpah has been provided justice by the first chamber of the Labor Arbitration Council on March 21, 2022 after enduring 10 years of slavery. Five years after the Lebanese Center for Human Rights (CLDH) submitted a summoning of Halima's employer, the Labor Arbitration Council issued a unanimous verdict which stated the following: "Obligating the defendant to pay the plaintiff Halima Ubpah 11 000\$ or its equivalent in local currency based on the dollar rate on the day of payment. This amount represents the total salaries payable to Halima for her period of service including legal interest from 28/09/2018 until payment."

This verdict represents a clear rebuttal of the prevailing jurisprudence of the Labor Arbitration Council, and lays a foundation for many foreign workers who suffer from the modern slavery system to achieve their rights just like Halima.

Analysis of the Data Collected

As explained in Annex 1, Tool 2 of this research was a FGD held with MDWs. The questionnaire is under Annex 5.

All questions were optional and participants had the choice to omit answering any of them. Four of the MDWs who participated in the FGD have been in Lebanon for an average 3.7 years as per the graph below.



The FGD's data revolves around three pillars.

Pillar 1: "I do not feel good" (mental health, stress, feelings...)

Pillar 2: Crises' impact on mental health

Pillar 3: "Going home is what would make me feel better"

Pillar 1: "I do not feel good" (mental health, stress, feelings...)

"I do not feel good. I have been worried ever since I was born." This is how one of the participants explained if she talks about her mental health. "I keep it to myself, I do not talk about it", she continued.

¹⁵ CLDH, Labor Arbitration Council does Halima Justice, published on May 4, 2022, <http://www.cldh-lebanon.org/OurBlog/Artical/2060?lang=en>.

Another participant agreed on keeping it to herself and said: “I do not want to talk about it. I am trying to forget about it because it makes me sad.”

On the contrary, another participant answered “Yes, every day” to whether she talks about her mental health or not, but she elaborated: “My mental state is always on my mind. I am stressed and not in a good condition. I sometimes hate myself for it.”

Many other participants answered “Yes” to the same question, which led to the next question: ***“Do you feel comfortable opening up about your feelings and mental health?”***

Below are some answers:

“No, when I speak up, I feel sad.”
“It depends, based on whom I am expressing to.”
“When I talk, nobody helps me. This only aggravates pain.”

The discussion continued on whether they often feel stressed or not. One answer revealed the need for MHPSS: “I definitely feel stressed, I wake up in the morning hopeless, frustrated, and feel that the walls will cave in and swallow me. The situation is not easy. **But today, in this FGD, I realize that we are not alone in this frustration, everyone shares it, even if the problems are different.**”

When asked if they are aware of any MHPSS service providers, only one participant answered “Yes”. She explained: “When I was still at my madam’s house, I learned about a center via social media. I met a friend on Facebook who told me about a Whatsapp group for Kenyans in Lebanon. I got to know about the center that provides MHPSS via this group. I was suicidal and had severe mental issues. I contacted the center and started going there. To some extent, this saved my life.”

Pillar 2: Crises’ impact on mental health

In the scope of pillar 2, observations on discrimination, communication barriers and slavery were highlighted. Relevant answers are:

- “Lebanon was good before, but now it is not. The madam I used to work for did not take anything about me seriously, not my leg pain nor my back pain. They were so careless.”
- “The language barrier is there. I used to communicate through typing. I do not understand Arabic. When madam used to ask me for something, I would answer in English. She would say ‘You are not a human being, I do not understand. Just type it!’”

- “Madam does not give me a chance to communicate, or to express, or to explain, what I am feeling.”

Pillar 3: “Going home is what would make me feel better”

Q: What would make you feel better mentally today?

A: Going home.

All participants had the same reaction and this same answer.

One elaborated: “If they have offices that bring us here, when a problem arises, why don’t they let us go back?” Another participant said: “I will be very, very happy, if I go back home”.



Illustration showing migrant workers protesting in front of the Gambian consulate in Beirut shortly after the Aug. 4, 2020, port explosion.
(Credit: Anwar Amro/AFP)

An article published on L’Orient Today on 16 September 2021 mentioned words and thoughts of an Ethiopian woman:

The woman said that her employers had kicked her out because they can no longer afford to pay her salary, “I am not able to buy tampons or pads, and I cannot even afford to buy basic food. I try to sleep most of the time so that I do not have to go through feeling starved,” she said, explaining that she is currently staying with friends.

“I want to go back to my country so that I can try and find a job somewhere else... **anywhere but here**,” she said.¹⁶

¹⁶ Tala Ramadan, L'Orient Today, “Lebanon is a prison”, 16 September 2021, <https://today.lorientlejour.com/article/1274970/lebanon-is-a-prison-migrant-domestic-workers-struggle-to-leave-collapsing-lebanon.html>.

IV. Detainees in the Blue Building at the Central Roumieh Prison

International Regulation

“Classification has gone beyond the place of picking out of the prison population those persons who are considered criminally insane or mentally subnormal, with the object of segregating these individuals in institutions especially constructed for their care”¹⁷.

It is in correlation to this thought that the Nelson Mandela Rules (The United Nations Standard Minimum Rules for the Treatment of Prisoners) were drafted. When reading through the rules, one can highlight that mental health is mentioned equally to physical health, in terms of the right to health and healthcare in detention.

One section in these rules regulates “prisoners with mental disabilities and/or health conditions”, under which rule 109 states:

- “1. Persons who are found to be not criminally responsible, or who are later diagnosed with severe mental disabilities and/or health conditions, for whom staying in prison would mean an exacerbation of their condition, shall not be detained in prisons, and arrangements shall be made to transfer them to mental health facilities as soon as possible.
2. If necessary, other prisoners with mental disabilities and/or health conditions can be observed and treated in specialized facilities under the supervision of qualified health-care professionals.
3. The health-care service shall provide for the psychiatric treatment of all other prisoners who are in need of such treatment.”

This international instrument is a declaration and not a convention which States can ratify. However, with the Lebanese Constitution mentioning in its Preamble that Lebanon is a State member to the United Nations and abides by its rules and regulations, the Mandela rules are mandatory to the State of Lebanon.

Domestic Regulations

The Lebanese Decree No. 6164 adopted on 23 December 1994 states in its articles the following.

Article 1: “Persons sentenced to detention in a precautionary shelter should be held in a special ward in the Central Roumieh Prison.”

¹⁷ J. MCCARTNEY, “The Evaluation of Classification in Prisons”, the American Journal of Orthopsychiatry, 1934, p. 225.

Article 2: “The Ministry of Interior - Directorate General of Internal Security Forces should implement the necessary work for this ward to bring it into compliance with the health requirements.”

Article 3: “The Ministry of Public Health should ensure the necessary medical equipment for the treatment of various mental illnesses in addition to the requirements of care.”

In addition to that, Article 232 of the Lebanese Penal Code states that any “insane”, “mad” or “possessed” offender shall be incarcerated “until cured”, relegating thousands to a lifetime in prison.

CLDH’s Intervention

CLDH has conducted numerous visits to the Blue building, also known as the precautionary building at the Central Roumieh Prison.

CLDH provides legal assistance to all detainees who need it. With an expansion of its activities, CLDH started implementing social intervention and individual psychotherapy to detainees who want it, in this building.

Based on CLDH’s latest observations, ever since the Covid-19 pandemic, Non-Governmental Organizations have stopped providing assistance in this building. Today, only one psychiatrist visits the building and less frequently than usual.

This has been a challenge for a long while, especially with the medication shortage.

When conducting research Tool 6 (questionnaire Annex 6), interviewers faced challenges when meeting with some detainees as they were having manic episodes or other symptoms due to their mental instability. This is caused by them not being provided with the needed medication.

Analysis of the Data Collected

In total, CLDH’s team filled out surveys at the Blue building with 15 detainees, in the scope of Tool 6 mentioned above. Respondents’ age range was between 23 and 48 years old. 9 out of 15 have been convicted and 6 have not been sentenced.

“I am optimistic and I hope I will forget about everything when I leave prison”. This is how one of the respondents described where they see themselves in the future. Tool 6, as per Annex 6, includes a set of questions aimed at documenting the detainees’ access to MHPSS and their medical needs. The specimen is that of 15 detainees, out of 54 detained there, but it was enough to reveal appealing findings as elaborated in the following.

Q: How would you describe your mental health?

Some answers clearly showed depression.

“I only feel down once they lock the doors and I find myself in bed, overthinking.”

“I am depressed and I keep having negative thoughts.”

“Anxiety, depression and overthinking.”

“I am stressed, tired and depressed.”

“I have neurological disorders and I was diagnosed with depression.”

When comparing some answers, some were more “alarming” or “dangerous” than others, such as:

“ I hear voices and see the person I killed.”

“I do not feel anything.”

“I have the fear of getting out, I am not ready to face life outside prison. I do not know what to do.”

Q: Have you been diagnosed?

8 of 15 respondents answered “Yes”. When asked what the diagnosis is, answers varied between schizophrenia, paranoia, bipolar disorder, depression, epilepsy, Post-Traumatic Stress Disorder, and being suicidal.

The rest of the respondents answered “No” except for 1 who said “I do not know”.

Even though not all of them were diagnosed with mental disabilities or illnesses, to their knowledge, all of them answered “Yes” to whether they take medication or not.

When asked which medications are prescribed to them, answers were:

Alprox (same as Xanax below)	Benzhexol (treating Parkinson and stiffness of muscles)	Clotiapine (antipsychotic)
Clopixol (treating schizophrenia)	Depakine (treating bipolar disorder and epilepsy)	Haldol (treating schizophrenia)
Remeron (antidepressant)	Seroquel (antipsychotic)	Tryptizol (treating depressive disorder)
Tegretol (treating epilepsy and neuropathic pain)	Xanax (treating anxiety and panic disorders)	Zyprexa (treating schizophrenia and bipolar disorder)

Q: Are you provided with mental health services?

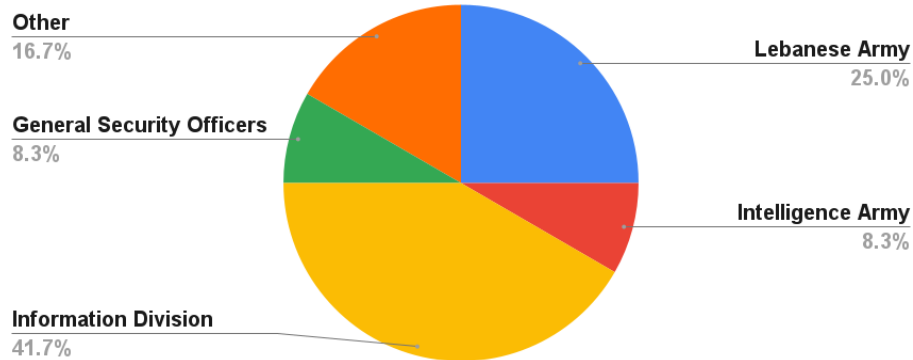
It is with this question's results that CLDH raises serious concerns on the accessibility to MHPSS in the Blue building: 7 out of 15 answered "No", 2 answered "I used to see a psychologist but not anymore" and 1 said "it is provided but I do not want it". The remaining 3 were the only ones that mentioned that they see a psychiatrist every once in a while.

Q: Were you subjected to any moral or physical violence before coming to this building?

80% of the respondents answered "Yes", meaning 12 out of 15.

One of those who answered "Yes", elaborated by saying: "I confessed to everything but they kept on going, just enjoying it. I don't want to report it, nothing would happen anyway."

- **By whom?**



One of the respondents did not know who tortured them but they said:

"I do not know who they were but they were right, I needed to be punished as I was a terrorist. I forgive them for what they did, they had every right."

This is where CLDH highlights, such as in many previous reports, that there is a lack of awareness on the illegality of the use of torture.

Q: Where do you see yourself in the future?

Answers to this question varied between negative and positive perspectives.

Negative perspectives are illustrated in the following answers:

"If my parents agree to take me back, I will go back and live with them. If they do not, I will come back here [to prison]. It is easy to come back."

"I do not know. It is scary."

"I see myself in hell."

"I cannot see myself anywhere."

Positive perspectives are illustrated in the following answers:

“I see myself starting fresh and building new dreams.”

“I see myself on the right track, getting treated.”

“I want to be a nurse. I see myself studying nursing.”

V. LGBTQIA+ Individuals

International Scope

“Over the last decade, LGBTQ rights have developed a strong presence within international diplomacy, yet support remains subject to debate within the international Individuals. International bodies such as the United Nations have passed measures to support LGBTQ rights, but official statements typically face resistance from member states unwilling to address their own records on the issue. Due to this division, LGBTQ rights do not have official recognition within the world’s most prominent diplomatic body. Instead, LGBTQ rights are represented by informal groupings such as the LGBTI Core Group as well as individual UN agencies.”¹⁸

Domestic Regulations

First, article 13 of the Registration of Personal Status Act adopted on 7 December 1951 states that the birth certificate must contain the following:

- The date of birth
- The child’s sex
- The father’s name
- The mother’s name
- The witnesses’ names...

In fact, restrictions made on sex determination have caused issues. Sometimes the indicated sex does not comply with the applicant's current sexual status, which makes it impossible to persons who converted their sex to update their sex on the birth certificate.

Second, article 521 of the Lebanese Criminal Law states that “any man who wears a woman's uniform and enters women’s area or an area restricted for women shall be sentenced to a maximum of six months of imprisonment or to pay a fine of up to 1 million Lebanese lira”. Judges and Courts have used this article with males who identify themselves as women (also known as transwomen).

Third, article 534 of the same law sanctions anyone up to 1 year of imprisonment if taking part in any intercourse “against nature”. The Lebanese jurisprudence has proved that the expression of “against nature” needs to be defined and clarified as it is, to date, subject to the

¹⁸ LGBTQ Policy Journal, LGBTQ Rights on the International Stage: An Analysis of Diplomatic Practice, May 2019, <https://lgbtq.hkspublications.org/2019/05/22/lgbt-rights-on-the-international-stage-an-analysis-of-diplomatic-practice/>.

explanation of judges and courts, which has proved to be contradictory to human rights in many judgments.

CLDH's Intervention

Between January 2021 and August 2022, CLDH provided services to persons from the LGBTQIA+ Individuals. Services included legal assistance, cash assistance, medical examination, physiotherapy sessions, social interventions and psychotherapy.

Analysis of the Data Collected

CLDH conducted an interview with a key-informant representing Proud Lebanon.¹⁹

Questions and answers were held throughout the interview (Tool 4) and below are stated the key findings.

Question	Answer
In general, are your services individual-oriented or group-oriented?	Proud's services are both individual and group oriented.
What is your preferred/most common/most frequent outreach method?	Empowering Individuals to be the ambassadors of the world, with the use of social media and public figures to promote Proud's services. Proud has access to prisons so prison visits facilitate the outreach.
Any final thoughts?	“Mental health should be accessible and available to everyone.”

¹⁹ <http://proudlebanon.org/about-us/>

Conclusion / Recommendations

There are numerous discrepancies in MHPSS in Lebanon as documented in this report, especially when it comes to vulnerable communities' accessibility to it. However, one cannot deny that the population residing in Lebanon has been knowing and hearing more about mental health with time. It is true that there remains a lot of work to be done, and enormous gaps to be filled. But based on CLDH's psychosocial intervention and activities, awareness and knowledge have been spreading wider.

In order to keep shedding light on the importance of mental health and it being an indispensable component of one's life - and in this report, in vulnerable persons' lives specifically, recommendations are listed in the table below. These are all for the purpose of making MHPSS more accessible to the vulnerable populations, who need it the most.

Vulnerable Community	Recommendation	Addressed to:
Victims of torture	To increase the civil society's knowledge on torture and ensure a NGOs and INGOs are including MHPSS programs targeted for victims of torture within a holistic rehabilitation.	NGOs and INGOs
Refugees	To lobby against racism and discrimination, which impacts negatively refugees' mental health and to provide vocational training to municipalities and concerned decision makers.	NGOs and INGOs
Migrant domestic workers	To spread awareness on the injustice of the Kafala system and the prevention of damaging MDWs' mental health.	Media outlets, activists and journalists
Detainees in the Blue building	To build coordination between the ministry of interior and municipalities and the MHPSS providers to ensure funds aimed at ensuring medication and psychiatric intervention.	Ministry of interior and municipalities, and MHPSS providers
LGBTQIA+ individuals	To set clear regulations guaranteeing a humane and legal protection for LGBTQIA+ individuals.	The United Nations

All	To amend inhumane regulations in domestic law by abolishing article 534 which prosecutes consensual same-sex conduct from the penal code, as well as additional laws related to VOTs, MDWs, refugees, prison inmates, and recipients of psychiatric interventions, in order to ensure the implementation of humane regulations that abide by the Universal Declaration of Human Rights.	The Lebanese State including: <ul style="list-style-type: none"> - Parliament - Government - Judiciary
All	To spread awareness on the importance of mental health, ensuring that: <ul style="list-style-type: none"> - The topic does not remain a “taboo” in Lebanon; - Communities with limited or no access to the internet know about free or low cost MHPSS available. 	Traditional media outlets, front liners and CSOs

Annex 1 - Research Tools Summary

Tool	Participants or Community Targeted	Research Question (Qst) and Objective (Obj)
<p><u>Tool 1</u> 2 FGDs Dates: June 29, 2022 July 1, 2022 Location: CLDH Dora office</p>	<p>Victims of torture</p>	<p>Qst: A, B and C Obj: 1, 2 and 3</p>
<p><u>Tool 2</u> 1 FGD Date: July 14, 2022 Location: CLDH Dora office</p>	<p>Migrant domestic workers</p>	<p>Qst: A, B and C Obj: 1, 2 and 3</p>
<p><u>Tool 3</u> 1 FGD with refugees in Bekaa Date: July 5, 2022 Location: Refugees' tents in the Bekaa</p>	<p>Refugees in Bekaa</p>	<p>Qst: A, B and C Obj: 1, 2 and 3</p>
<p><u>Tool 4</u> 1 key-informant interview with Proud organization Date: June 20, 2022 Manner: Online via Google Meet</p>	<p>LGBTQIA+ individuals</p>	<p>Qst: A, B and C Obj: 1, 2 and 3</p>
<p><u>Tool 5</u> Online surveys Dissemination duration: 3 weeks</p>	<p>Organizations providing MHPSS</p>	<p>Qst: A, B and C Obj: 1, 2 and 3</p>
<p><u>Tool 6</u> In-person surveys in prison Date: 13 July 2022 Location: Blue building at the Central Prison Roumieh</p>	<p>Detainees with mental disabilities or illnesses</p>	<p>Qst: A, B and C Obj: 1, 2 and 3</p>

Annex 2 – Questionnaire for VOTs



Annex 3 – Survey with Organizations on MHPSS



Annex 4 – Questionnaire for Refugees



Annex 5 – Questionnaire for MDWs



Annex 6 – Questionnaire for Detainees at the Blue Building in Central Roumieh Prison



Annex 7 – Brief Literature Review

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-Maalouf, F.T., Alrojolah, L., Akoury-Dirani, L. *et al.* Psychopathology in Children and Adolescents in Lebanon Study (PALS): a national household survey. *Soc Psychiatry Psychiatr Epidemiol* 57, 761–774 (2022). <https://doi.org/10.1007/s00127-021-02208-4>

-[The impact of lockdown and other stressors during the COVID-19 pandemic on depression and anxiety in a Lebanese opportunistic sample: an online cross-sectional survey.](#)

Khalil RB, Dagher R, Zarzour M, Sleilat G, Akl HA, Kallab M, Richa S. *Curr Psychol.* 2022 Jan 5:1-11. doi: 10.1007/s12144-021-02644-0

-[Rate and correlates of post-traumatic stress disorder \(PTSD\) following the Beirut blast and the economic crisis among Lebanese University students: a cross-sectional study.](#)

El Zouki CJ, Chahine A, Mhanna M, Obeid S, Hallit S. *BMC Psychiatry.* 2022 Aug 5;22(1):532. doi: 10.1186/s12888-022-04180-y.

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-[Mental health in Lebanon: Tomorrow's silent epidemic.](#) / Farran N. *Ment Health Prev.* 2021 Dec;24:200218. doi: 10.1016/j.mhp.2021.200218. Epub 2021 Sep 24.

-Fouad FM, et al. (2021) Mental Health in Lebanon's Triple-Fold Crisis: The Case of Refugees and Vulnerable Groups in Times of COVID-19. *Front. Public Health* 8:589264. doi: 10.3389/fpubh.2020.589264

-Mental Health Reforms in Lebanon During the Multifaceted Crisis, Sara Catherine Mourani & Marie-Christine Ghreichi, Bawader, 28 September 2021, Arab Reform Initiative. (<https://www.arab-reform.net/publication/mental-health-reforms-in-lebanon-during-the-multifaceted-crisis/>).

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