Mental Health Atlas 2024

Country profile

Lebanon

| Population (in millions; UN estimate 2023) ¹ : | 5.8 | WHO Region ² : | EMR | | |
|--------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------|---------|--|--|
| MENTAL HEALTH INFORMATION | | | | | |
| National mental health survey in last 10 years: | Yes | Nation-wide digital health records system: | Yes | | |
| Mental health report published in last 2 years: | Yes | Unique service user identifiers in place | Yes | | |
| MENTAL HEALTH SYSTEM GOVERNANCE AND FINANCING | | | | | |
| Mental health policies and plans | | Mental health legislation and standards | | | |
| Stand-alone policy or plan for mental health: | Yes | Stand-alone law for mental health: | Yes | | |
| (Year of policy / plan): | 2024 | (Year of law): | 1983 | | |
| Compliance of policy / plan with human rights (5-point checklist; 5 = fully in line) ³ : | 5 | Compliance of law with human rights (5-point checklist; 5 = fully in line) ⁴ : | 4 | | |
| Financial resources estimated and allocated for implementation of the policy/plan: | Partially | A functioning authority exists to assess compliance of mental health legislation with human rights standards: | No | | |
| Human resources estimated and allocated for implementation of the policy/plan: | Partially | Redress mechanism to address grievances and other issues related to quality standards or human rights: | No | | |
| Specified indicators or targets against which its implementation can be monitored: | Yes | A registry exists to record incidents of seclusion and restraints: | No | | |
| Mental health policy/plans across the life-course | | | | | |
| Stand-alone or integrated mental health policy or plan for children / adolescents: | No | Stand-alone or integrated mental health policy or plan for older adults: | No | | |
| Policies and plans to prevent suicide and address stigma | | | | | |
| Specific suicide prevention strategy: | Yes | Specific anti-stigma strategy: | Yes | | |
| Mental health and psychosocial support (MHPSS) in emergencies | | | | | |
| MHPSS system exists for emergency preparedness and/or disaster risk management: | Yes | If yes, dedicated financial & human resources allocated for MHPSS components of emergency preparedness / disaster risk management | No | | |
| Financial protection policies for mental health | | | | | |
| Mental health care and treatment included in | | What do majority of people with mental health | | | |
| publicly-funded financial protection schemes:Psychosis and biploar disorder | No | conditions pay towards the cost of: • Mental health inpatient services | 21-50% | | |
| Depression and anxiety | No | Mental health outpatient services | 21-50% | | |
| Depression and anxiety Dedidcated budget line for mental health? | No | Psychotropic medicines | 21-50% | | |
| | | Psychological therapies | 51-100% | | |
| Mental health expenditure | | | | | |
| Government mental health expenditure per capita (reported currency): | 2.4 [USD] | Government expenditure on mental health (% of total government health expenditure) | 5.0% | | |

¹ **Population**: UN, 2023. World Population Prospects. https://population.un.org/wpp/

² WHO Regions: AFR – African; AMR – Americas; EMR – Eastern Mediterranean; EUR – European; SEAR – South-East Asia; WPR – Western Pacific.

³ **Policy/plan compliance with human rights instruments** includes 5 self-reported checklist items [5 = fully in line]: 1) community-based care; 2) protection of rights of users & at-risk groups; 3) full range of supports for independent living; 4) recovery & user-driven plans; 5) user participation in decision-making

⁴ Law compliance with human rights instruments includes 5 self-reported checklist items [5 = fully in line]: 1) community-based care; 2) protection of human rights & legal capacity; 3) Informed consent; 4) ≥2 of: voluntary admission protections / prevention of seclusion-restraint / complaints procedures; 5) Regular human rights inspections

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persons seen within a month)

| Country prome | | 1000 | | | |
|----------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------|---------------------------------------|--|--|
| MENTAL HEALTH WORKFORCE | | | | | |
| Mental health workers | No. per 100 000 population | Distribution of mental health workforce | Psychiatrists (4.7%) | | |
| Psychiatrists | 1.3 | | | | |
| Mental health nurses | 3.2 | | Mental health nurses (11.6%) | | |
| Psychologists | 17.3 | | Psychologists (62.5%) | | |
| Social workers | 3.5 | | Social workers (12.6%) | | |
| Other mental health workers | 2.4 | | (==::, | | |
| Total mental health workers | 27.7 | | Other mental health workers (8.7%) | | |
| Mental health workers (child and adolescent) | No. per 100 000 population | Training of primary care workers in mental healt | 1 | | |
| Child and/or adolescent psychiatrists | 0.1 | Primary care workers receive training on management of mental health conditions: | Yes | | |
| Total child / adolescent mental health workers | 1.2 | Mental health specialists undertake training / supervision of primary care workers: | Yes | | |
| MENTAL HEALTH PROGRAMMES A | ND SERVICE | S | | | |
| Mental health promotion and protection programme | es | | | | |
| School-based mental health programme | Yes | At least two functioning programmes | Yes | | |
| Work-related mental health programme | Yes | (3 point checklist score; ≥ 2 = Yes) ⁵ | res | | |
| Integration of mental health into primary health care | е | | | | |
| Essential medications for mental health conditions available in primary care facilities | > 75% | Functional integration of mental health into primary care (5 self-reported checklist items; | 4 | | |
| Psychosocial interventions for mental health conditions available in primary care facilities | 10-50% | ≥ 4 = functional integration) ⁶ | 4 | | |
| Outpatient care (total facilities) Outpatient care (visits per 100 000 population) | | | | | |
| Mental health outpatient facilities attached to a hospital | 9 | Visits in last year to mental health outpatient facilities attached to a hospital | 450.5 | | |
| Community-based mental health outpatient facilities | 117 | Visits in last year to community-based mental health outpatient facility | 46 235.2 | | |
| Outpatient facilities specifically for children and adolescents | 10 | Visits in last year to outpatient facilities specifically for children and adolescents | 853.0 | | |
| Inpatient care (total facilities) | | Inpatient beds / annual admissions (per 100 000 population) | | | |
| Psychiatric hospitals | 11 | Psychiatric hospital beds / admissions | 44.1 / 59.7 | | |
| Psychiatric units in general hospitals | 8 | General hospital psychiatric unit beds / admissions | 1.8 / 19.9 | | |
| Community residential facilities | - | Community residential beds / admissions | -/- | | |
| Inpatient facilities specifically for children and adolescents | - | Child and adolescent inpatient beds / admissions | -/- | | |
| Psychiatric hospitals (length of stay) | | | | | |
| Total number of admissions | 3 445 | Inpatients staying less than 1 year | 2 850 | | |
| Involuntary admissions | 1 291 | Inpatients staying 1-5 years | 430 | | |
| Follow-up of people with mental health condition | | Inpatients staying more than 5 years | 789 | | |
| discharged from hospital in the last year (discharged | 26%-50% | Percentage of inpatients staying less than 1 year out of | 700/ | | |

⁵ Functional mental health promotion and prevention programmes includes 3 self-reported checklist items [≥ 2 = functioning programme]: 1) dedicated financial & human resources; 2) defined plan for implementation; 3) documented evidence of progress and/or impact.

total number of inpatients

70%

⁶ Integration of mental health in primary care includes 5 self-reported checklist items [≥4 = functional integration]: 1) national guidelines adopted; 2) psychoactive medications available in primary care; 3) psychosocial care available in primary care; 4) primary care workers trained; 5) specialists support training/supervision.