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 LIFELINE INDICATORS
REPORTING PERIOD
October 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 represent 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
I. AGE OF CALLERS (n=871)

- Mean Age: 30

II. SEX OF CALLERS

- 50% Female
- 50% Male

III. COUNTRY OF CALLERS

- 98% Lebanon
- 1% Not Reported
- 1% Other* (Turkey and UAE)

TOTAL NUMBER OF CALLS WITH CAPTURED DATA: 988

October 2022
IV. HOW CALLERS HEARD ABOUT THE LIFELINE

257 callers informed us of how they first learned about the National Lifeline. The below chart summarizes their responses.

- Mental Health Professional: 22%
- Family/Friend: 13%
- Social Media: 7%
- Other: 1%
- Billboard Campaign: 4%
- NGO: 4%
- TV: 5%
- Outreach: 4%
- Emergency Services: 3%
- Radio: 2%
- Internet search: 1%
- Other: 1%

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

V. SEXUAL ORIENTATION OF CALLERS

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

VI. NATIONALITY OF CALLERS

- Lebanese: 76%
- Not Reported: 16%
- Syrian: 7%
- Others*: 1%

Brazil, Egypt, Islamic Republic of Iran, Iraq, Jordan, Palestine, Turkey, UAE and USA.
VII. REGION OF RESIDENCE AMONG CALLERS FROM LEBANON

- Beirut: 28%
- Mount Lebanon: 27%
- Not Reported: 19%
- South Lebanon: 11%
- North Lebanon: 6%
- Bekaa: 4%
- Baalbek: 1%
- Nabatiyeh: 3%
- Akkar: 1%

VIII. MARITAL STATUS OF CALLERS

- Single: 50%
- Not Reported: 24%
- Married: 10%
- In a Relationship: 7%
- Divorced: 7%
- Widowed: 1%
- Separated: 1%
IX. CALLER LIVING WITH

- Nuclear Family: 62%
- Not Reported: 24%
- Alone: 10%
- Extended Family: 2%
- Roomate: 1%
- Partner: 2%
- Living others: 1%

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

X. HIGHEST LEVEL OF EDUCATION OF CALLERS

- Did Not Complete Primary/Elementary School: 2%
- Primary/Elementary School (1st to 6th Grade): 3%
- Middle School (7th to 9th Grade): 5%
- High School (10th to 12th Grade): 15%
- Vocational/Technical Degree: 7%
- Bachelor's Degree (BS, BA, DEA): 29%
- Master's Degree Completed (MS, MA, DESS): 7%
- Doctoral/Medical Degree (PhD, MD): 1%
- Operator did not ask: 26%
- Not reported: 5%
XI. EMPLOYMENT OF CALLERS

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

![Employment Bar Chart]

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

93% of calls with available data for this indicator (n=356) 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.

*Note: In some callers, the level of distress may continue to be high even after seeking support from an emotional support service such as the National Lifeline, as the intensity of their distress may be linked to stressors they are facing that may remain unresolved. The Lifeline will orient callers to available resources and services depending on their needs. When received, such services would decrease their psychological distress.

XIII. CALLERS CURRENTLY SEEKING MENTAL HEALTH SERVICES

63% of calls with available data for this indicator (n=624) are from individuals who reported currently receiving at least 1 mental health service.
XIV. TYPE OF CALL

*Note: 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).

XV. SUICIDE ATTEMPT ONGOING

3% of calls were from individuals who had a suicide attempt that was ongoing during the call.
I. LEVEL OF SATISFACTION

91 Quality assurance calls were conducted in October 2022. 82 responded and agreed to participate. 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 82 callers, the average satisfaction rating was 4.5.

![Satisfaction Pie Chart]

II. CALL OUTCOME

The below figure outlines caller-reported outcomes of their initial call to the Lifeline (N=82)

- Felt less capable of solving the presenting problem by myself: 7%
- Nothing changed: 10%
- Felt hopeful/confident about the future: 45%
- Felt more empowered to solve the presenting problem: 61%
- Felt less distressed: 90%

*Note: Callers contacting the National Lifeline may be experiencing chronic/physical or socioeconomic difficulties which cannot be improved by a call to the National Lifeline (Emotional Support and Suicide Prevention Hotline).
III. RECOMMEND

98% of callers (n=82) reported that they would recommend the Lifeline to others in need of assistance.

IV. CALL BACK

85% of callers with available data (n=82) reported that they would call the Lifeline again if they were experiencing emotional distress or thinking about suicide.

V. HELPFULNESS OF ORIENTATION TO OTHER SERVICES

57 of the 82 callers were provided with referrals during their initial call to the Lifeline. 37% reported that the service was helpful. 38% reported that the service was not helpful due to issues related to the agencies themselves, budget or related to the preferences of the caller. 25% did not use the service yet due to various personal reasons.
The Lifeline social worker aims to orient and manage the cases of beneficiaries who call the National Lifeline (1564) and are in imminent suicide risk with supportive community resources when persons are in life threatening situations and are in need of resourcing. This is done through orientations to organizations providing mental health or other livelihood or protection services and case management services. The Lifeline social worker coordinates with other members of the Lifeline team including operators, lifeline supervisors and lifeline manager.

**TOTAL NUMBER OF CONSULTATIONS** 47

**1st CONSULT** 7

**FOLLOW UP** 40

**TOTAL NUMBER OF ACTIVE CASES** 28

**TOTAL NUMBER OF CLOSED CASES** 8

*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)

Total Number of Active Cases: Refers to the number of beneficiaries (callers) who are still being followed up by the Mental Health Social Worker

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

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

**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.**

65% of follow up consultations were conducted with the relevant party at the referred resource (e.g., a case manager at a rehab facility).

32% of follow up consultations received no response from the follow up party (either beneficiary or referred source).

3% of follow up consultations were conducted directly with the callers (or their parent/legal guardian where a minor was involved).

**ZOOM IN ON CLOSED CASES**

<table>
<thead>
<tr>
<th>Referral Refused</th>
<th>Other*</th>
<th>Goal Achieved</th>
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<tbody>
<tr>
<td>12%</td>
<td>25%</td>
<td>63%</td>
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*Beneficiary unreachable
X. SOCIAL WORK

**ZOOM IN ON NEW CASES**

**Urgency Level (N=7)**
- Moderate: 29%
- High: 71%

**Reasons for Referral (N=7)**
- Other: 43%
- Severe Economic Distress: 43%
- GBV: 14%
- MH Services: 71%
- Child Protection: 43%

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

**REFERRALS PROVIDED (N=7)**
- Education Services: 43%
- Shelter: 14%
- Food Assistance: 29%
- Financial Assistance: 29%
- General Health: 43%
- MH Services: 71%
- GBV: 29%
- Child Protection: 43%

*Note* that percentages for the above bar chart may add up to more than 100% because multiple types of referrals can be provided; Abbreviations: MH = Mental Health, NGO = Non-governmental institute, GBV = Gender Based violence.

**REFERRALS (N=7)**

100% were referred to NGOs

*Note* that percentages for the above bar chart may add up to more than 100% because multiple types of referrals can be provided; Abbreviations: MH = Mental Health, NGO = Non-governmental institute, GBV = Gender Based violence.
The below charts present the demographics of all callers the social worker engaged with. This includes new cases and follow ups on other cases active from previous months.