

EMBRACE MENTAL HEALTH CENTER

**IMPACT REPORT:
2nd YEAR OF OPERATION**

**REPORTING PERIOD
JAN - DEC 2022**

PREAMBLE

The **Embrace Mental Health Center (EMHC)** was established in 2020, following the August 4 port explosion in Beirut.

What initially began as a volunteer project in response to the needs of those affected by the blast, transformed into a multidisciplinary mental health center that includes psychologists, psychiatrists, social workers, nurses and other supporting staff.

Later in October of 2020, and in collaboration with the Psychology department at the American University of Beirut and Haigazian University the EMHC launched a rigorous Clinical Training Program for psychologists-in-training. The EMHC becoming a training site further allowed it to meet its mission- capacity-building for future generations of mental health professionals, and the provision of mental health services for the community.

This report provides a summary of activities hosted and beneficiaries seen at the Embrace Mental Health Center between **January and December 2022** (inclusive). While all efforts are made to record information as accurately as possible, not all information is available at all times.



I. CONSULT INFORMATION

TOTAL NUMBER OF SESSIONS

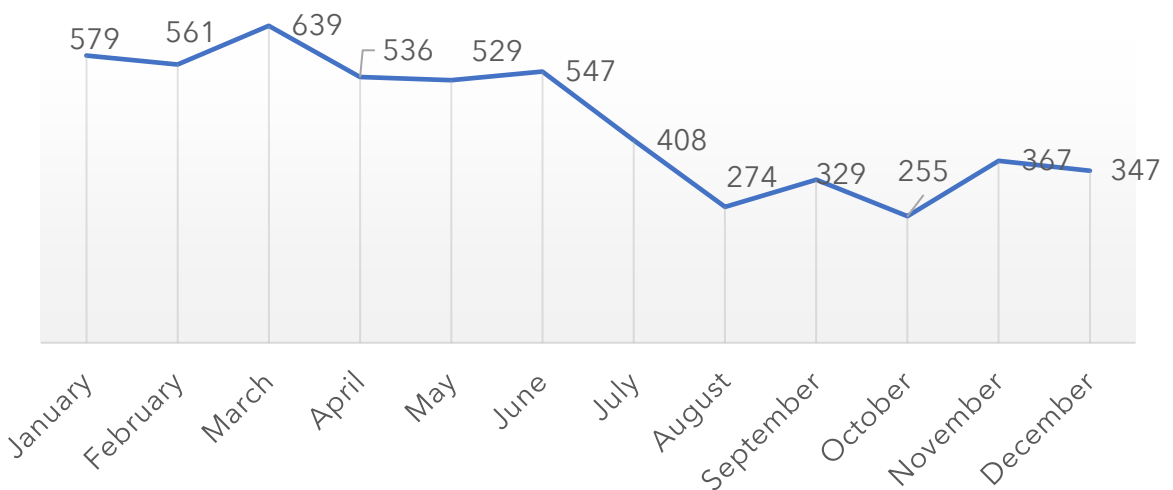
5,371

	<u>Total</u>		<u>Total</u>
INDIVIDUAL SESSIONS	4,59	GROUP SESSIONS	20
<ul style="list-style-type: none"> • Psychiatrist : • Psychologist: • Psychologist in Training: 	<p>962</p> <p>1691</p> <p>1993</p>	<p><i>All group support sessions were led by psychologists. On average, there were around 6 participants/group session.</i></p>	
NURSING SESSIONS	550		
SOCIAL WORK SESSIONS	192	<p><i>Parental guidance group sessions were led by psychologists and psychiatrists. On average, there were around 6 participants/ session.</i></p>	

The below chart presents the total number of consults* provided each month between January and December 2022.

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

Avg. Sessions/Month: 448



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

August 2022 – psychologists in training no longer conduct sessions because they complete their training in July 2022.

September 2022 – the new group of psychologists in training joined EMHC.



II. BENEFICIARY INFORMATION

TOTAL NUMBER OF BENEFICIARIES SEEN

617

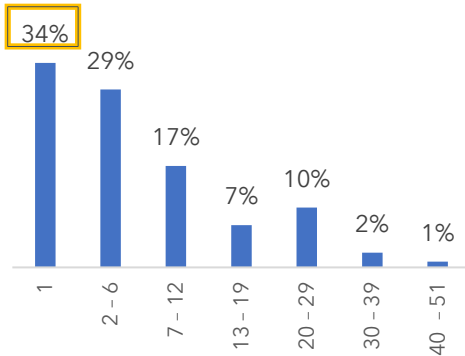
Most commonly, beneficiaries attended between 1-6 sessions with a psychiatrist, psychologist, or nurse. The below chart presents the percentage distribution of the total number of consultations received by beneficiaries.

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

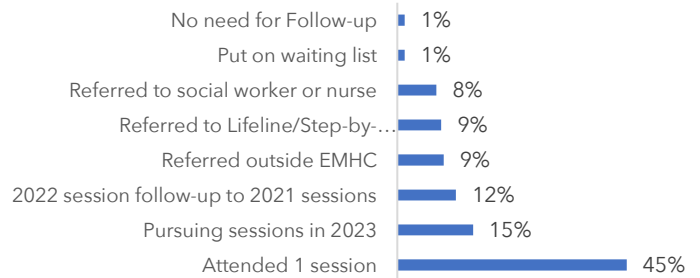
Avg. Consults/Beneficiary: M = 8 | SD = 9

Details on the 34% of beneficiaries who attended one session are presented in the below graph such as being referred outside or pursuing treatment in 2023....

Sessions attended



Details on beneficiaries who attended one session

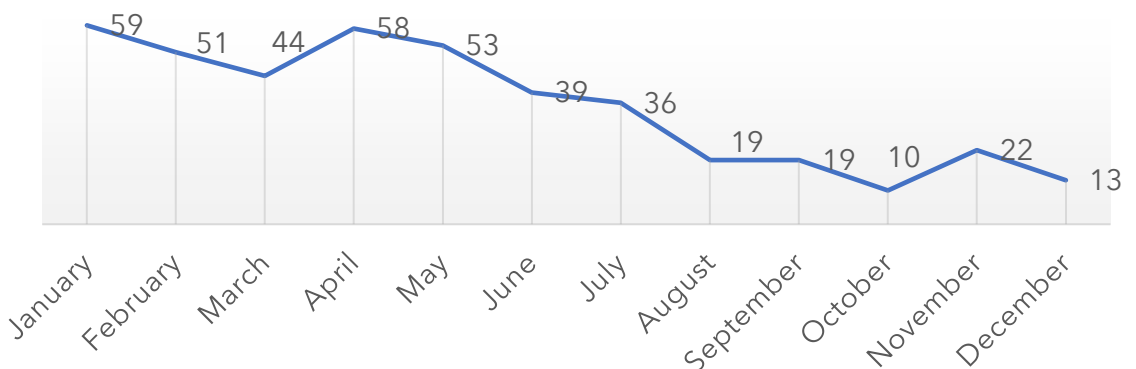


BENEFICIARY INTAKE

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

**Total number of new Beneficiaries = 423
Avg. New Beneficiaries/Month: 35**

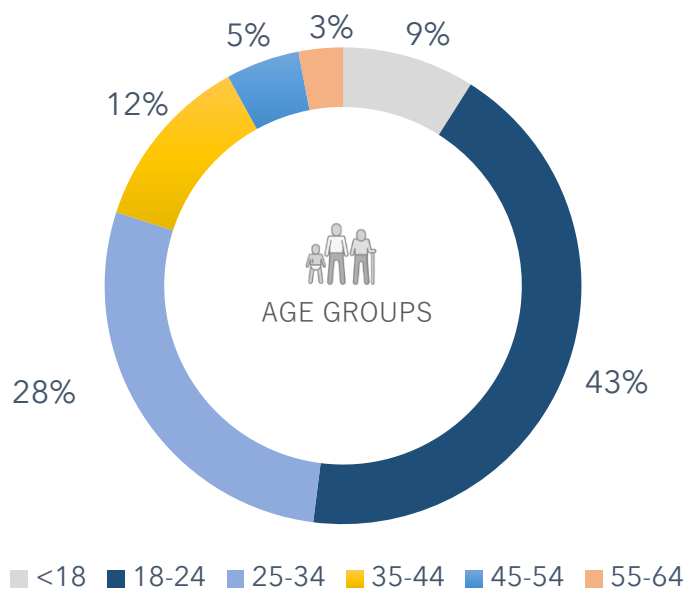
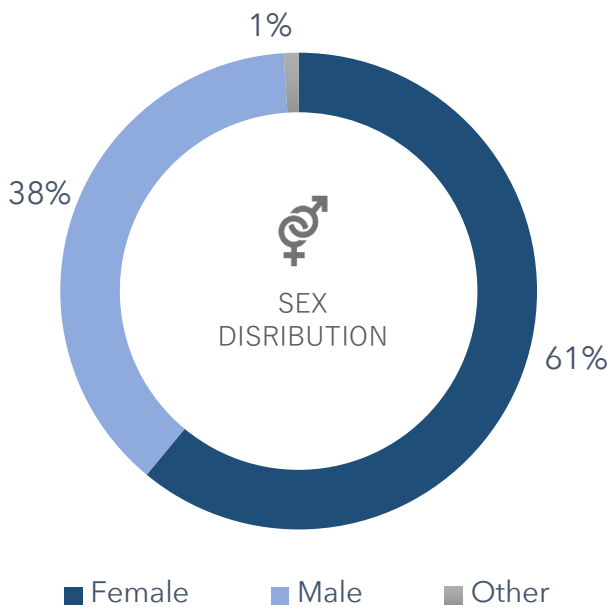
Number of new beneficiaries



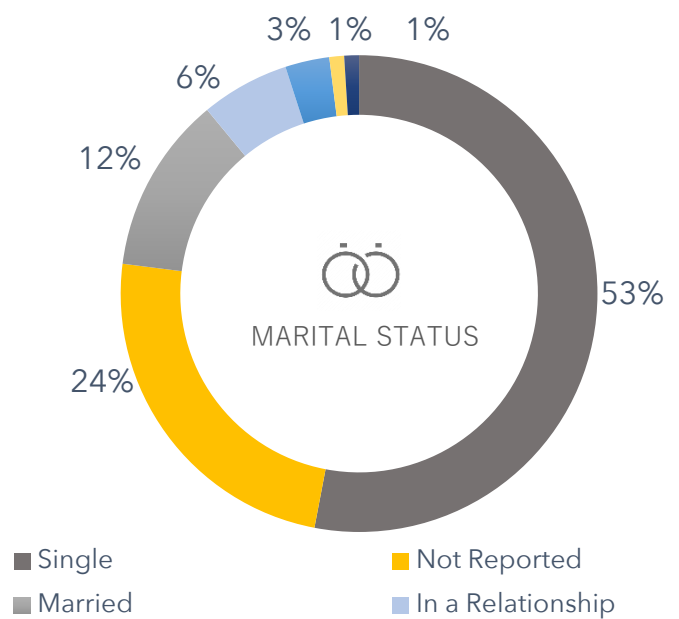
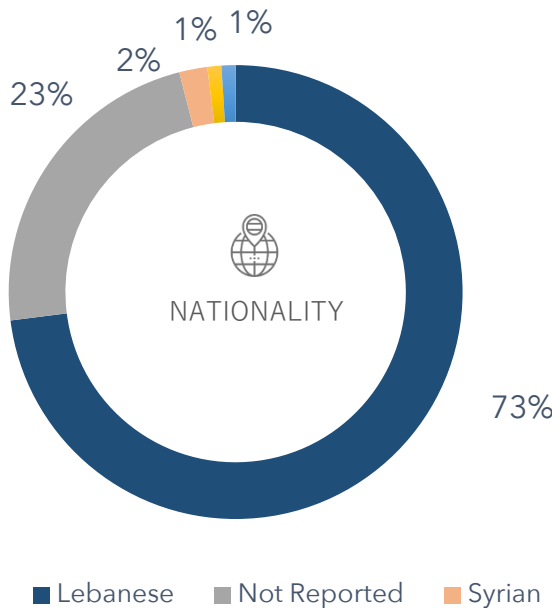


II. BENEFICIARY INFORMATION CONT'D

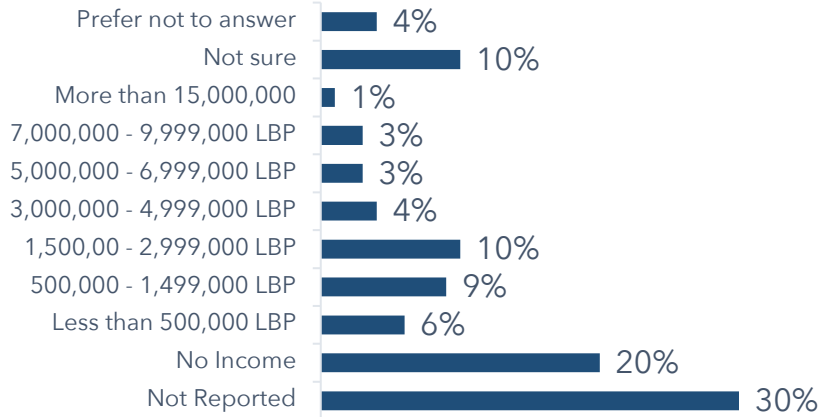
ZOOM IN ON DEMOGRAPHICS



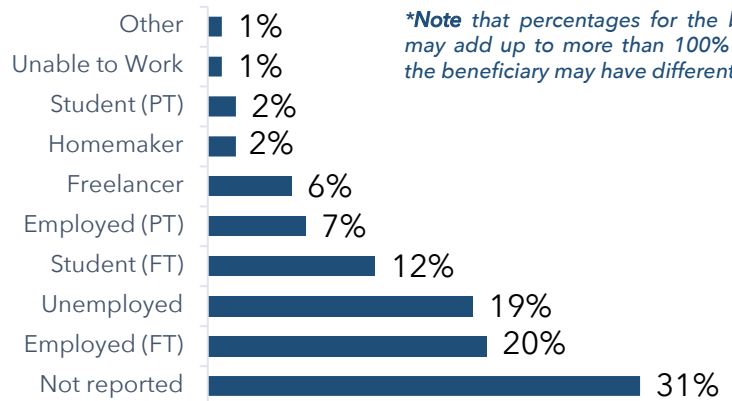
The mean age of beneficiaries was **27** years old.



HOUSEHOLD INCOME STATUS

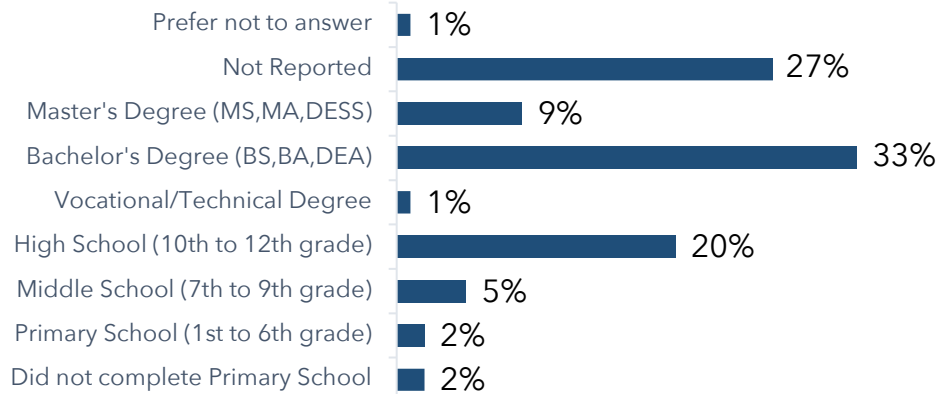


EMPLOYMENT STATUS

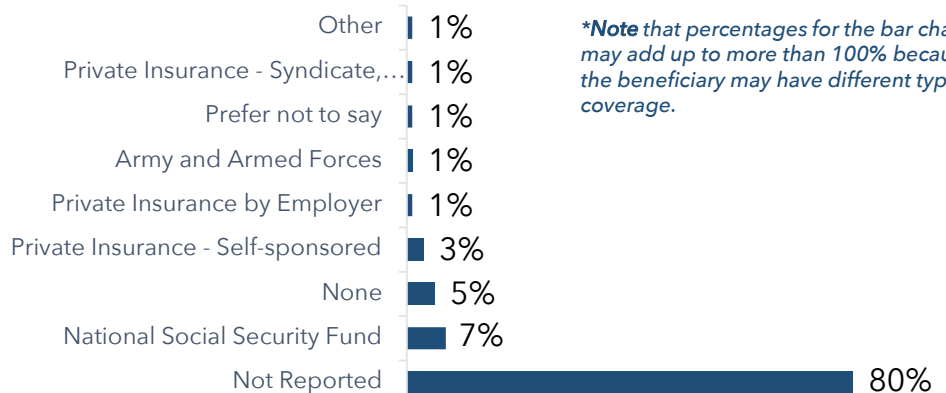


**Note that percentages for the bar chart may add up to more than 100% because the beneficiary may have different roles.*

HIGHEST EDUCATIONAL STATUS



HEALTH INSURANCE COVERAGE

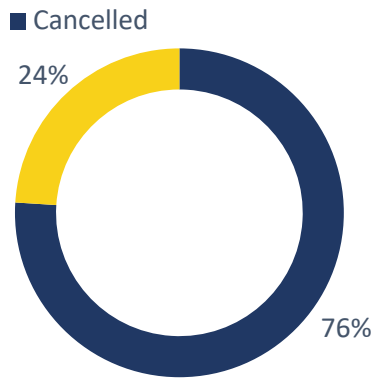


**Note that percentages for the bar chart may add up to more than 100% because the beneficiary may have different types of coverage.*



ZOOM IN: BENEFICIARY ADHERENCE

Overall, there were **1,593** recorded instances of timely cancellations or no shows in the reporting period. Details of no show/cancellation activity are outlined in the below charts:



To note that the total number of cancelled sessions is over-estimated as pre-booked sessions that were deleted were specified on EHR as cancelled.

Roughly, for every 10 "attended" or "completed" sessions around 3 sessions are missed either via cancellation or no show.



III. MEDICAL REFERRALS

Medical referrals include inpatient psychiatric care and medical lab testing.

INPATIENT ADMISSIONS & STAYS **10**

- The EMHC covered the cost of admission and stay at an inpatient psychiatric department for a total of **10** beneficiaries.
- The average length of stay among beneficiaries was **7 days**.

MEDICAL LAB TESTING **40**

- The EMHC covered the cost of medical lab testing for **35** beneficiaries (2 beneficiaries utilized this service on 3 and 4 occasions respectively).
- Medical lab testing primarily included blood tests measuring levels of iron, electrolytes, lithium and vitamins among others.



IV. PHARMACOLOGICAL TREATMENT

The EMHC has supported around **187** beneficiaries in acquiring their medication free of cost.

COMMONLY ACQUIRED MEDICATIONS:

Fluoxetine

Escitalopram

Venlafaxin

Lamotrigine



V. BENEFICIARY PROGRESS & OUTCOMES:

During their first visit, beneficiaries are prompted to complete a mental health survey consisting of 2 questionnaires that assess common symptoms of depression and anxiety. As they progress through treatment, beneficiaries are asked to take the same survey again as per the below:

Beneficiaries seen by psychiatrists are asked to fill the survey on each visit; Those seen by psychologists on the first session, every 12 sessions and on the last session;
Those seen by therapists-in-training on the first session, every 3 months and on the last session.

Improvements in beneficiary symptom severity is then measured by examining changes in scores over time.

Details about each of the questionnaires in the mental health survey are outlined below:

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

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

2. GAD-7: a validated instrument for measuring the severity of *anxiety*.

Interpretatio	0-4: "None/Minimal",	10-14: "Moderate",
	5-9: "Mild",	15-21: "Severe"

Note that these instruments do not diagnose depression and anxiety, but only screen for these disorders. Screening positively on either instrument, indicates that the person has considerable level of distress, and would benefit from further evaluation, monitoring and intervention.

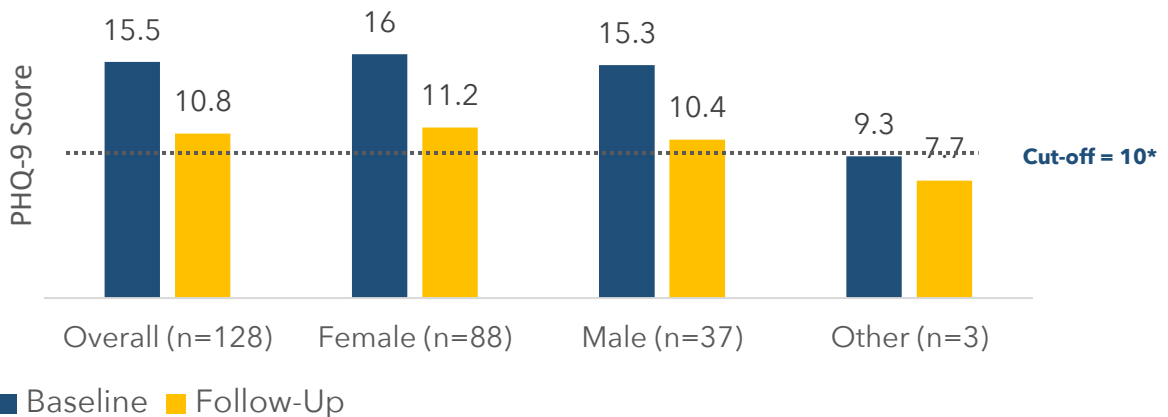
The below figures and analyses track improvements of symptoms for patients who completed a mental health survey on at least 2 occasions within the 1-year period. The first completed questionnaire is referred to as **“Baseline”** and the second (or most recently complete survey) as **“Follow-up”** (not necessarily during the last session).

a. SYMPTOMS OF DEPRESSION

Overall, **N = 128** beneficiaries provided *complete* data on the PHQ-9 measure of depressive symptoms at baseline and follow-up surveys. Among those with available data, the majority reported an improvement of symptoms. More specifically,

- **70%** of beneficiaries reported improvements in severity of depression.
*Among those, half (~ **50%**) showed **clinically significant** improvements.
- **25%** of beneficiaries reported a worsening of depressive symptoms.
*Among those, **22%** showed a **clinically significant** worsening of symptoms.
- **5%** of beneficiaries reported no changes in depressive symptoms.

ZOOM IN: DEPRESSIVE SCORES



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

	Mean ± SD	P-value
PHQ-9 baseline	15.6 ± 5.9	< 0.001
PHQ-9 last complete survey	10.8 ± 6.4	

Test used: Paired T-test

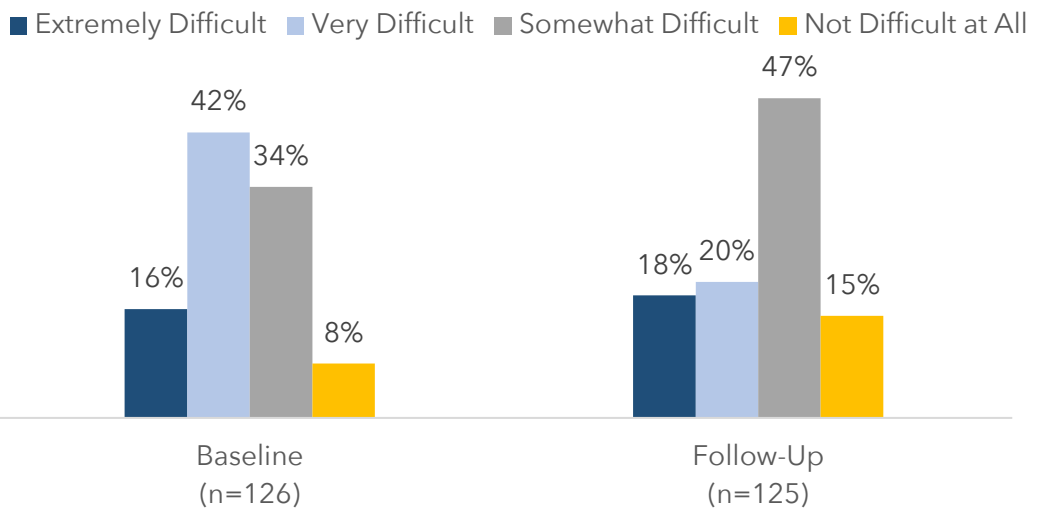
There was a **statistically significant reduction in PHQ-9 score** from baseline to the last complete survey (P value <0.001).



ZOOM IN: DIFFICULTY OF DEPRESSIVE SYMPTOMS

The PHQ-9 asks beneficiaries how difficult it is for them to do their work, take care of things at home, or get along with other people. Responses include “Extremely Difficult”, “Very Difficult”, “Somewhat Difficult”, “Not Difficult at all”.

In addition to improvement of symptoms, **beneficiaries also reported that their mental health status is not impacting their lives and daily functioning as much as it did before treatment.**



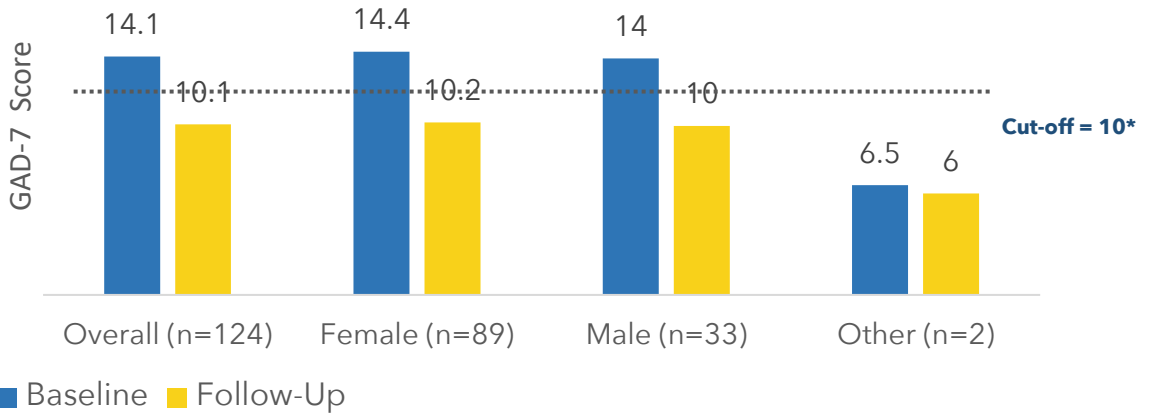
b. SYMPTOMS OF ANXIETY

Overall, **N = 124** beneficiaries provided *complete* data on the GAD-7 measure of depressive symptoms at baseline and follow-up surveys. Among those with available data, the majority reported an improvement of symptoms. More specifically,

- **69%** of beneficiaries reported improvements in severity of anxiety.
*Among those, **55%** showed **clinically significant** improvements.
- **22%** of beneficiaries reported a worsening of anxiety symptoms.
*Among those, only **18%** showed a **clinically significant** worsening of symptoms.
- **9%** of beneficiaries reported no changes in depressive symptoms.



ZOOM IN: ANXIETY SCORES



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

	Mean ± SD	P-value
GAD-7 baseline	14.1 ± 4.9	< 0.001
GAD-7 last complete survey	10.1 ± 5.7	

Test used: Paired T-test

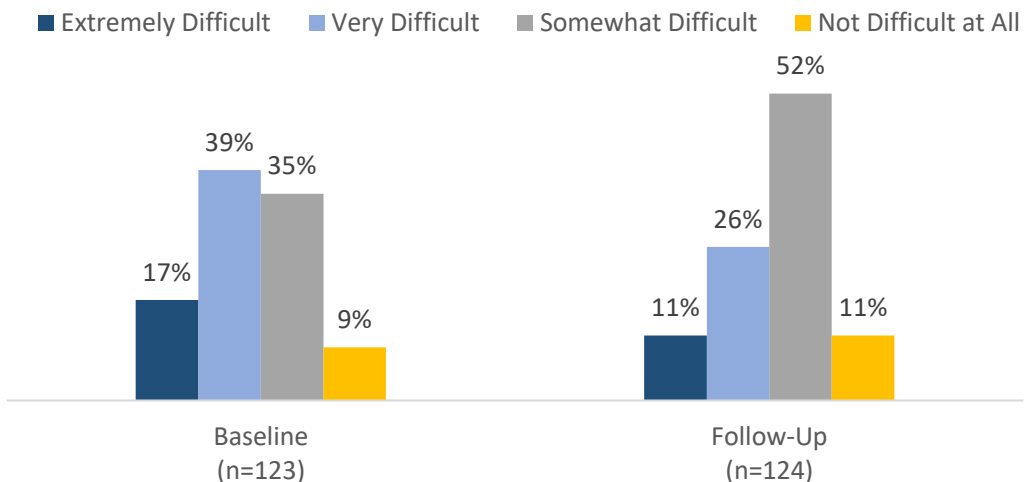
There was a **statistically significant reduction in GAD-7 score** from baseline to the last complete survey (P value <0.001).



ZOOM IN: DIFFICULTY OF ANXIETY SYMPTOMS

The GAD-7 asks beneficiaries how difficult it is for them to do their work, take care of things at home, or get along with other people. Responses include "Extremely Difficult", "Very Difficult", "Somewhat Difficult", "Not Difficult at all".

In addition to improvement of symptoms, **beneficiaries also reported that their mental health status is not impacting their lives and daily functioning as much as it did before treatment.**

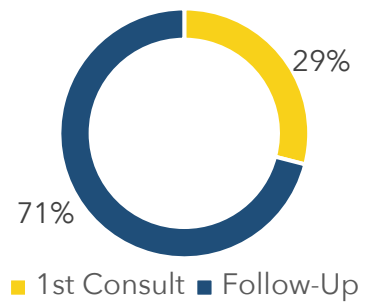




VI. SOCIAL WORK

The mental health social worker at the **Embrace Mental Health Center (EMHC)** aims to provide a holistic approach to mental health care by offering psycho-social assistance to beneficiaries. The center is resourced with a comprehensive referral database that is updated every 4 months and is linked with a network of governmental and non-governmental organizations that provide a wide range of psychosocial services from livelihood, shelter, basic assistance, child protection, and organizations catering to the needs of vulnerable groups such as refugees, LGBTQ community and persons affected by gender-based violence. The mental health social worker coordinates with a multi-disciplinary internal team of psychologists, psychiatrists, psychiatric nurse, and the National Lifeline (1564).

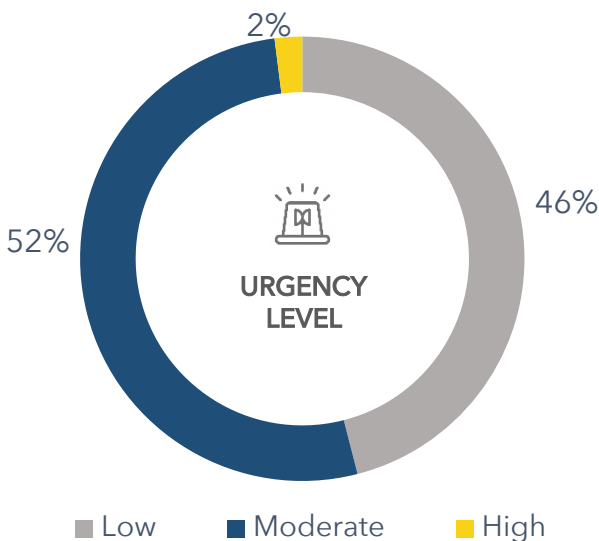
TOTAL NUMBER OF SESSIONS	192
TOTAL NUMBER OF BENEFICIARIES	83



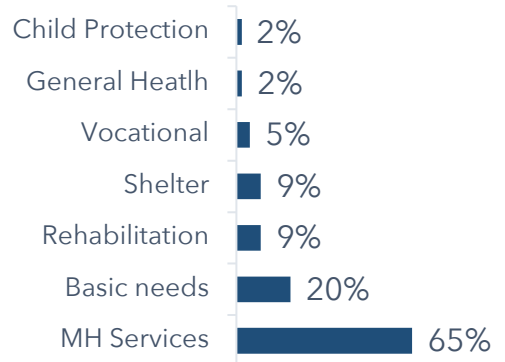
**Note that follow ups may be carried out with the involved beneficiary or legal guardian directly or with relevant parties at a referred source.*



ZOOM IN: NEW CASE DETAILS



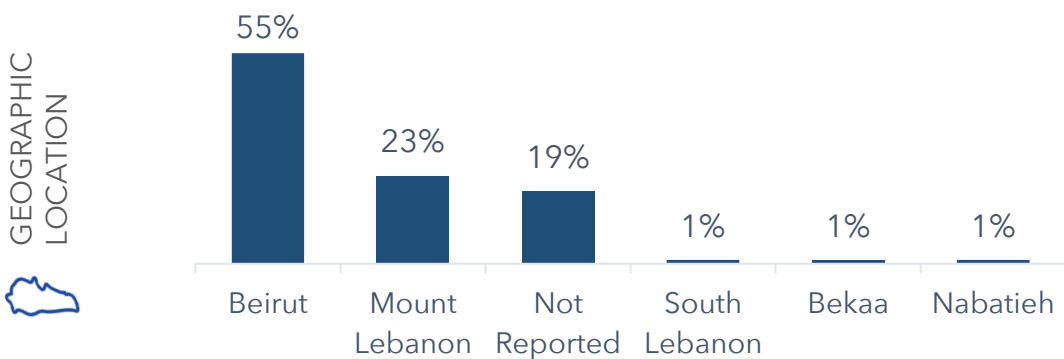
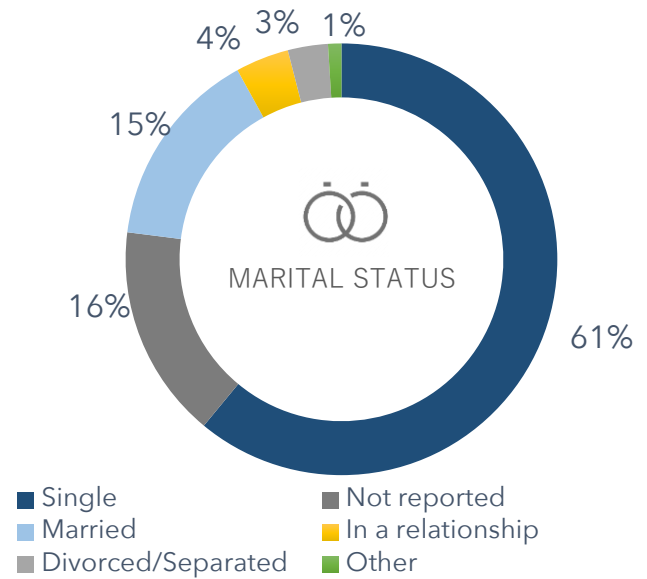
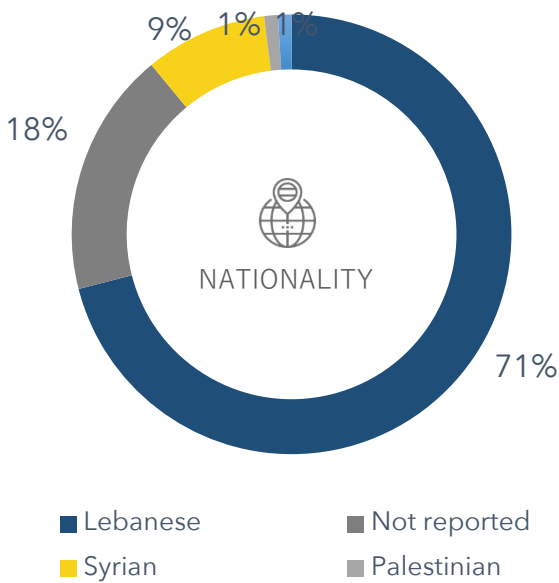
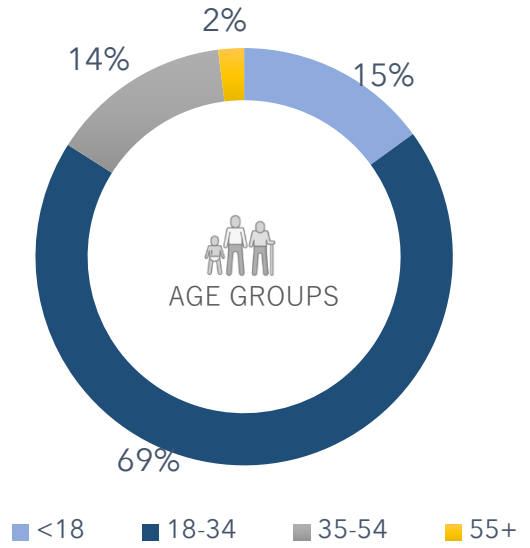
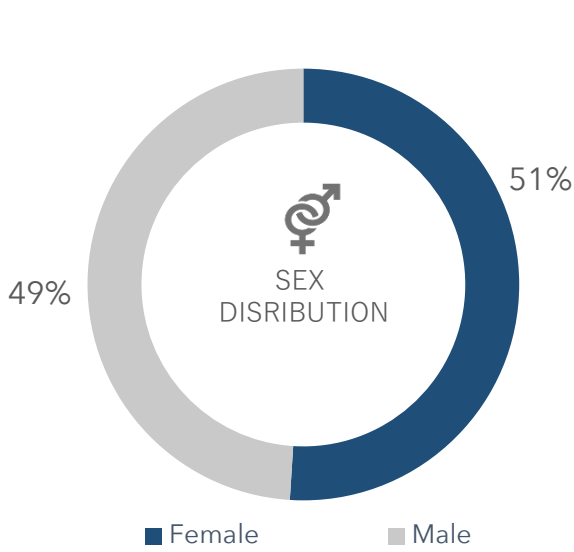
TYPES OF REFERRALS PROVIDED



**Note that percentages for the bar chart may add up to more than 100% because the beneficiary may be referred for several reasons;*

Abbreviations: MH = Mental Health

ZOOM IN: BENEFICIARY DEMOGRAPHICS





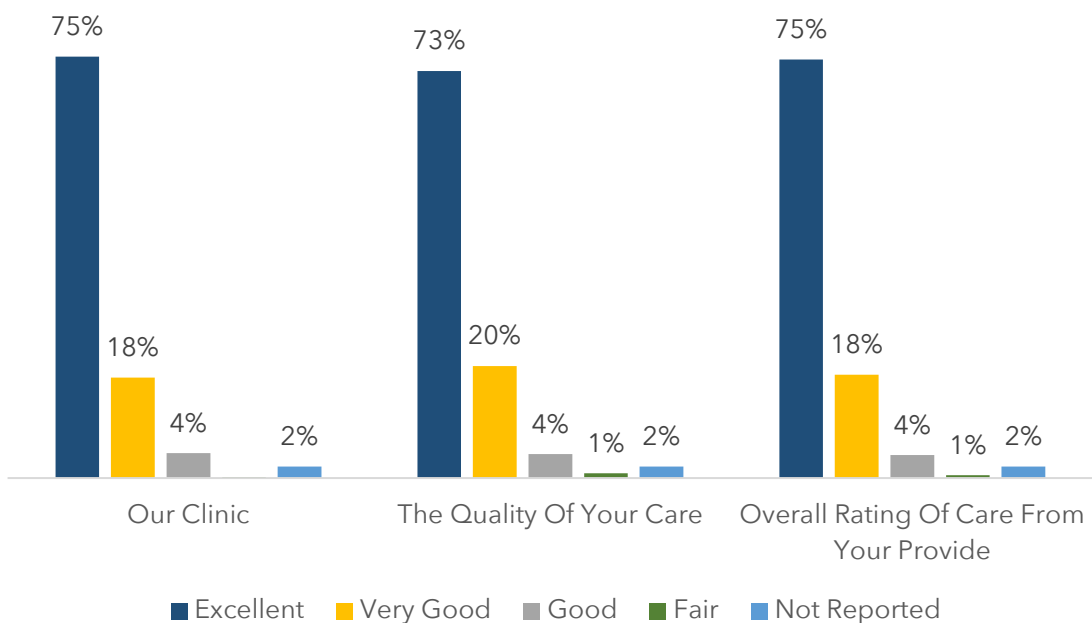
VI. BENEFICIARY SATISFACTION & FEEDBACK:

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

A total of **N = 584** satisfaction surveys were completed between January 2022 and December 2022. The below charts present a summary of responses to satisfaction surveys completed during the first year of operations at the EMHC.

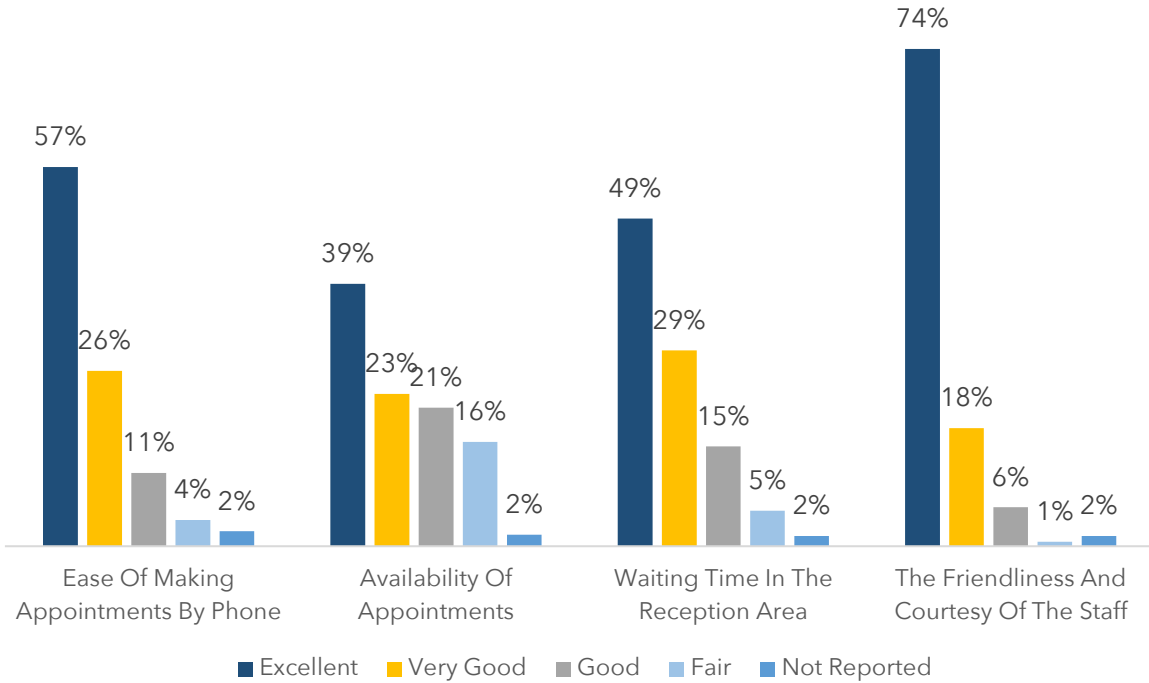
RATINGS OF OVERALL EXPERIENCE & CARE

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

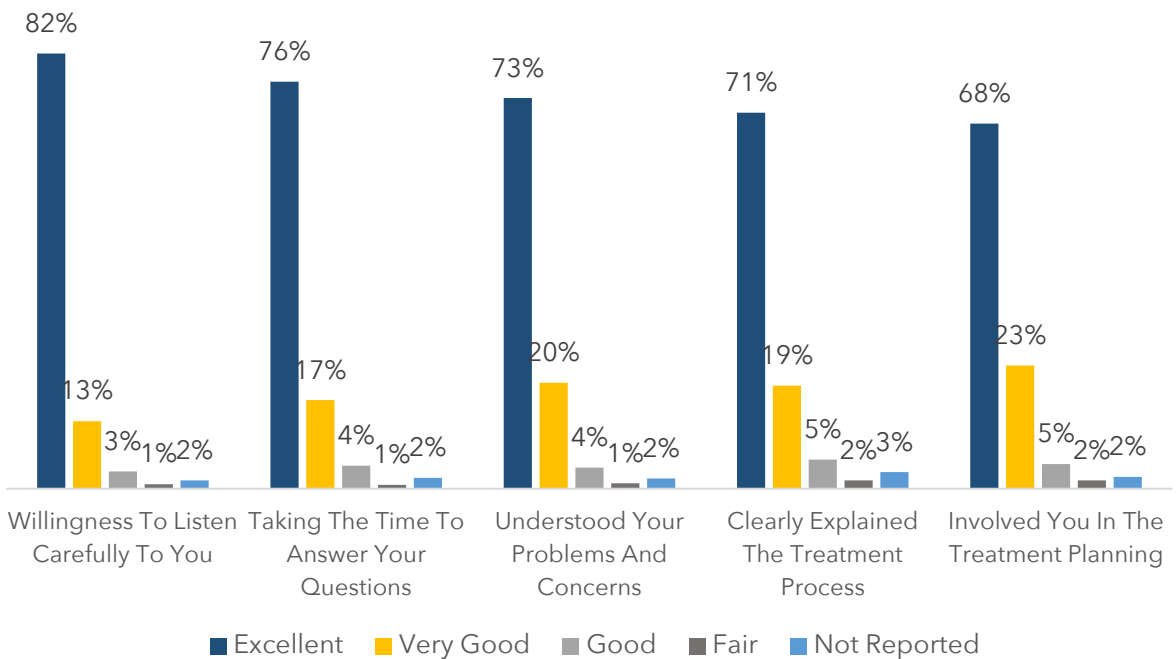


EVALUATION OF BOOKING & RECEPTION

(N=584)



EVALUATION OF SESSION



BENEFICIARY TESTIMONIALS

““

A very special experience that is very vital at this point because of the consequences faced in Lebanon.

- Anonymous Male, 43 years old

““

I don't feel alone, I feel I am in a non judgmental environment. I always feel like there's someone there with me.

- Anonymous Male

““

Just stay as you are and keep it up. Everyone here is helpful and amazing. I really appreciate it. Thanks a lot

- Anonymous Female, 34 years old

““

My vision to therapy have changed after coming to embrace

- Anonymous male, 43 years old

““

The services are promising and the staff was really friendly. I wish you can find a way to have online access to therapy sessions. Maybe like therapy sessions over the phone. But, overall the facility and the services were relaxing and helpful.

- Anonymous Male, 30 years old