NATIONAL LIFELINE
LEBANON’S NATIONAL EMOTIONAL SUPPORT AND SUICIDE PREVENTION HELPLINE
in collaboration with the national mental health program at the ministry of public health
INTRODUCTION

The Lifeline is the national helpline in Lebanon for emotional support and suicide prevention. As part of its mission, and in collaboration with the National Mental Health Program of the Ministry of Public Health (MOPH), aggregate data related to the Lifeline is captured, analyzed and disseminated on a monthly basis and annually for a yearly snapshot. The data is meant to offer a snapshot of the characteristics of callers to the helpline.

METHODOLOGY

The National Lifeline’s trained operators capture anonymous data through a secure computerized system. The non-identifiable data is then analyzed and reported on a monthly basis.

The numbers in this report are meant to offer a snapshot of the population that the National Lifeline serves. Please note that while that this information is recorded as accurately as possible, not all information may always be available. Unless otherwise indicated, the frequencies and percentages reported in this document represents the percentage of observations in a given category out of the total non-missing information. The metrics in this document can be considered representative of calls received during the reported time-period.

To cite this report: Lebanon’s National Helpline (2023). Caller characteristics for February 2023.

www.embracelebanon.org
February 2023

TOTAL NUMBER OF CALLS WITH CAPTURED DATA

813

I. AGE OF CALLERS (n= 710) MEAN AGE: 35

- <18: 1%
- 18-34: 6%
- 35-49: 7%
- 50-64: 19%
- 65+: 6%

II. SEX OF CALLERS

- Female: 59%
- Male: 41%

III. COUNTRY OF CALLERS

- Lebanon: 98%
- Not Reported: 1%
- Other*: 1%

*Iraq, Romania, Turkey, USA
IV. HOW CALLERS HEARD ABOUT THE LIFELINE

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach</td>
<td>1%</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>2%</td>
</tr>
<tr>
<td>Agencies</td>
<td>3%</td>
</tr>
<tr>
<td>TV</td>
<td>3%</td>
</tr>
<tr>
<td>Internet search</td>
<td>5%</td>
</tr>
<tr>
<td>NGO</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
</tr>
<tr>
<td>Mental Health Professional</td>
<td>12%</td>
</tr>
<tr>
<td>Family/Friend</td>
<td>23%</td>
</tr>
<tr>
<td>Social Media</td>
<td>37%</td>
</tr>
</tbody>
</table>

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

V. SEXUAL ORIENTATION OF CALLERS

11% of calls received by the Embrace Lifeline come from self-identifying LGBTQI+ individuals.

VI. NATIONALITY OF CALLERS

- Lebanese: 71%
- Not Reported: 12%
- Syrian: 1%
- Others*: 16%

*Australia, Bangladesh, Egypt, Ethiopia, Iraq, Jordan, Kenya, Palestine, Sri Lanka
VII. REGION OF RESIDENCE AMONG CALLERS FROM LEBANON

- **Mount Lebanon**: 31%
- **Beirut**: 31%
- **North**: 18%
- **South**: 7%
- **Nabatiyeh**: 5%
- **Akkar**: 2%
- **Baalbek**: 2%
- **Bekaa**: 2%
- **Beirut**: 31%
- **Not Reported**: 18%

VIII. MARITAL STATUS OF CALLERS

- **Single**: 34%
- **Not Reported**: 30%
- **Married**: 16%
- **In a Relationship**: 10%
- **Divorced**: 6%
- **Separated**: 3%
- **Widowed**: 1%
IX. CALLER LIVING WITH

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

- Nuclear Family: 66%
- Not Reported: 21%
- Alone: 8%
- Extended Family: 3%
- Partner: 3%
- Roomate: 2%
- Homeless: 1%

X. HIGHEST LEVEL OF EDUCATION OF CALLERS

- Not reported: 5%
- Operator did not ask: 32%
- Master's Degree Completed (MS, MA, DESS): 6%
- Bachelor's Degree (BS, BA, DEA): 32%
- Vocational/Technical Degree: 2%
- High School (10th to 12th Grade): 12%
- Middle School (7th to 9th Grade): 6%
- Primary/Elementary School (1st to 6th Grade): 2%
- Did Not Complete Primary/Elementary School: 3%
XI. EMPLOYMENT OF CALLERS

27% Unemployed
26% Not Reported
23% Employed Full Time
13% Employed Part Time
5% Freelancer
3% Volunteer
3% Part Time Student
2% Homemaker
2% Unable to Work
1%

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

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

94% of calls with available data for this indicator (n=269) reported a decrease in the level of distress from the beginning of the call to the end of the call. 6% 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

36% of calls with available data for this indicator (n=621) 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).

2% of calls were from individuals who had a suicide attempt that was ongoing during the call.

12% of the calls received in the month of February were related to the occurrence of earthquakes during that month. The majority expressed worries and concerns, and reported experiencing physical symptoms (dizziness, lack of balance, feeling like they are shaking ...).
In order to identify predictors associated with the most frequent types of call such as the “Emotional Distress (ED)” type and the “Frequent Callers (FC)” type respectively & the callers’ characteristics, a bivariate analysis was conducted.

There were significant associations between:

- Having a FC type of call and gender, marital status, governorate and seeking mental health (MH) services. FC were mostly males, single, living in Mount Lebanon and currently seeking MH services.

To note that the below is a bivariate analysis. The founded associations can be confirmed using a multivariable analysis by taking the effects of third variables into consideration.

<table>
<thead>
<tr>
<th>Emotional Distress</th>
<th>Frequent Callers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
</tr>
<tr>
<td>Yes 32.7±85.7</td>
<td>No 43±158</td>
</tr>
</tbody>
</table>
| P-value 0.3                         | Yes 27.9±10.3                     |<table> No 35.8±112.2 P-value 0.5
| **Gender**                          |                                  |
| Male 229 (39.7)                     | Female 347 (60.1)                 |
| P-value 0.6                         | Male 101 (42.8)                   |
|                                    | Female 135 (57.2)                 |
|                                    | **Intersex**                      |
|                                    | Yes 1 (0.2)                       |
|                                    | No 0                              |
| **Marital Status**                  |                                  |
| Single 227 (49.1)                   | Married 96 (20.8)                 |
| P-value 0.2                         | Single 51 (48.6)                  |
|                                    | Married 30 (28.6)                 |
| Widowed/Divorced/Separated 73 (15.8)| In a relationship 66 (14.3)       |
| P-value 0.2                         | Widowed/Divorced/Separated 11 (10.5)| 10 (18.9) F-value 0.9 |
|                                    | In a relationship 13 (12.4)       |
| **Governorate**                     |                                  |
| Beirut 195 (37.9)                   | Mount Lebanon 195 (37.9)          |
| P-value 0.9                         | South-Nabatieh 41 (8)             |
|                                    | North-Akkar 58 (11.3)             |
|                                    | Bekaa-Baalbek 25 (4.9)            |
| **Education**                       |                                  |
| Below University 164 (39.4)         | University Level 252 (60.6)       |
| P-value 0.6                         | Below University 34 (35.8)        |
|                                    | University Level 61 (64.2)        |
|                                    | **Employment**                    |
| Unemployed 173 (35.7)               | Employed Full Time 150 (31)       |
| P-value 0.4                         | Student Full Time 89 (18.4)       |
|                                    | Freelancer 21 (4.3)               |
|                                    | Employed Part Time 39 (8.1)       |
|                                    | Student Part Time 15 (3.1)        |
|                                    | Volunteer 16 (3.3)                |
| **Currently Seeking MH Service**    |                                  |
| Yes 176 (35.8)                      | No 45 (34.6)                      |
| P-value 0.8                         | Yes 30 (65.2)                     |
|                                    | No 191 (33.2)                     |

All values are expressed as n(%), except for age which is expressed as Mean ± SD; SD, Standard deviation; MH, Mental Health.
115 Quality assurance calls were conducted in February. 106 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 106 callers, the average satisfaction rating was 4.61.

The below figure outlines caller-reported outcomes of their initial call to the Lifeline (N=106):

- Nothing Changed: 5%
- Felt more empowered to solve the presenting problem: 73%
- Felt hopeful/confident about the future: 62%
- Felt less distressed: 93%

*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

97% of callers (n=106) reported that they would recommend the Lifeline to others in need of assistance.

IV. CALL BACK

93% of callers with available data (n=99) reported that they would call the Lifeline again if they were experiencing emotional distress or thinking about suicide.

Note: 7 out of the 106 callers were frequent callers and were asked slightly different questions that the regular callers. These 7 were asked if “their calls to the lifeline are helping them in acquiring skills that they can use daily when they experience any emotional distress or thinking about suicide” instead if “they would call back the Lifeline”. All of the seven answered yes on this question.

IV. HELPFULNESS OF THE ORIENTATION TO OTHER SERVICES

64 of the 106 callers were provided with referrals during their initial call to the Lifeline. 37% reported that the service was helpful. 41% reported that the service was not helpful due to issues related to the agencies themselves, location, budget, unavailable service, preferences of the caller or personal reasons. 22% did not use the service yet due to various personal reasons.

Note: not applicable is referred to either did not use the service yet or waiting for the agency’s reply.
X. SOCIAL WORK

The Lifeline social worker aims to orient and manage the cases of callers 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.

<table>
<thead>
<tr>
<th>TOTAL NUMBER OF CONSULTATIONS*</th>
<th>34</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st CONSULT#</td>
<td>11</td>
</tr>
<tr>
<td>FOLLOW UP**</td>
<td>23</td>
</tr>
<tr>
<td>TOTAL NUMBER OF ACTIVE CASES</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL NUMBER OF CLOSED CASES</td>
<td>11</td>
</tr>
</tbody>
</table>

TOTAL NUMBER OF CALLERS REFERRED TO LIFELINE SOCIAL WORKER 8

TOTAL NUMBER OF CALLERS ENGAGED WITH 16

*Total number of consultations: Refers to all social work consultations taking place between the Lifeline Mental Health Social Worker and the caller referred (may include more than 1 consultation per caller)

Total Number of Active Cases: Refers to the number of 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)

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

92% of follow up consultations were conducted with the relevant party at the referred resource (e.g., a case manager at a rehab facility).

4% of follow up consultations were conducted directly with the callers (or their parent/legal guardian where a minor was involved).

4% of follow up consultations received no response from the follow up party (either the caller or referred source).

CLOSED CASES (N=11)

<table>
<thead>
<tr>
<th>Goal Achieved</th>
<th>91%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other*</td>
<td>9%</td>
</tr>
</tbody>
</table>

*Beneficiary unreachable/done all that is possible/referred to another source
X. SOCIAL WORK

ZOOM IN ON NEW CASES

**Urgency Level (N=11)**
- Low: 9%
- Moderate: 82%
- High: 9%

**Reasons for Referral (N=11)**
- MH Services: 100%
- Child Protection: 82%
- Severe Economic Distress: 73%
- GBV: 64%
- Other: 27%

*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

- MH Services: 100%
- Child Protection: 100%
- General Health: 91%
- Financial Assistance: 64%
- GBV: 55%
- Food Assistance: 55%
- Education Services: 18%
- Shelter: 18%
- Rehabilitation: 9%

*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 Organization, 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. Note: the total number of callers engaged with under the geographical location indicator is 15 instead of 16 as one of the callers was residing in Turkey.