



Lebanese Republic
Ministry of Public Health
National Mental Health Programme



embrace

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
July 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 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.

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www.embracelebanon.org



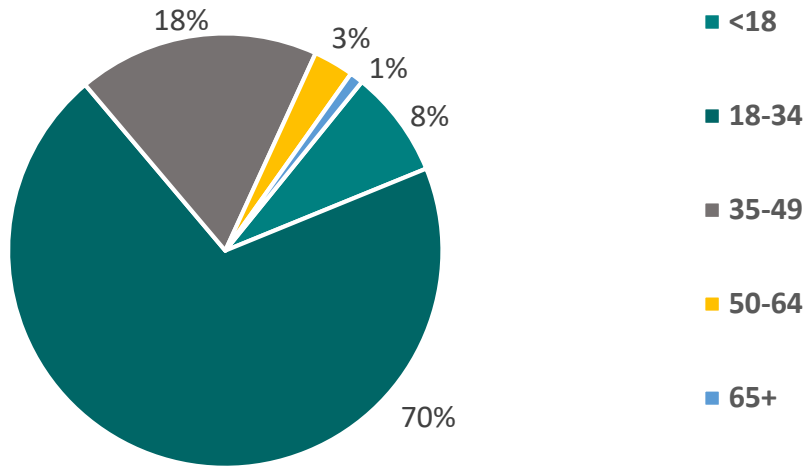
July 2022

TOTAL NUMBER OF CALLS WITH CAPTURED DATA

988

I. AGE OF CALLERS (n=843)

MEAN AGE: 28



II. SEX OF CALLERS

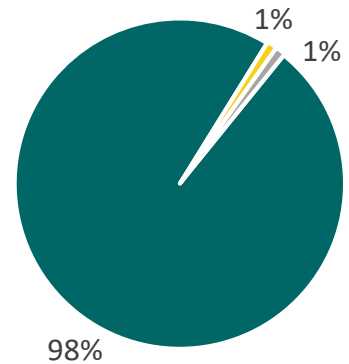


47%



52%

III. COUNTRY OF CALLERS

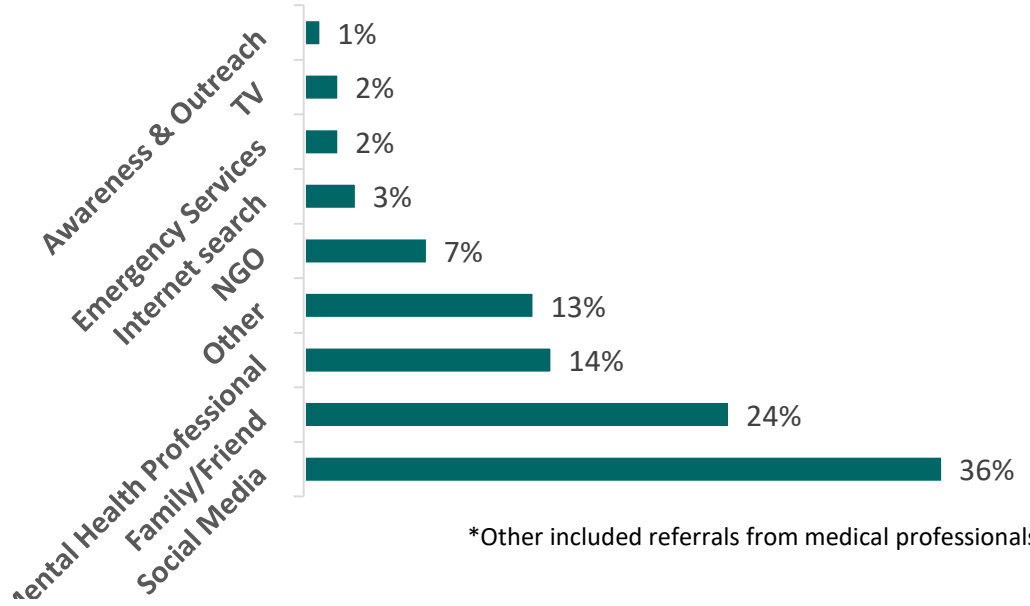


■ Lebanon ■ Not Reported ■ Others

IV. HOW CALLERS HEARD ABOUT THE LIFELINE

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

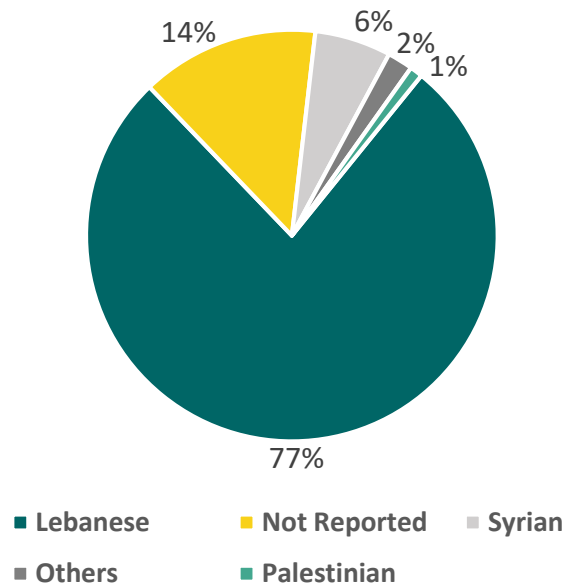
707 callers informed us of how they first learned about the National Lifeline. The below chart summarizes their responses.



V. SEXUAL ORIENTATION OF CALLERS

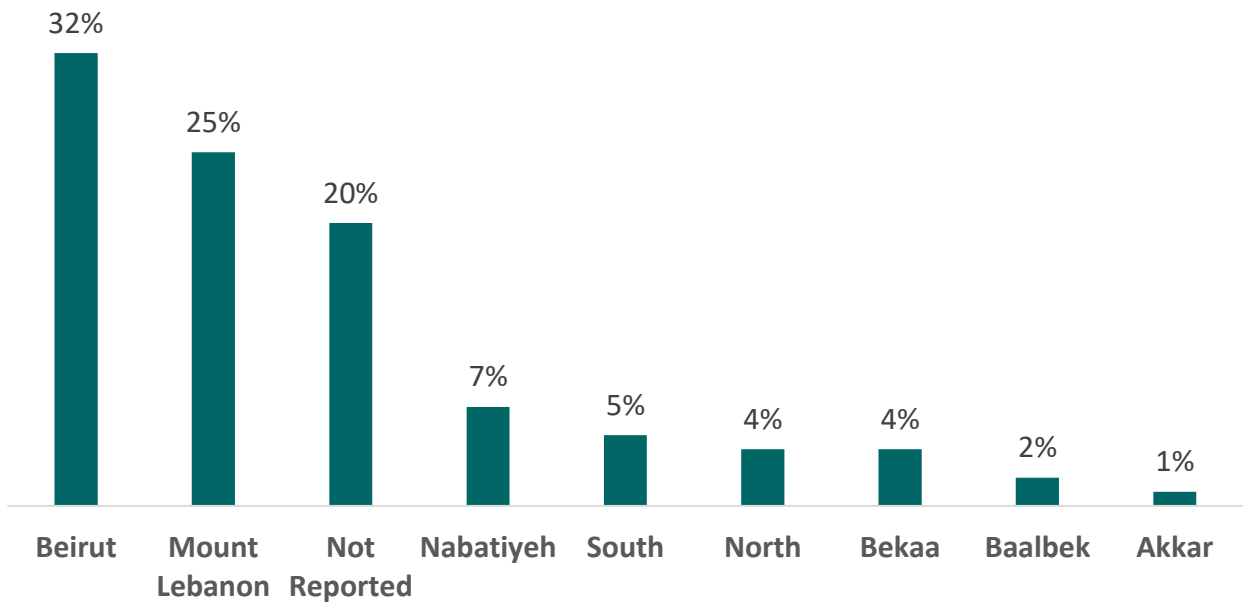
9% of calls received by the Embrace Lifeline come from self-identifying LGBTQI+ individuals.

VI. NATIONALITY OF CALLERS

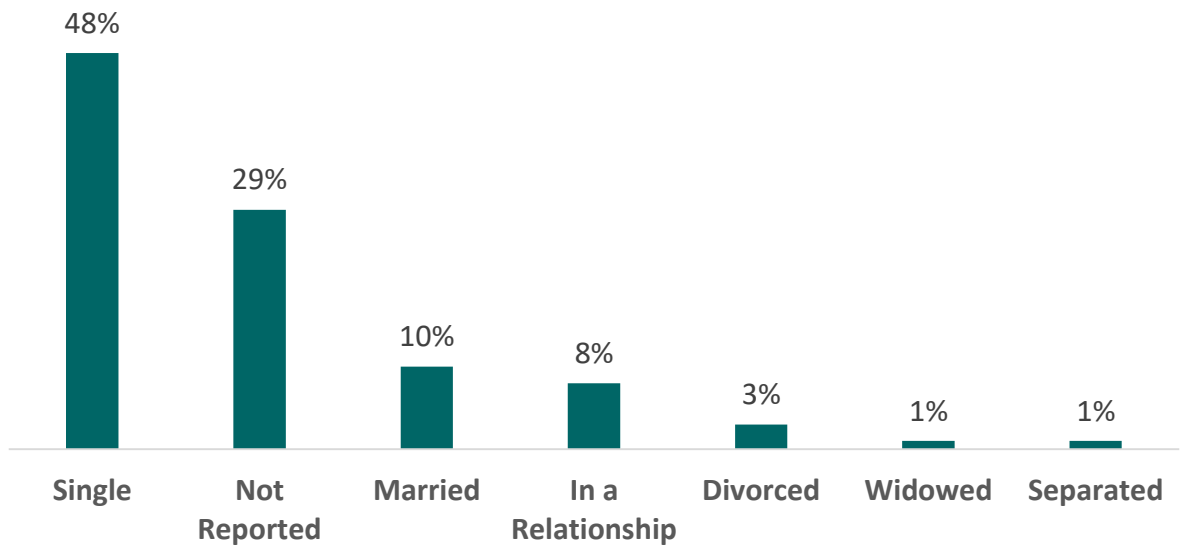




VII. REGION OF RESIDENCE AMONG CALLERS FROM LEBANON



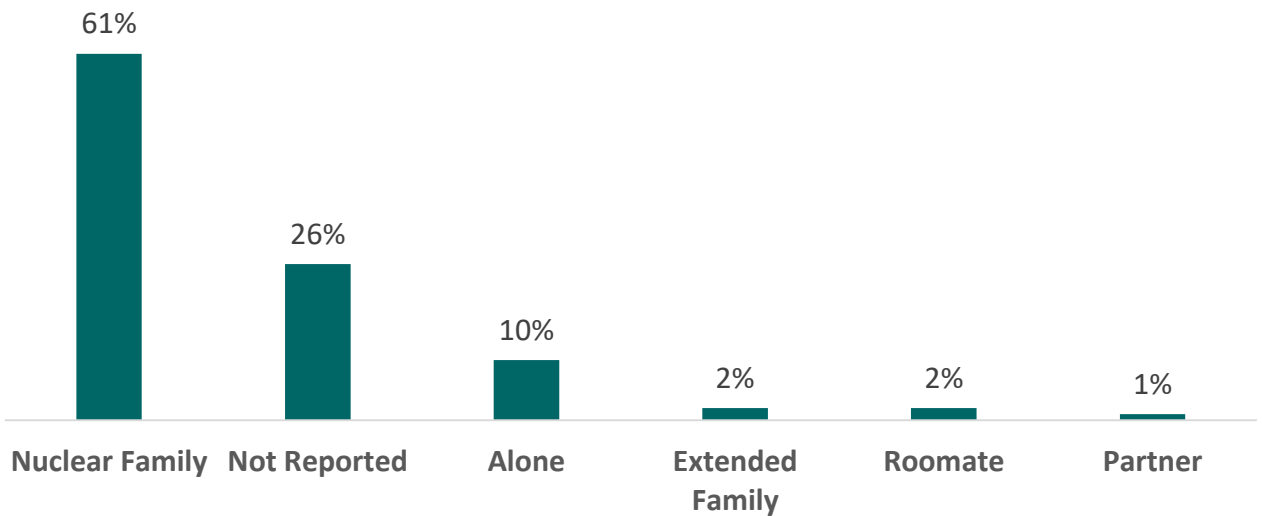
VIII. MARITAL STATUS OF CALLERS



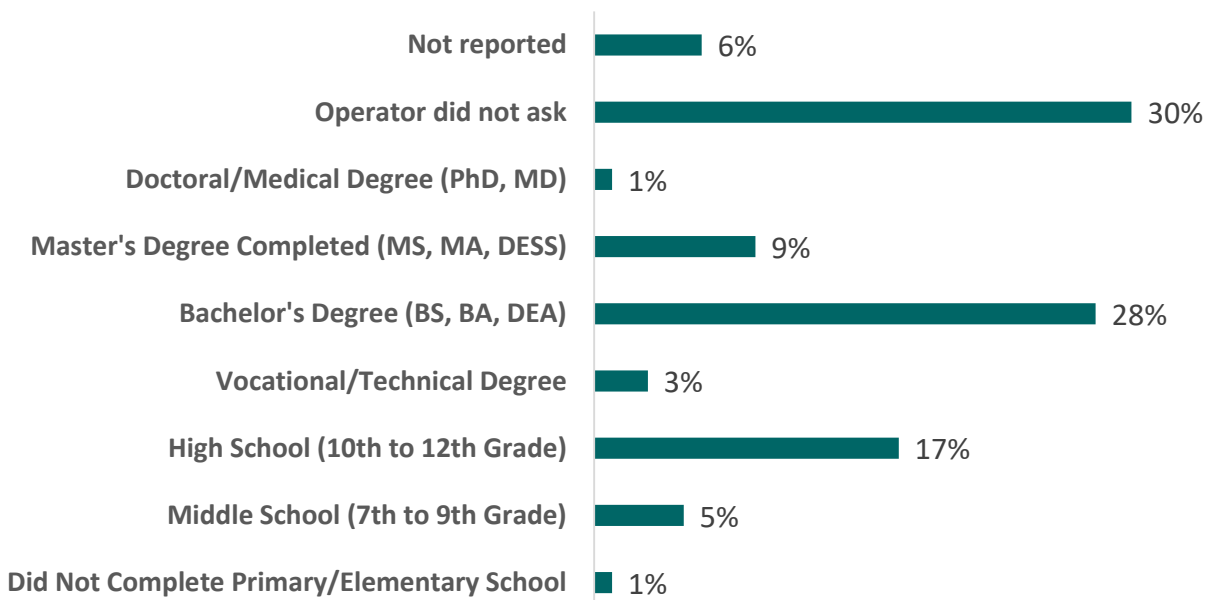


IX. CALLER LIVING WITH

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



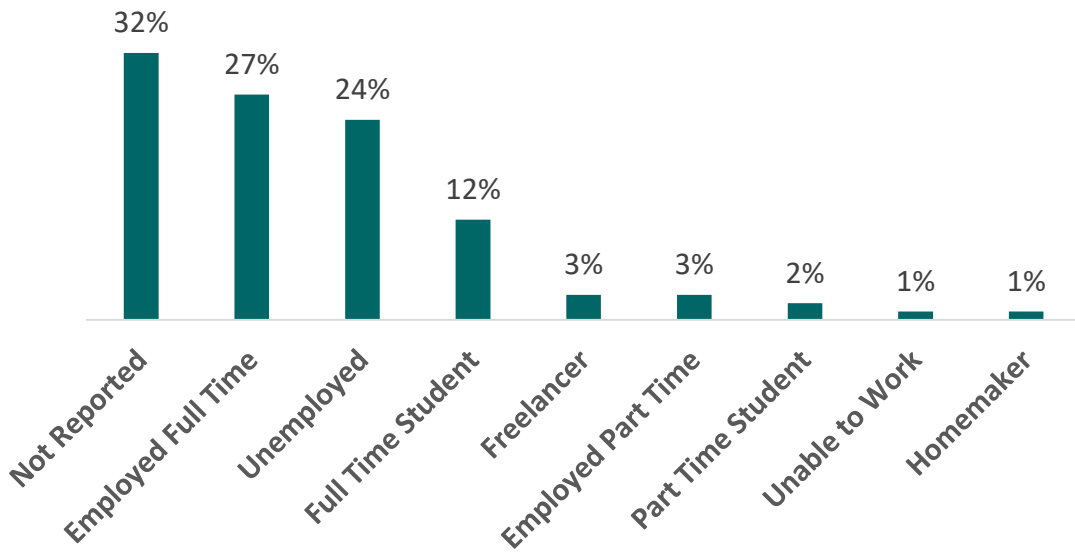
X. HIGHEST LEVEL OF EDUCATION OF CALLERS





XI. EMPLOYMENT OF CALLERS

*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

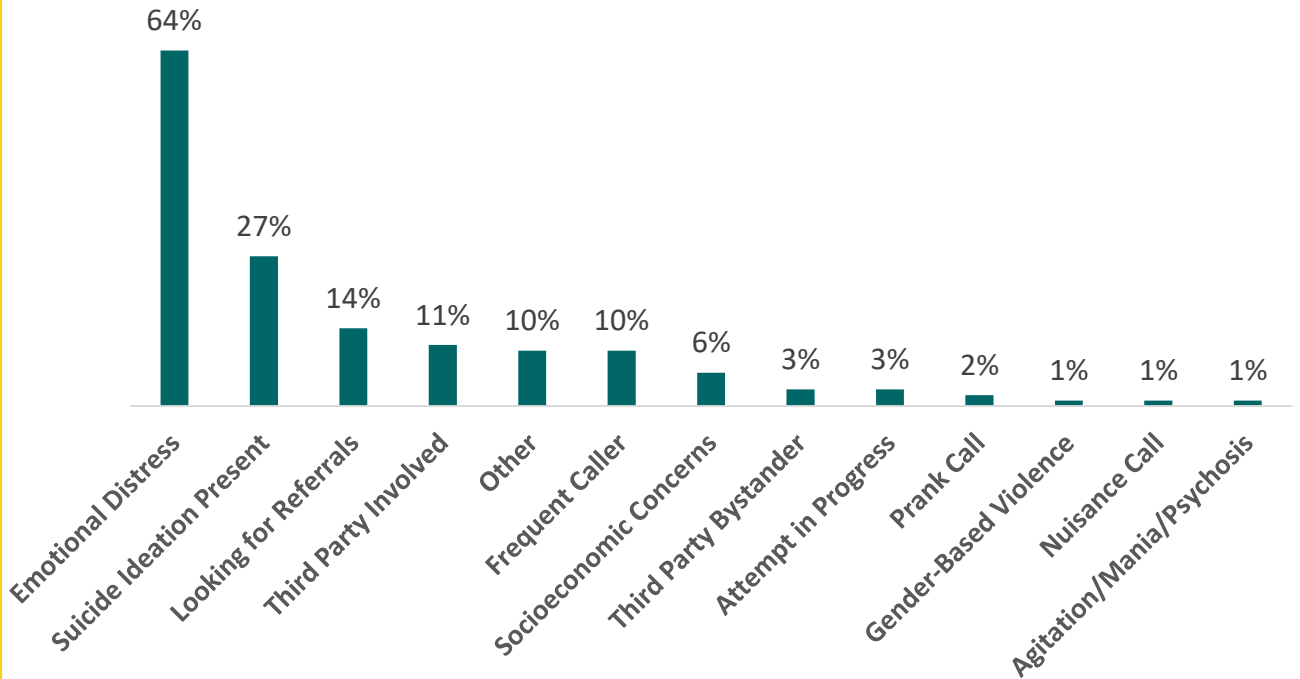


89% of calls with available data for this indicator (n=299) reported a **decrease in the level of distress** from the beginning of the call to the end of the call. **11%** of calls were from individuals whose **level of distress did not change** from the beginning to the end of the call.

XIII. CALLERS CURRENTLY SEEKING MENTAL HEALTH SERVICES

52% of calls with available data for this indicator (n=742) are from individuals who reported currently receiving *at least 1* mental health service.

XIV. TYPE OF CALL



*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.

XVI. PASSIVE SUICIDAL IDEATION AT THE BEGINNING OF THE CALL

53% of calls in with data available for this indicator (n=884) were from individuals who reported having **passive suicidal ideation** at the beginning of the call.

XVII. ACTIVE SUICIDAL IDEATION AT THE BEGINNING OF THE CALL

36% of calls with available data for this indicator (n=909) were from individuals who reported **active suicidal ideation** at the beginning of the call.

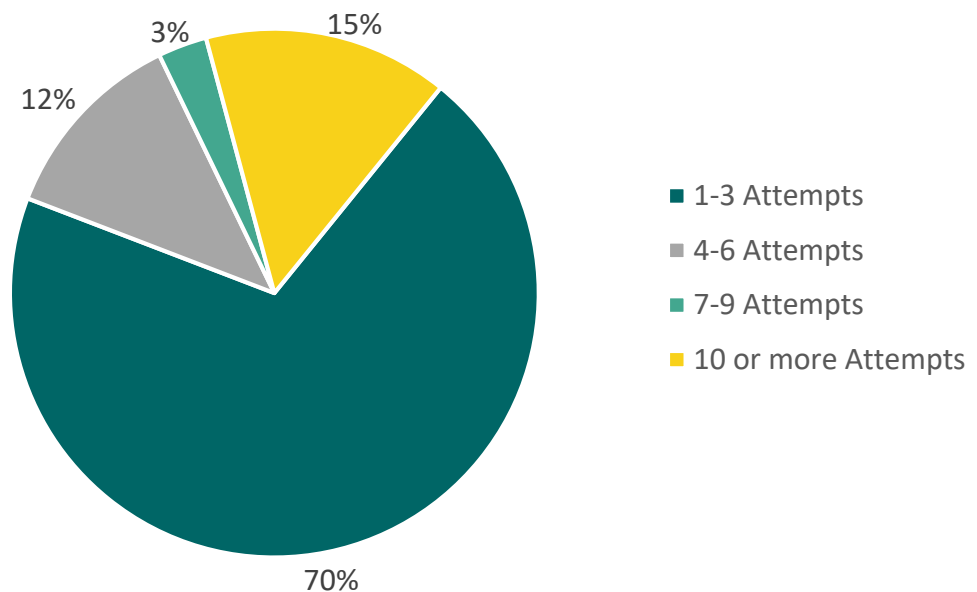
XVIII. ACTIVE SUICIDAL IDEATION WITH INTENT AT THE BEGINNING OF THE CALL

52% of calls in which the caller reported experiencing active ideation at the beginning of the call were from individuals who also reported having **intent**.

XIX. CALLERS WITH PREVIOUS SUICIDE ATTEMPT

42% of calls with available data for this indicator (n=629) were from individuals who reported having had a **previous suicide attempt**.

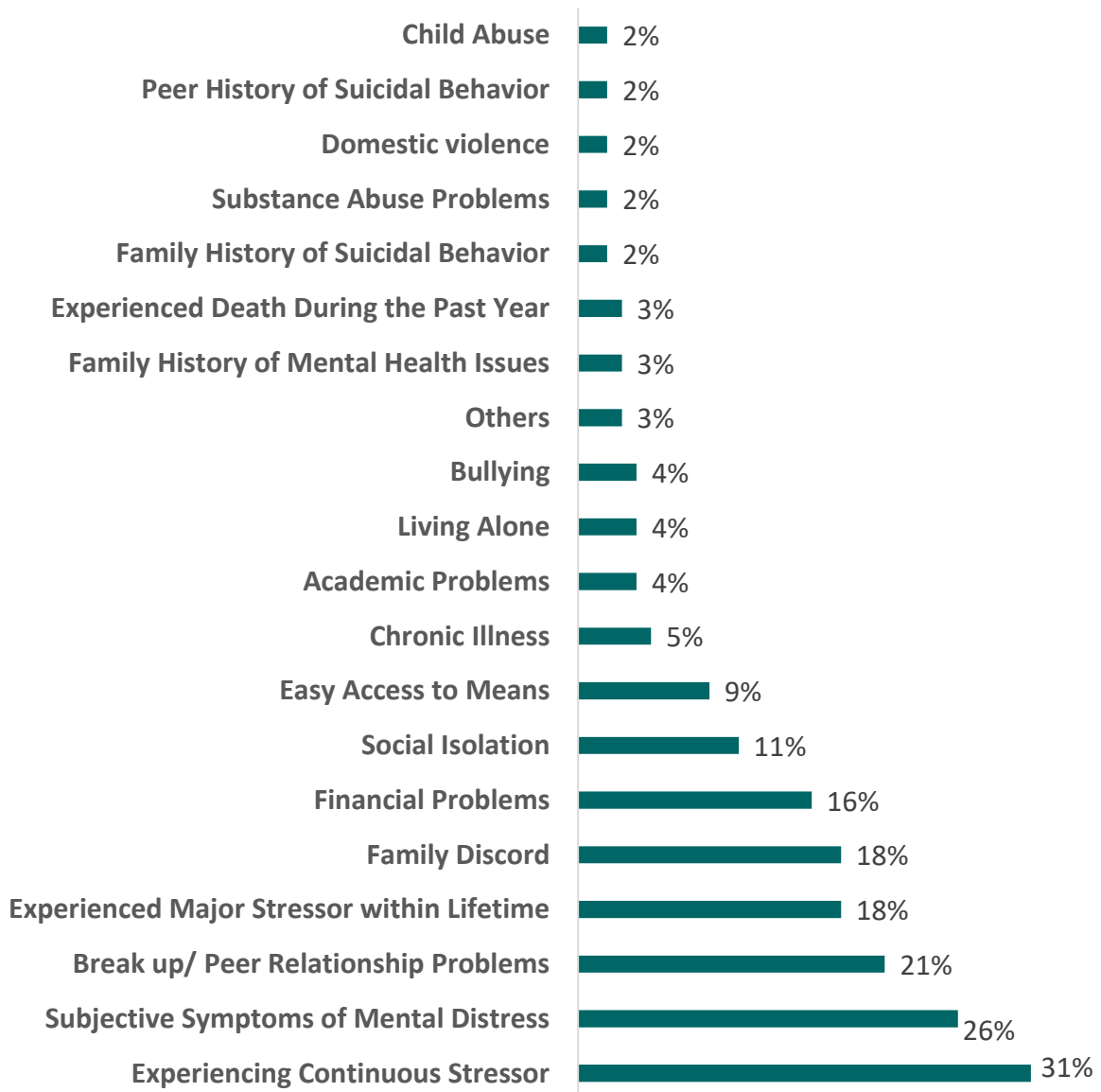
XX. NUMBER OF SUICIDE ATTEMPTS IN THE PAST



Out of **156** calls in which the caller reported the number of suicide attempts in the past, 32% reported having attempted it once, 18% attempted it twice, and 14% attempted it more than 11 times.



XXI. RISK FACTORS



*This indicator is assessed by the operator based on their conversation with the caller.

Percentages may not add up to 100% because multiple risk factors can occur together (e.g., a caller could be *both* living alone and reporting experiences of bullying...)



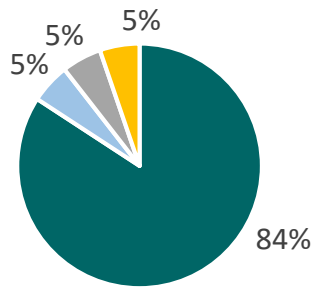
QUALITY ASSURANCE CALLS

TOTAL NUMBER OF ASSURANCE CALLS CONDUCTED

19

I. LEVEL OF SATISFACTION

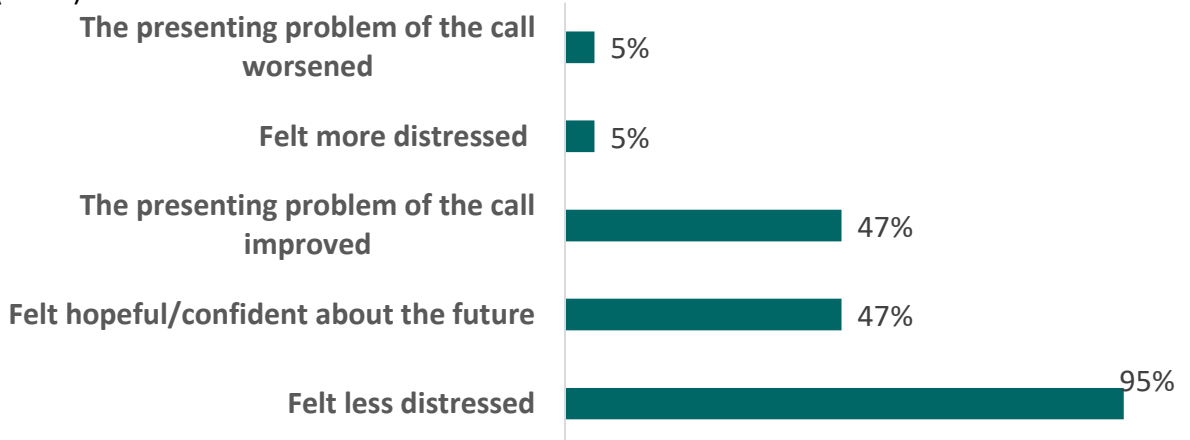
19 Quality assurance calls were conducted in July 2022. Beneficiaries were asked to rate their level of satisfaction with the services received during their initial call on a scale of 1 to 5 with higher numbers indicating greater satisfaction. Across all **19** callers, the average satisfaction rating was **4.7**.



■ Rating of 5 ■ Rating of 4 ■ Rating of 3 ■ Rating of 2

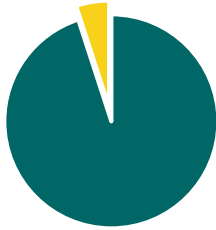
II. CALL OUTCOME

The below figures outline caller-reported outcomes of their initial call to the Lifeline (N=19)





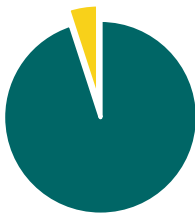
III. RECOMMEND



■ Yes ■ Maybe

95% of callers (n=19) reported that they would recommend the Lifeline to others in need of assistance.

IV. CALL BACK



■ Yes ■ Maybe

95% of callers with available data (n=19) reported that they would call the Lifeline again if they were experiencing emotional distress or thinking about suicide

V. HELPFUL ORIENTATIONS

2 of the 19 callers were provided with referrals during their initial call to the Lifeline and they reported that the service was helpful.

X. SOCIAL WORK

The social work department at Embrace serves both the **Embrace Mental Health Center (EMHC)** and the **National Lifeline (1564)**. It aims to provide a holistic approach to mental health care by offering psycho-social assistance to beneficiaries. The Social Work Department is resourced with a comprehensive referral database that is updated every 4 months. This referral network is linked with 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 department is currently staffed by one social worker who coordinates with a multi-disciplinary internal team of psychologists, psychiatrists, psychiatric nurse, hotline operators and lifeline supervisors.

TOTAL NUMBER OF CONSULTATIONS*	23	TOTAL NUMBER OF ACTIVE CASES	30
1st CONSULT#	8	FOLLOW UP**	15
		TOTAL NUMBER OF CLOSED CASES	10

**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 beneficiaries (callers) who were referred for the first time during this month from the Lifeline to social work services

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

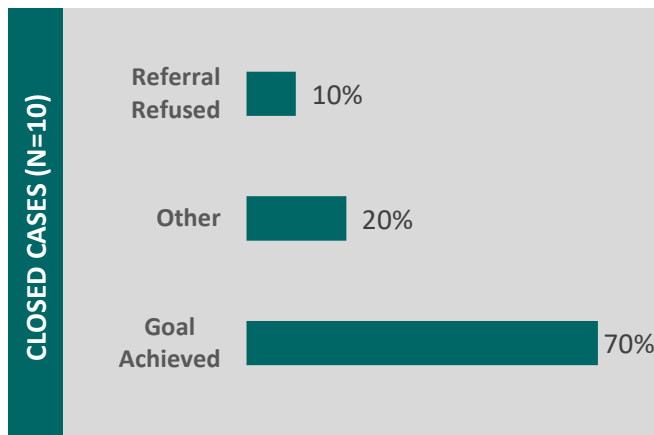
ZOOM IN ON FOLLOW UP CASES

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

53% of follow up consultations were conducted **directly with the callers** (or their parent/legal guardian where a minor was involved).

47% of follow up consultations were conducted with the **relevant party at the referred resource** (e.g., a case manager at a rehab facility).

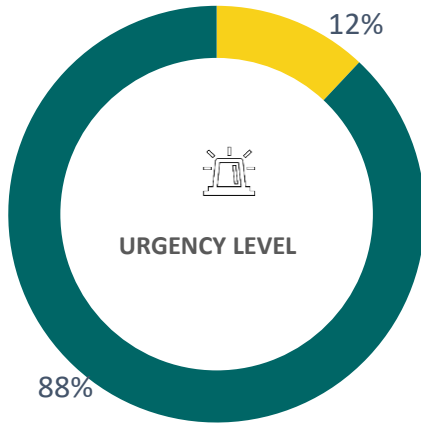
ZOOM IN ON CLOSED CASES





X. SOCIAL WORK

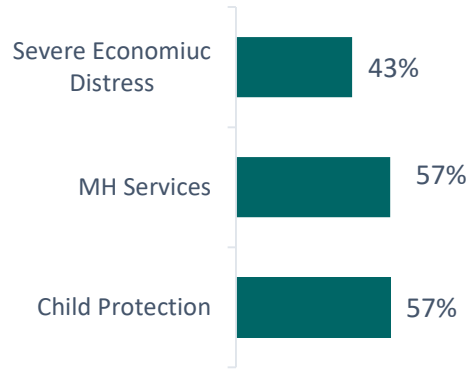
ZOOM IN ON NEW CASES



■ Not reported ■ High



REASON FOR REFERRAL (N=7)

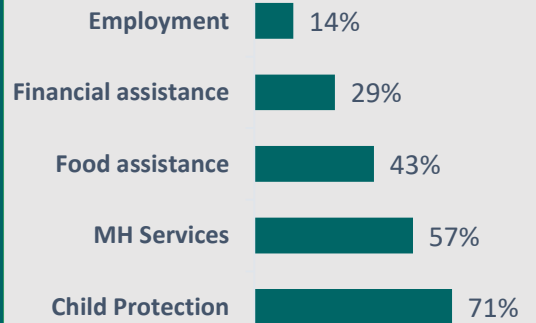


*Note that percentages for the bar charts may add up to more than 100% because the callers may be referred for several reasons; Abbreviations: MH = Mental Health

REFERRALS (N=7)

100% were referred to NGOs

REFERRALS PROVIDED



*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