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
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
**I. AGE OF CALLERS (n=1404)**

- Mean Age: 26

**II. SEX OF CALLERS**

- 56% Female
- 44% Male

**III. COUNTRY OF CALLERS**

- 98% Lebanon
- 2% Not Reported
IV. HOW CALLERS HEARD ABOUT THE LIFELINE

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

*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: 62%
- Not Reported: 1%
- Syrian: 1%
- Palestinian: 16%
- Others: 16%
- Syrian: 1%
- Others: 20%
- Not Reported: 20%
VII. REGION OF RESIDENCE AMONG CALLERS FROM LEBANON

Not Reported: 27%
Beirut: 26%
Mount Lebanon: 22%
North: 7%
South: 6%
Bekaa: 6%
Nabatiyeh: 3%
Baalbek: 2%
Akkar: 1%

VIII. MARITAL STATUS OF CALLERS

Single: 38%
Not Reported: 36%
Married: 13%
In a Relationship: 7%
Divorced: 4%
Widowed: 1%
Separated: 1%
IX. CALLER LIVING WITH

- Nuclear Family: 56%
- Not Reported: 28%
- Alone: 10%
- Extended Family: 3%
- Partner: 2%
- Roommate: 2%

*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: 3%
- Primary/Elementary School (1st to 6th Grade): 3%
- Middle School (7th to 9th Grade): 11%
- High School (10th to 12th Grade): 17%
- Vocational/Technical Degree: 6%
- Bachelor's Degree (BS, BA, DEA): 13%
- Master's Degree Completed (MS, MA, DESS): 5%
- Operator did not ask: 36%
- Not reported: 6%
XII. CHANGE IN LEVEL OF DISTRESS FROM BEGINNING TO END OF CALL

89% of calls with available data for this indicator (n=472) 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

40% of calls with available data for this indicator (n=1127) are from individuals who reported currently receiving at least 1 mental health service.

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

- Child Abuse 1%
- Peer History of Suicidal Behavior 1%
- Substance Abuse Problems 2%
- Experienced Death During the Past Year 3%
- Others 3%
- Bullying 4%
- Academic Problems 4%
- Social Isolation 7%
- Break up/Peer Relationship Problems 10%
- Financial Problems 16%
- Experiencing Continuous Stressor 23%
I. LEVEL OF SATISFACTION

11 Quality assurance calls were conducted in June 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 11 callers, the average satisfaction rating was 4.6.

II. CALL OUTCOME

The below figures outline caller-reported outcomes of their initial call to the Lifeline (N=11)

- Nothing changed: 27%
- The presenting problem of the call improved: 64%
- Felt hopeful/confident about the future: 64%
- Felt less distressed: 82%
III. RECOMMEND

91% of callers (n=11) reported that they would recommend the Lifeline to others in need of assistance.

IV. CALL BACK

90% of callers with available data (n=10) reported that they would call the Lifeline again if they were experiencing emotional distress or thinking about suicide.

V. HELPFUL ORIENTATIONS

2 of the 11 callers were provided with referrals during their initial call to the Lifeline and they reported that the service was helpful.
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 multidisciplinary internal team of psychologists, psychologists, psychiatric nurse, hotline operators and lifeline supervisors.

**TOTAL NUMBER OF CONSULTATIONS** 37

**1st CONSULT** 10

**FOLLOW UP** 27

*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** 32

**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.**

42% of follow up consultations were conducted *directly with the callers* (or their parent/legal guardian where a minor was involved).

58% 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 NEW CASES**

![Reason for Referral (N=10)]

- Others: 50%
- MH Services: 50%
- Child Protection: 40%

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