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

MONTHLY LIFELINE INDICATORS
REPORTING PERIOD
March 2023
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 March 2023.

www.embracelebanon.org
March 2023
TOTAL NUMBER OF CALLS WITH CAPTURED DATA 1,134

I. AGE OF CALLERS (n= 946)

- MEAN AGE: 30

II. SEX OF CALLERS

- 56% Female
- 44% Male

III. COUNTRY OF CALLERS

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

*Germany, Syria, UAE, USA
IV. HOW CALLERS HEARD ABOUT THE LIFELINE

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

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

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

- Mount Lebanon: 31%
- Beirut: 27%
- Not Reported: 20%
- North: 7%
- South: 7%
- Bekaa: 4%
- Nabatiyeh: 2%
- Baalbek: 1%
- Akkar: 1%

VIII. MARITAL STATUS OF CALLERS

- Single: 32%
- Not Reported: 28%
- Married: 17%
- In a Relationship: 14%
- Divorced: 7%
- Separated: 2%
- Widowed: 1%
IX. CALLER LIVING WITH

- Nuclear Family: 60%
- Not Reported: 27%
- Alone: 8%
- Partner: 3%
- Extended Family: 2%
- Roomate: 1%
- 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

- Not reported: 5%
- Operator did not ask: 33%
- Master's Degree Completed (MS, MA, DESS): 7%
- Bachelor's Degree (BS, BA, DEA): 32%
- Vocational/Technical Degree: 5%
- High School (10th to 12th Grade): 10%
- Middle School (7th to 9th Grade): 4%
- Primary/Elementary School (1st to 6th Grade): 2%
- Did Not Complete Primary/Elementary School: 2%
XI. EMPLOYMENT OF CALLERS

*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

89% of calls with available data for this indicator (n=371) 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.

*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=774) are from individuals who reported currently receiving at least 1 mental health service.
XIV. TYPE OF CALL

- Emotional Distress: 60%
- Suicide Ideation Present: 27%
- Other: 18%
- Frequent Caller: 11%
- Socioeconomic Concerns: 9%
- Third Party Involved: 8%
- Imminent Risk of Suicide: 6%
- Attempt in Progress: 4%
- Bereaved by Suicide: 3%
- Gender-Based Violence: 2%
- Prank Call: 2%
- Child Protection: 1%
- Third Party Professional: 1%

*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

2% of calls were from individuals who had a suicide attempt that was ongoing during the call.
XXII. ASSOCIATION BETWEEN THE CALLERS’ CHARACTERISTICS AND TYPES OF CALL

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 an** ED type of call and gender, Marital Status, governorate, and employment status. There was a higher proportion of males among ED compared to non-ED. ED were more likely to be single, living in Beirut and Mount Lebanon, employed on a part-time basis and less likely employed on a full-time basis.

- **Having a** FC type of call and gender, marital status, governorate, employment status and seeking mental health (MH) services. FC were mostly males, living in Mount Lebanon, full-time students or volunteers. They were less likely to be married, employed on a full-time basis. They do seek mental health (MH) services more than non-FC.

<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</td>
<td>29.9±12.4</td>
</tr>
<tr>
<td>No</td>
<td>30.6±12.2</td>
</tr>
<tr>
<td></td>
<td><strong>Gender</strong></td>
</tr>
<tr>
<td>Male</td>
<td>334 (48.8)</td>
</tr>
<tr>
<td>Female</td>
<td>349 (50.9)</td>
</tr>
<tr>
<td>Intersex</td>
<td>2 (0.3)</td>
</tr>
<tr>
<td></td>
<td><strong>Marital Status</strong></td>
</tr>
<tr>
<td>Single</td>
<td>275 (48.2)</td>
</tr>
<tr>
<td>Married</td>
<td>107 (18.7)</td>
</tr>
<tr>
<td>Widowed/Divorced/</td>
<td>85 (14.9)</td>
</tr>
<tr>
<td>Separate</td>
<td></td>
</tr>
<tr>
<td>In a relationship</td>
<td>104 (18.2)</td>
</tr>
<tr>
<td></td>
<td><strong>Governorate</strong></td>
</tr>
<tr>
<td>Beirut</td>
<td>204 (34.1)</td>
</tr>
<tr>
<td>Mount Lebanon</td>
<td>218 (36.5)</td>
</tr>
<tr>
<td>South-Nabatieh</td>
<td>72 (12)</td>
</tr>
<tr>
<td>North-Akkar</td>
<td>61 (10.2)</td>
</tr>
<tr>
<td>Bekaa-Baalbek</td>
<td>43 (7.2)</td>
</tr>
<tr>
<td></td>
<td><strong>Education</strong></td>
</tr>
<tr>
<td>Below University</td>
<td>198 (37.6)</td>
</tr>
<tr>
<td>University Level</td>
<td>328 (62.4)</td>
</tr>
<tr>
<td></td>
<td><strong>Employment</strong></td>
</tr>
<tr>
<td>Unemployed</td>
<td>219 (37.7)</td>
</tr>
<tr>
<td>Employed Full Time</td>
<td>127 (21.9)</td>
</tr>
<tr>
<td>Student Full Time</td>
<td>123 (21.2)</td>
</tr>
<tr>
<td>Freelancer</td>
<td>37 (6.4)</td>
</tr>
<tr>
<td>Employed Part Time</td>
<td>49 (8.4)</td>
</tr>
<tr>
<td>Student Part Time</td>
<td>17 (2.9)</td>
</tr>
<tr>
<td>Volunteer</td>
<td>5 (0.9)</td>
</tr>
<tr>
<td></td>
<td><strong>Currently Seeking MH Service</strong></td>
</tr>
<tr>
<td></td>
<td>207 (36.8)</td>
</tr>
</tbody>
</table>

All values are expressed as n(%), except for age which is expressed as Mean ± SD; SD, Standard deviation; MH, Mental Health.
QUALITY ASSURANCE CALLS
TOTAL NUMBER OF ASSURANCE CALLS CONDUCTED

125

I. LEVEL OF SATISFACTION

125 Quality assurance calls were conducted in March. 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 4.5.

II. CALL OUTCOME

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

- Felt less capable of solving the presenting problem by myself: 1%
- Felt more distressed: 1%
- Nothing Changed: 5%
- Felt hopeful/confident about the future: 65%
- Felt more empowered to solve the presenting problem: 78%
- Felt less distressed: 94%

*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

95% of callers (n=106) reported that they would recommend the Lifeline to others in need of assistance.

IV. CALL BACK

94% of callers with available data (n=98) reported that they would call the Lifeline again if they were experiencing emotional distress or thinking about suicide.

Note: 8 out of the 106 callers were frequent callers and were asked slightly different questions than the regular callers. These 8 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 of “they would call back the Lifeline”. 63% (N=8) answered yes to this question, 25% no and 13% maybe as the caller noted that she still needs Embrace’s help.

IV. HELPFULNESS OF THE ORIENTATION TO OTHER SERVICES

68 of the 106 callers were provided with referrals during their initial call to the Lifeline. 29% reported that the service was helpful. 42% 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. 29% 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.
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.

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.

100% of follow up consultations were conducted with the relevant party at the referred resource (e.g., a case manager at a rehab facility).

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

ZOOM IN ON NEW CASES

Urgency Level (N=11)

Moderate 45%
High 55%

Reasons for referral (N=11)

- MH Services 100%
- Child Protection 73%
- Severe Economic Distress 45%
- GBV 36%
- 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 (11)

100% referred to NGOs

Referrals provided

- MH Services 100%
- General Health 91%
- Child Protection 82%
- GBV 45%
- Financial Assistance 36%
- Food Assistance 36%
- Shelter 18%
- Employment 9%
- Education Services 9%
- 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.