



Lebanese Republic  
Ministry of Public Health  
National Mental Health Programme



embrace

# 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**  
May 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.

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[www.embracelebanon.org](http://www.embracelebanon.org)



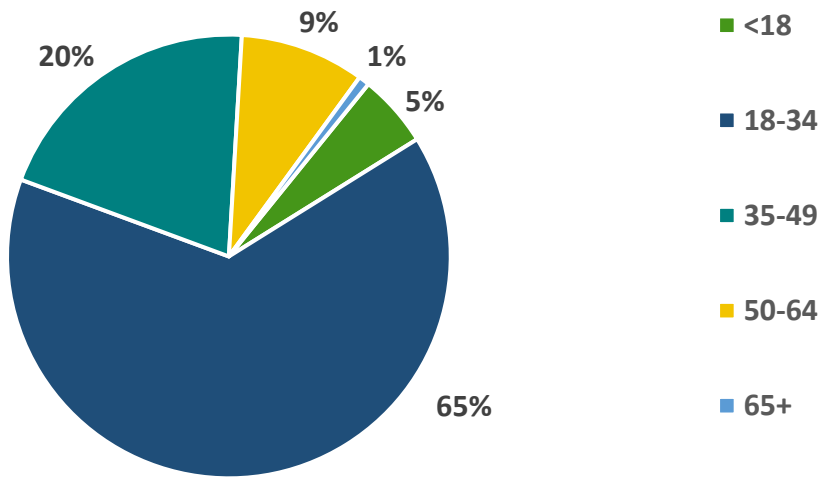
May 2023

TOTAL NUMBER OF CALLS WITH CAPTURED DATA

1,127

I. AGE OF CALLERS (n= 979)

MEAN AGE: 30



II. SEX (n=984) & GENDER OF CALLERS (n=143)\*



51%



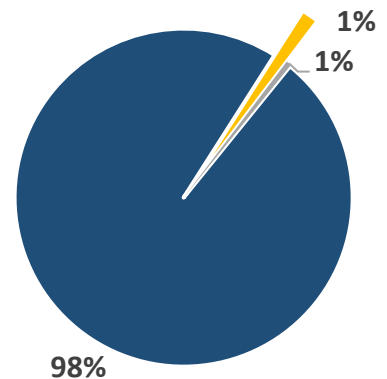
49%

Cisman: 42%

Ciswoman: 57%

Non-Binary: 1%

III. COUNTRY OF CALLERS



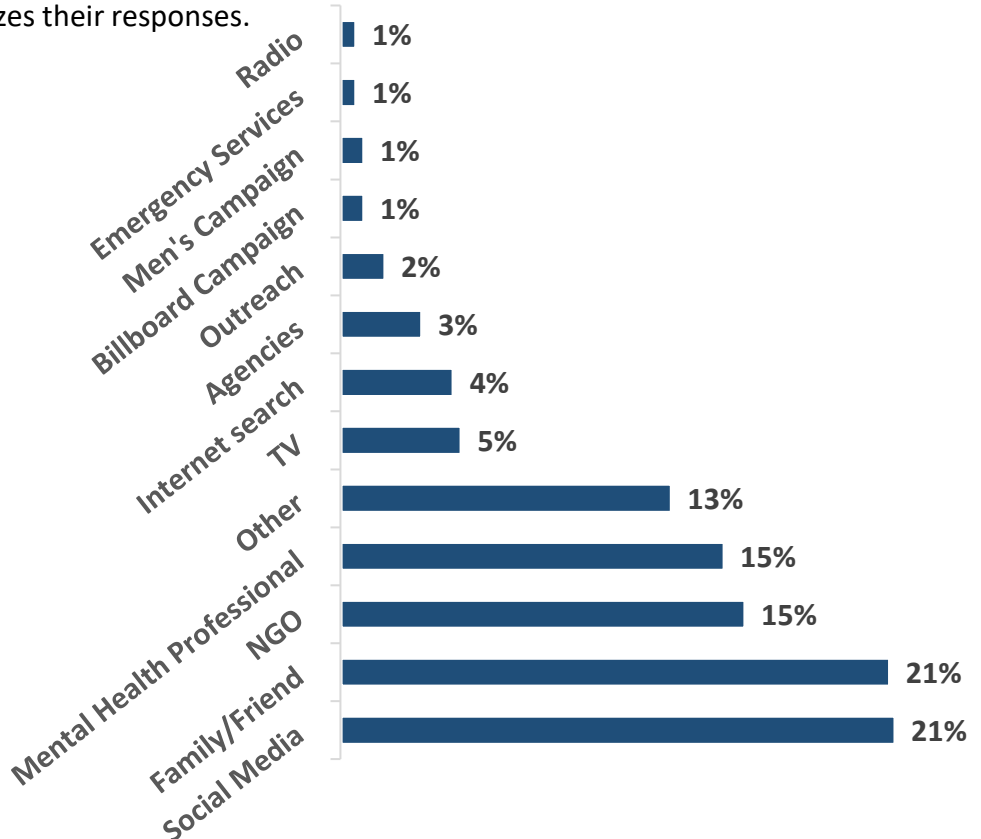
■ Lebanon ■ Not Reported ■ Other\*

\*Canada, France, Nigeria, Saudi Arabia

## IV. HOW CALLERS HEARD ABOUT THE LIFELINE

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

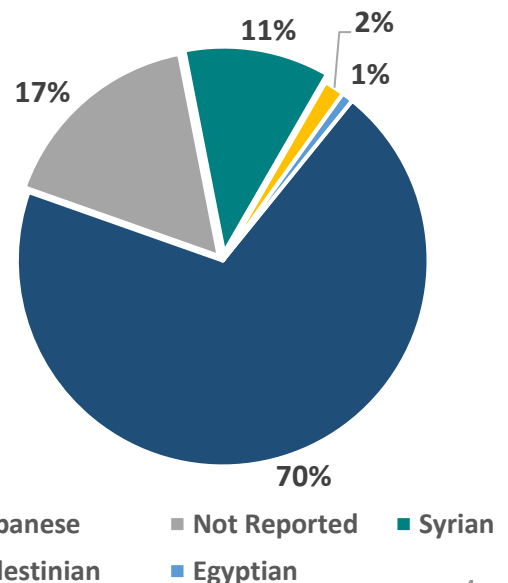
350 callers informed us of how they first learned about the National Lifeline. The below chart summarizes their responses.



## V. SEXUAL ORIENTATION OF CALLERS

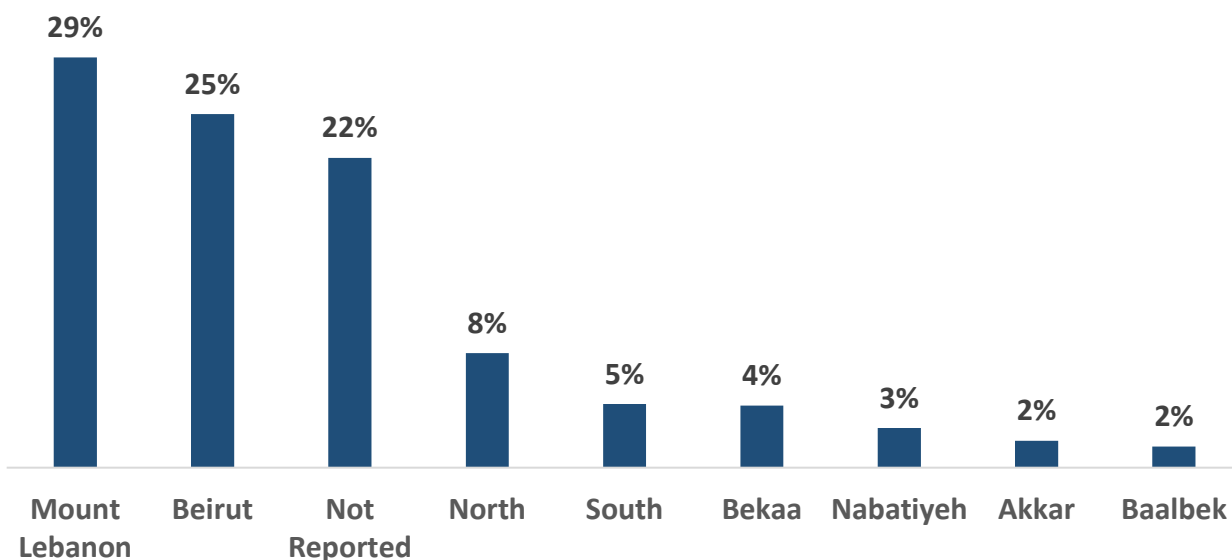
**9%** of calls received by the Embrace Lifeline come from self-identifying LGBTQI+ individuals.

## VI. NATIONALITY OF CALLERS

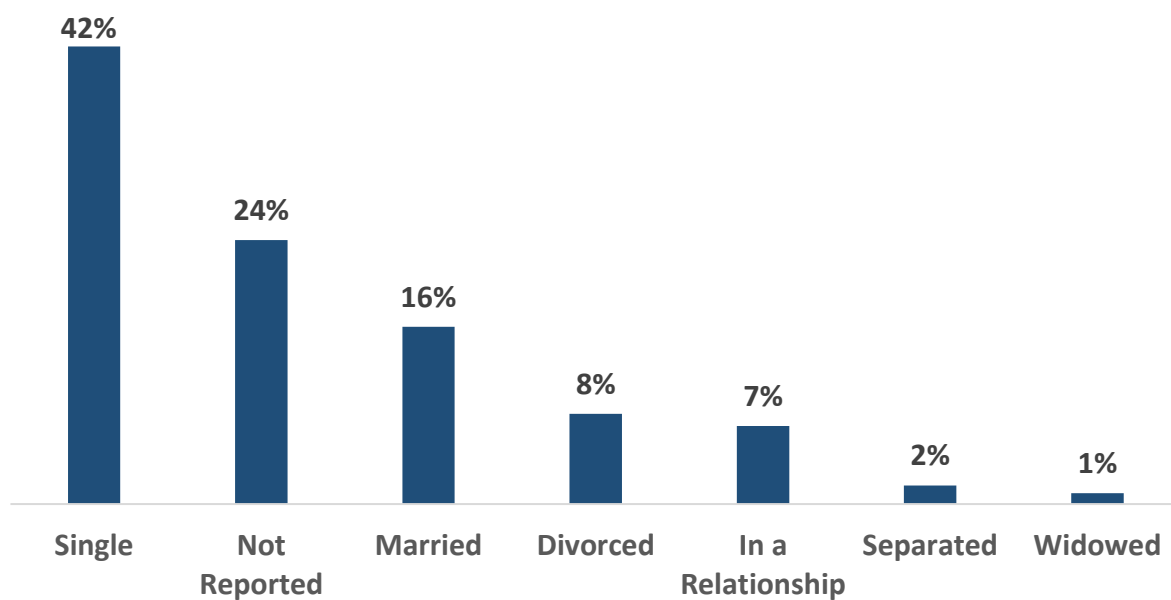


\*Armenia, Central African Republic, Iraq, Jordan, Palestine, Philippines, Saudi Arabia, Syria, Tunisia

## VII. REGION OF RESIDENCE AMONG CALLERS FROM LEBANON

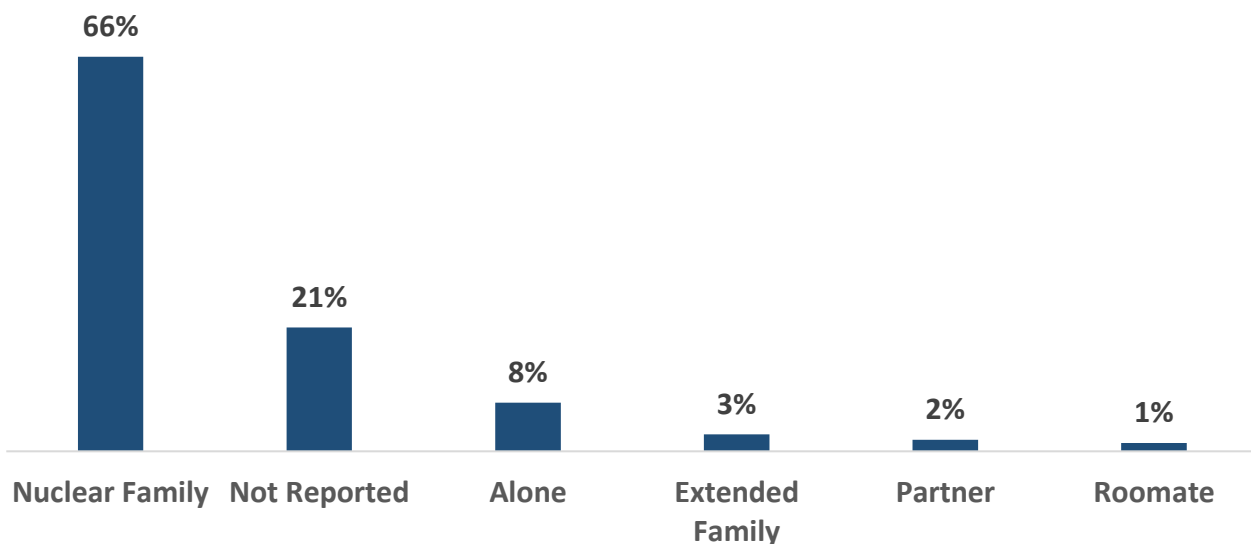


## VIII. MARITAL STATUS OF CALLERS

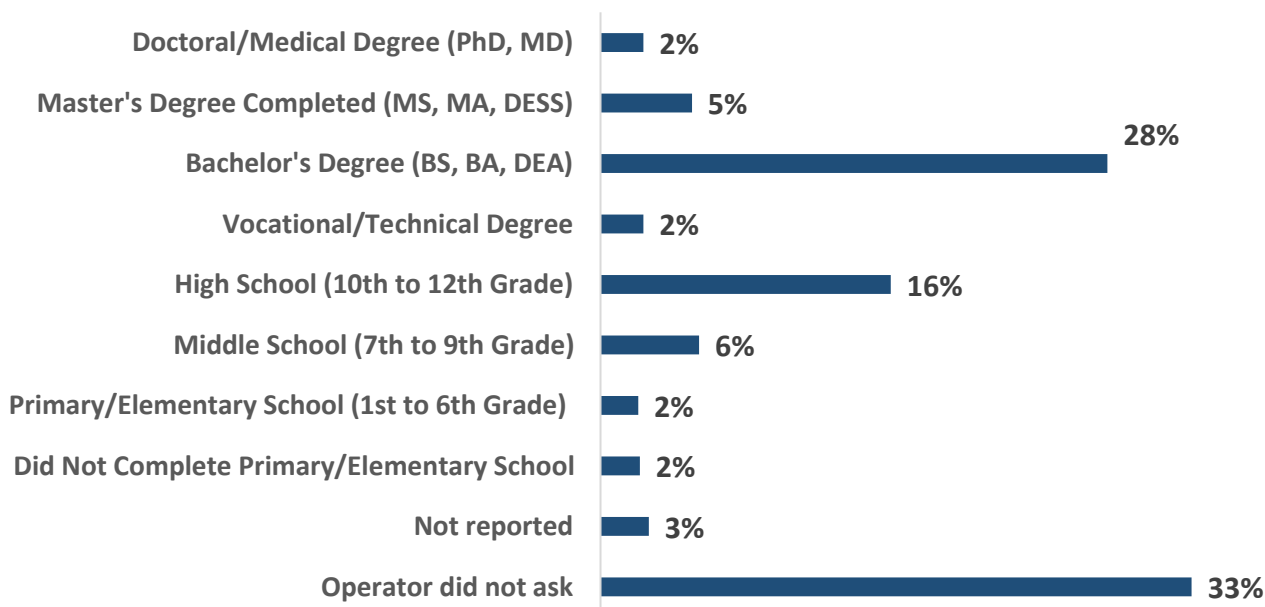


## IX. CALLER LIVING WITH

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

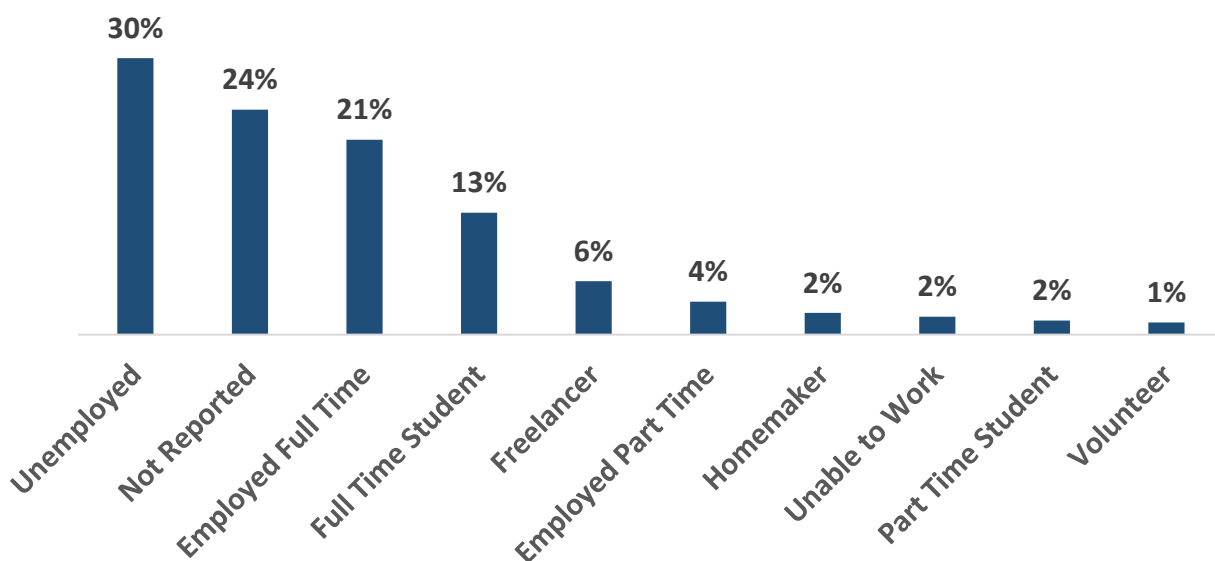


## X. HIGHEST LEVEL OF EDUCATION OF CALLERS

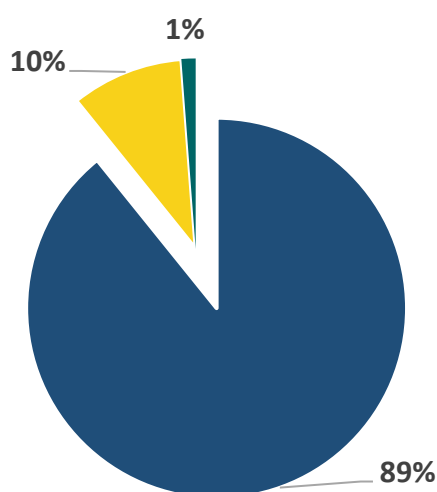


## XI. EMPLOYMENT OF CALLERS

*\*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=342) reported a **decrease in the level of distress** from the beginning of the call to the end of the call. **10%** of calls were from individuals whose **level of distress did not change** from the beginning to the end of the call. **1%** of calls reported to have **increase in their level of distress** from beginning to the end of the call.

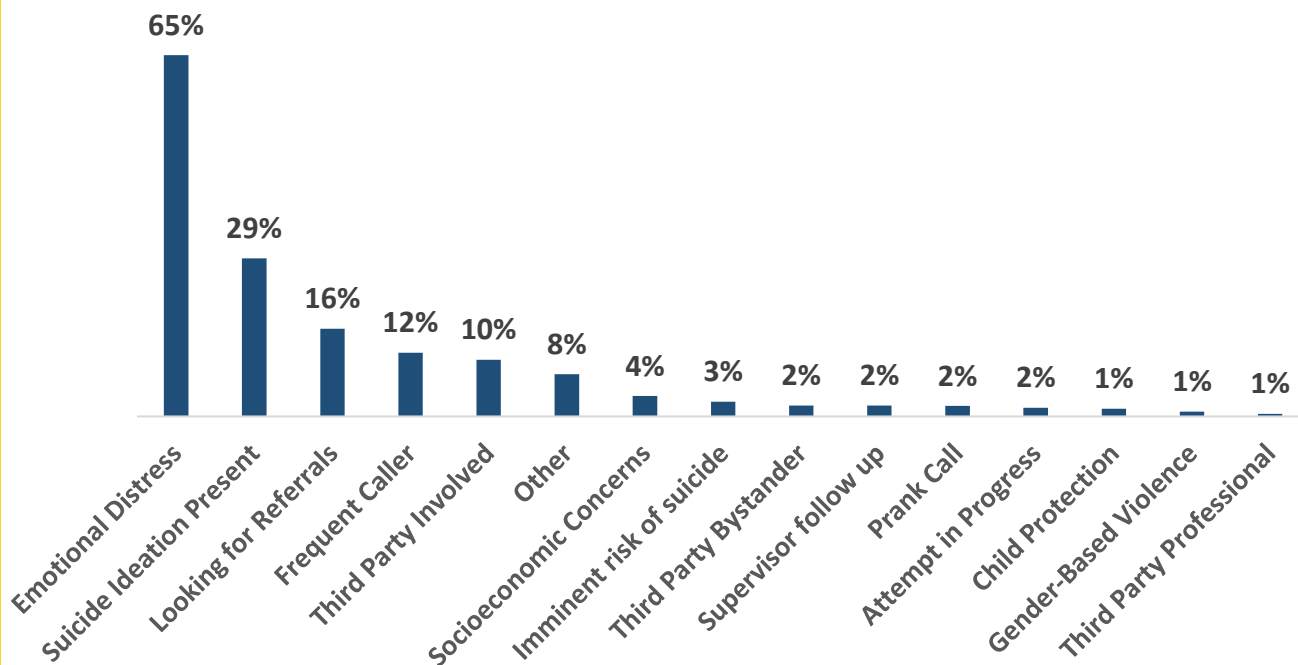
*\*Note: In some callers, the level of distress may continue to be high even after seeking support from an emotional support service such as the National Lifeline, as the intensity of their distress may be linked to stressors they are facing that may remain unresolved. The Lifeline will orient callers 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

**44%** of calls with available data for this indicator (n=827) 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).



#### XV. SUICIDE ATTEMPT ONGOING

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



## XVI. ASSOCIATION BETWEEN THE CALLERS' CHARACTERISTICS AND TYPES OF CALL

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.

In order to identify predictors associated with the most frequent types of call such as the “**Emotional Distress (ED)**” type, the “**Frequent Callers (FC)**” type and the “**Suicidal Ideation (SI)**” type respectively & the **callers' characteristics**, a bivariate analysis was conducted.

There were **significant associations** between:

- Having an ED type of call and marital Status and governorate. Compared to non-ED callers, ED callers were most likely to be widowed, divorced or separated and lives in Beirut area.
- Having a FC type of call and gender, marital status, governorate, education, employment status and seeking mental health (MH) services. FC were mostly males and single, living in Mount Lebanon, holding a university degree, unemployed or had a volunteer role and less likely to be homemakers. They do also seek mental health (MH) services more than non-FC.
- Having a SI type of call and age, marital status, employment status and seeking mental health (MH) services. Callers with a SI type of call were younger, mostly single, most likely to be students and less likely to be employed on a full-time basis. They do also seek mental health (MH) services more than non-SI.

	Emotional Distress			Frequent Callers			Suicidal Ideation		P-value
	Yes	No	P-value	Yes	No	P-value	Yes	No	
<b>Age</b>	30.0±11.7	31.2±13.06	0.2	29.4±9.3	30.5±12.4	0.28	27.7±10.5	31.6±12.6	<b>&lt;0.001</b>
<b>Gender</b>			0.7			<b>&lt;0.001</b>			0.8
Male	348 (47.4)	197 (50.1)		89 (68.5)	456 (45.7)		151 (47.0)	394 (48.9)	
Female	384 (52.3)	195 (49.6)		41 (31.5)	538 (54.0)		169 (52.6)	410 (50.9)	
Intersex	2 (0.3)	1 (0.3)		0(0.0)	3 (0.3)		1 (0.3)	2(0.2)	
<b>Marital Status</b>			<b>0.01</b>			<b>&lt;0.001</b>			<b>0.008</b>
Single	348 (54.6)	121 (56.0)		102 (81.6)	376 (50.4)		170 (60.7)	299 (52.2)	
Married	123 (19.3)	59 (27.3)		0 (0.0)	182 (25.0)		44 (15.7)	138 (24.1)	
Widowed/Divorced/Separated	99 (15.5)	23 (10.6)		21 (16.8)	101 (13.9)		34 (12.1)	88 (15.4)	
In a relationship	67 (10.5)	13 (6.0)		2 (1.6)	78 (10.7)		32 (11.4)	48 (8.4)	
<b>Governorate</b>			<b>0.04</b>			<b>&lt;0.001</b>			0.3
Beirut	212 (33.9)	76 (29.7)		26 (22.2)	262 (34.3)		80 (30.0)	208 (33.9)	
Mount Lebanon	222 (35.5)	110 (43.0)		59 (50.4)	273 (35.7)		96 (36.0)	236 (38.4)	
South-Nabatieh	52 (8.3)	30(11.7)		8 (6.8)	74 (9.7)		25 (9.4)	57 (9.3)	
North-Akkar	87 (13.9)	25 (9.8)		22 (18.8)	90 (11.8)		39 (14.6)	73 (11.9)	
Bekaa-Baalbek	52 (8.3)	15 (5.9)		2 (1.7)	65 (8.5)		27 (10.1)	40 (60.5)	
<b>Education</b>			0.3			<b>0.002</b>			0.6
Below University	252 (45.4)	70 (41.2)		40 (32)	282 (47)		109 (43.1)	213 (45.1)	
University Level	303 (54.6)	100 (58.8)		85 (68)	318 (53)		144 (56.9)	259 (54.9)	
<b>Employment</b>									
Unemployed	251 (39.6)	82 (36.8)	0.5	65 (56.0)	268 (36.2)	<b>&lt;0.001</b>	119 (42.2)	214 (37.2)	0.2
Employed Full Time	168 (26.5)	66 (29.6)	0.4	15 (12.9)	219 (29.6)	<b>&lt;0.001</b>	50 (17.7)	184 (32.0)	<b>&lt;0.001</b>
Student Full Time	112 (17.7)	35 (15.7)	0.5	20 (17.2)	127 (17.1)	1.0	64 (22.7)	83 (14.4)	<b>0.003</b>
Freelancer	45 (7.1)	19 (8.5)	0.6	10 (8.6)	54 (7.3)	0.7	21 (7.4)	43 (7.5)	1.0
Employed Part Time	32 (5.0)	7 (3.1)	0.3	0 (0.0)	39 (5.3)	<b>0.013</b>	13 (4.6)	26 (4.5)	1.0
Student Part Time	13 (2.0)	4 (1.8)	1.0	0 (0)	17 (2.3)	0.2	6 (2.1)	11 (1.9)	1.0
Volunteer	7 (1.1)	6 (2.7)	0.1	5 (4.3)	8 (1.1)	<b>0.022</b>	4 (1.4)	9 (1.6)	1.0
Homemaker	23 (3.6)	3 (1.3)	0.1	0 (0.0)	26 (3.5)	<b>0.038</b>	7 (2.5)	19 (3.3)	0.5
<b>Currently Seeking MH Service</b>									
	283 (44.9)	80 (40.6)	0.3	60 (64.5)	303 (41.3)	<b>&lt;0.001</b>	143 (52.2)	220 (39.8)	<b>0.001</b>

All values are expressed as n(%), except for age which is expressed as Mean ± SD; SD, Standard deviation; MH, Mental Health.



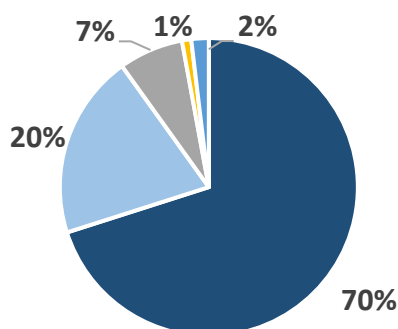
## QUALITY ASSURANCE CALLS

TOTAL NUMBER OF ASSURANCE CALLS CONDUCTED

112

### I. LEVEL OF SATISFACTION

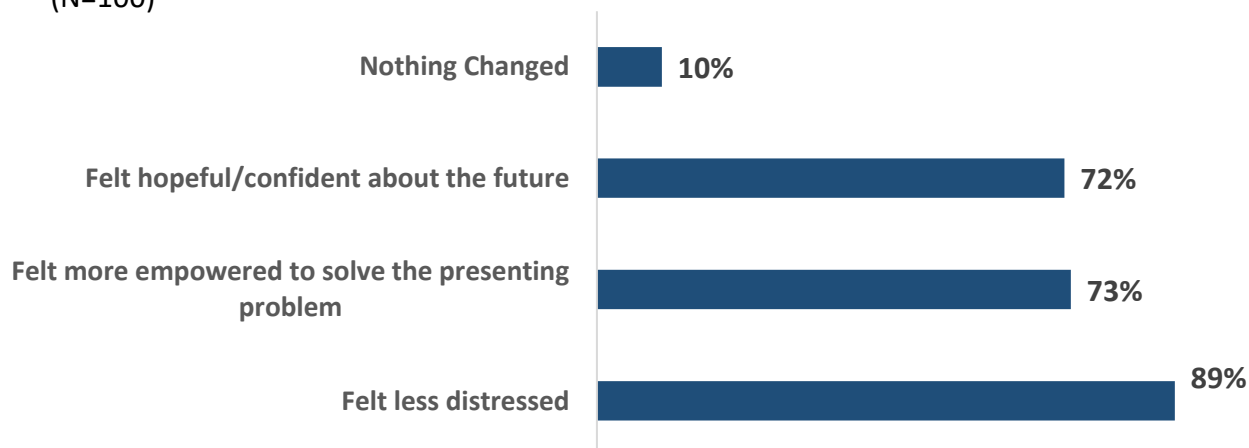
**112** Quality assurance calls were conducted in May. **100** responded and agreed to participate. Beneficiaries were asked to rate their level of satisfaction with the services received during their initial call on a scale of 1 to 5 with higher numbers indicating greater satisfaction. Across all **100** callers, the average satisfaction rating was **4.55**.



■ Rating of 5 ■ Rating of 4 ■ Rating of 3 ■ Rating of 2 ■ Rating of 1

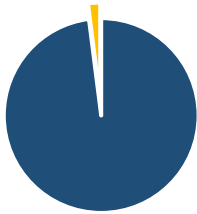
### II. CALL OUTCOME

The below figure outlines caller-reported outcomes of their initial call to the Lifeline (N=100)



*\*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).*

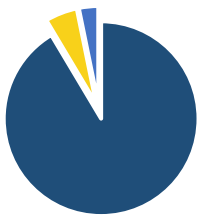
### III. RECOMMEND



■ Yes ■ No

**98%** of callers (n=100) reported that they would recommend the Lifeline to others in need of assistance.

### IV. CALL BACK



■ Yes ■ No ■ Maybe

**92%** of callers with available data (n=93) reported that they would call the Lifeline again if they were experiencing emotional distress or thinking about suicide

**Note: 7 out of the 100** callers were **frequent callers** and were asked slightly different questions than 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 of “they would call back the Lifeline”. 86% answered yes to this question, and 14% disagreed.

### IV. HELPFULNESS OF THE ORIENTATION TO OTHER SERVICES



■ Helpful ■ Not helpful ■ Not applicable

**Note:** not applicable is referred to either did not use the service yet or waiting for the agency's reply.

**67** of the 100 callers were provided with referrals during their initial call to the Lifeline. **31%** reported that the service was helpful. **24%** 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.

**45%** did not use the service yet due to various personal reasons or are waiting for the follow up from the referral organization.

## 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.

TOTAL NUMBER OF CONSULTATIONS*	29	TOTAL NUMBER OF ACTIVE CASES	12
1 <sup>st</sup> CONSULT#	9	FOLLOW UP**	20
		TOTAL NUMBER OF CLOSED CASES	11
TOTAL NUMBER OF CALLERS REFERRED TO LIFELINE SOCIAL WORKER			16
TOTAL NUMBER OF CALLERS ENGAGED WITH			14

\*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

# 1<sup>st</sup> Consults: Refers to the number of cases contacted by the Mental Health Social Worker for the 1<sup>st</sup> consultation after being referred from the Lifeline.

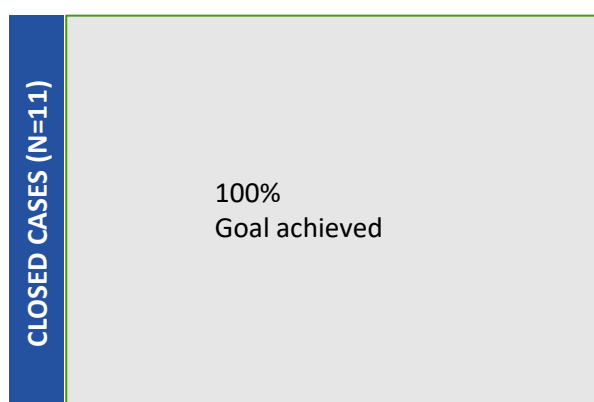
\*\*Follow up: Refers to the number of follow up consultations (out of the total consultations)

### 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.

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

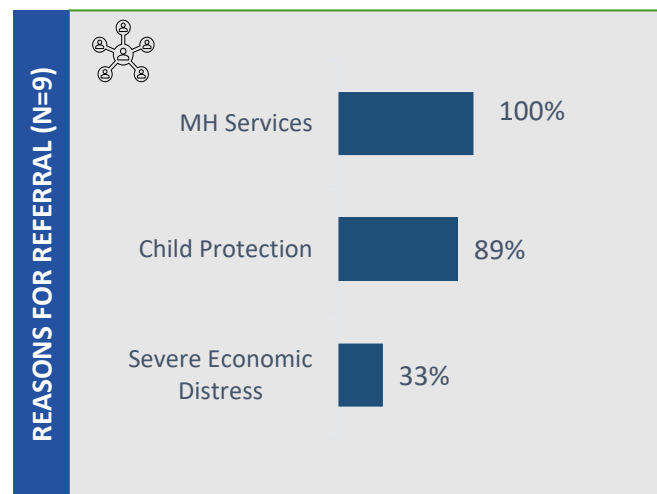
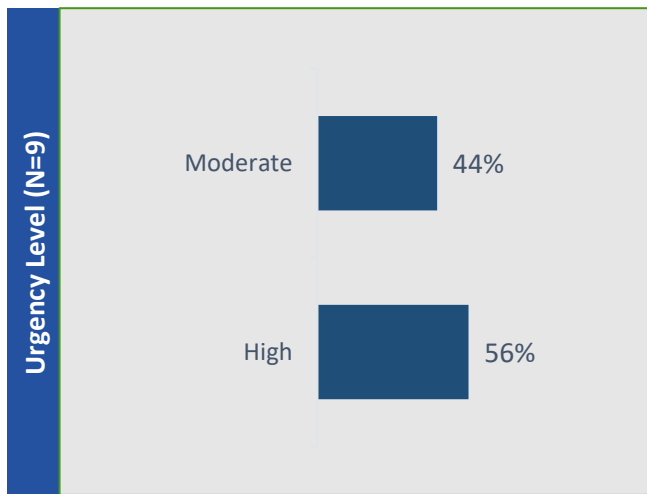
### ZOOM IN ON CLOSED CASES



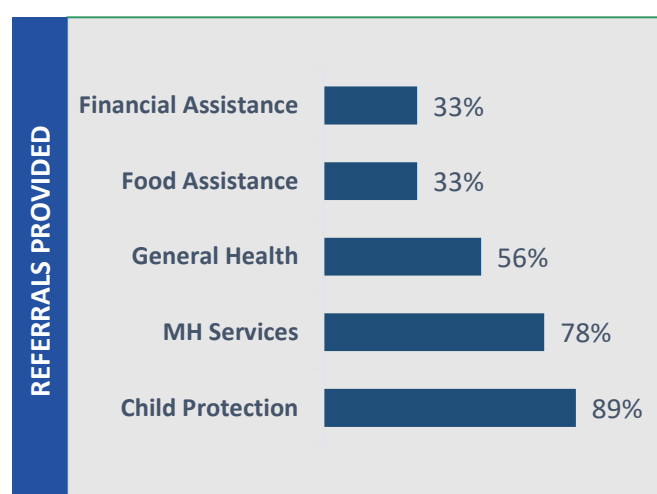
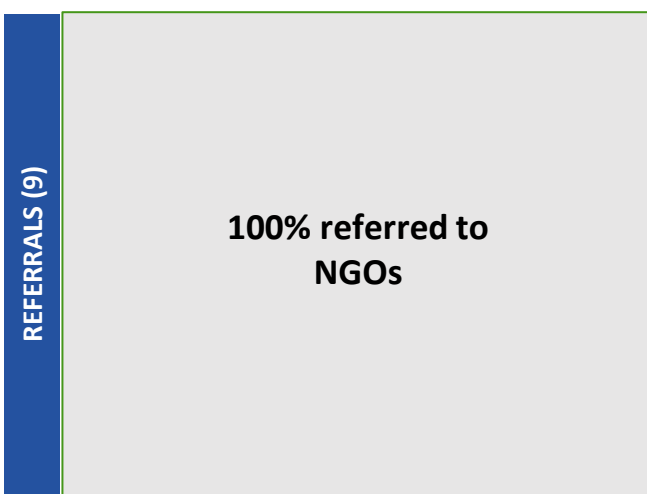
\*Beneficiary unreachable/done all that is possible/referred to another source

## X. SOCIAL WORK

### ZOOM IN ON NEW CASES



**\*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.



**\*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.

## CALLERS DEMOGRAPHICS

TOTAL NUMBER OF CALLERS ENGAGED WITH

14

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.

