

# Lebanon's Urgent Mental Health Crisis: How can Nordic actors contribute to response, recovery and systems strengthening?



**Report from meetings between Lebanon's Mental Health Programme and  
Nordic stakeholders in Copenhagen 10 and 11 December 2024**

**IASC**

Inter-Agency Standing Committee  
IASC Reference Group for Mental Health and  
Psychosocial Support in Emergency Settings



## Lebanon's Urgent Mental Health Crisis: How can Nordic actors contribute to response, recovery and systems strengthening?

On 10 and 11 December 2024, Dr. Rabih El Chammay, Head of Lebanon's National Mental Health Programme, visited Copenhagen to meet with Nordic stakeholders to explore how Nordic actors can contribute to response, recovery and systems strengthening in Lebanon. Dr. El Chammay convened two events to enable dialogue around coordination and



Photo credit: Rachel Sheary, MHPSS Collaborative

quality programming and to further explore support for the mental health needs of the people of Lebanon. The events were organized on behalf of the Nordic Network on MHPSS and the IASC MHPSS Reference Group and hosted by the MHPSS Collaborative.

Lebanon is facing a catastrophic humanitarian crisis after months of intense bombardment and continuing unrest. Against the backdrop of a long history of armed conflict, political turmoil, a large population of refugees from neighbouring countries and widespread poverty, nearly a million people were newly displaced in Lebanon, or fled to Syria, by December 2025. More than 3500 people had been killed, including 226 healthcare workers. The stressors of living with fear, loss of life, health and livelihood, disruption of social connection and separation of families cause suffering and distress for all affected. While a fragile cease-fire was reached in early December, providing a window of opportunity to scale up humanitarian assistance, the need for mental health and psychosocial support services in Lebanon, in emergency situations as well as in the longer term, far exceeds the available resources.

### A life-line. Not a luxury.

To mobilize interest around the importance of MHPSS services in Lebanon, Dr. El Chammay emphasized the need for quality mental health to enable affected communities to use their strength and resilience needed to endure suffering, protect loved ones, and rebuild lives amidst overwhelming loss. In his own words: *"In times like these, mental health is not a luxury. It is a lifeline."*

Even before the current conflict, the state of mental health was severely challenged in Lebanon. Dr. El Chammay presented a recent study that found three in five people screened positive for either depression, anxiety or PTSD. This is a reflection of the cumulative crises taking place since 2019, from hundreds of thousands of families losing their life savings due to financial collapse and political instability during the COVID pandemic, to the Beirut port explosion. Now millions more are grappling with displacement, loss of loved ones, homes, jobs, livelihoods and the unbearable uncertainty about their future.

## The National Mental Health Programme in Lebanon

While responding to cumulative crises over the past ten years, the National Mental Health Programme within the Ministry of Public Health of Lebanon has worked to reform mental health and psychosocial support care in Lebanon aiming to drive efforts toward improving mental health nationwide. The approach focusses on strengthening systems across the continuum of care and across health, education, social services and other relevant sectors. In Lebanon, advancing mental health care also requires addressing social, economic, and political factors that negatively impact mental well-being and hinder recovery.

Despite immense challenges, the National Mental Health Programme has built a foundation for a sustainable inclusive system in line with the [National Mental Health Strategy 2024-2030](#). With the support of the World Health Organization, UNICEF and all MHPSS Stakeholders has developed and is currently implementing the [National Intersectoral MHPSS Emergency Preparedness and Response Plan: In the Context of the Risk of War on Lebanon](#). This comprehensive plan outlines a proactive approach to anticipating, mitigating, and responding to the psychosocial impacts by focusing on early intervention and support to minimize the adverse effects on individuals, healthcare personnel and communities.

To support the implementation of this plan, Dr. El Chammay calls for action from the global community for the crucial investment in MHPSS, both for immediate relief and long-term recovery, peacebuilding and sustainable development. This report covers the key messages, reflections and recommendations that emerged from the discussions during D Dr. El Chammay's visit.

## Three lessons learned

Dr. El Chammay emphasized three lessons learned in Lebanon that can also be applied to other crises:

1. **Strong governance with technical expertise** is an essential ingredient for reform with a long-term impact. That requires a national mental health program with a mandate to convene actors and work collaboratively to develop and implement strategies and action plans.
2. A **clear strategy providing a road map** for collaboration, optimization of resources and avoiding duplication is key for uniting stakeholders around one vision.
  - Lebanon's mental health strategy has been updated in line with WHO's action plan to 2030.
3. Using crisis as an opportunity to **strengthen existing systems** rather than creating unsustainable parallel structures. In a context like Lebanon which faces multiple crises, building a self-sustaining mental health system that serves the country's population.

With Lebanon's technical capacity, structures and partners, Dr. El Chammay outlined key aspects of a sustainable MHPSS response and funding mechanism. The discussions are outlined in this report:

- Scaling up solutions
- Multi-sectoral collaboration
- The 5x5 funding request.

## Scaling up solutions

To reach the broader population in Lebanon, it is paramount that MHPSS interventions can be scaled up to meet the needs. This requires engaging people with lived experience, promoting research and innovation, strengthening the national governance and coordination mechanisms, and training and supervising frontline workers across various sectors. Local contexts and cultures must be considered for the provision of interventions outside of primary healthcare settings.

As such, **scaling up projects that are rooted in local communities with an adequate understanding of the cultural context is a priority.** This not only requires the mainstreaming of MHPSS in other sectors but also prioritizing interventions like community-based programs, suicide prevention hotlines, linked mobile crisis teams and digital self-help tools integrating mental health into primary care and scaling up inpatient units in general public hospitals across the country.

This requires:

- Equipping frontline workers in various sectors with MHPSS knowledge and skills
- Collaborating with and strengthening community-based interventions.
- Advocating for MHPSS within humanitarian structures and donors.
- Addressing systematic barriers to intersectoral collaboration

## Multisectoral collaboration

Effective **multisectoral collaboration**, including effective coordination and advocacy for services provided by a broad range of actors, is a crucial step toward collaboration across all sectors. That requires allocated time and resources to build capacity, align mandates and foster a shared understanding of MHPSS in all sectors, including protection, education, livelihoods, WASH, and shelter.

However, this does not mean transferring the same skills of a mental health professional or specialist to other sectors. As Dr. El Chammay shared, there is a common misunderstanding that MHPSS services can only be delivered by mental health professionals. Rather, mainstreaming MHPSS requires training all responders on a range of psychological interventions such as the WHO scalable interventions (PM+, SH+ and others), developing a safety plan and empowering them to refer affected individuals to adequate services.

Clear standard operation procedures (SOPs) should be systematized within the humanitarian structures to ensure that the MHPSS Technical Working Groups (TWG's) have a say in how the sectors prioritise MHPSS interventions within their respective funding and programming streams. As it stands, MHPSS Technical Working Groups (TWGs) are commonly viewed as a group of mental health experts, with no mandate over authority and funds. As a result, they do not have a say when MHPSS is cut out of funding plans. Mandatory SOPs for sectors to consult with the MHPSS TWG at country-level on how the allocated budget for MHPSS activities should be spent is a crucial step in mainstreaming MHPSS, avoiding duplication of activities and ensuring quality programming. Including a psychologist on a non-specialised team is not always the best approach to integration. However, the MHPSS TWGs should be part of the decision-making process, reviewing proposals, providing technical input and ensuring alignment with field realities. This involvement helps ensure a coordinated response, with allocated budget, effective referral pathways and targeted programming – all of which is an essential component of multisectoral collaboration.



## The 5X5 funding request



*Photo credit: Rachel Sheary, the MHPSS Collaborative*

Dr. El Chammay highlighted the need for a multi-year investment that focuses on the multisectoral integration of MHPSS and bridges the gap between humanitarian and development funding. Short-term, emergency funding models have shown to be inadequate to address the long-term mental health needs in protracted crises.

Dr. El Chammay proposed a **"5x5" funding request**, which includes five million USD per year for five years to strengthen the MHPSS system and expand services. This represents a critical investment in the well-being and resilience of the Lebanese people and can serve as a model for other crisis-affected settings. The 5X5 funding plan is aligned with the proposed Mental Health Law to scale up community-based mental health services, establish a department for mental health in the Ministry of Public Health, and regulate involuntary hospitalization. The law has been through many rounds of revisions in the parliamentary committees and is expected to be passed in parliament once parliament resume its normal activities, it implies a revision of the governmental budget for mental health.

Lebanon stands as a powerful example of how a dedicated National Mental Health Program, working in collaboration with partners, can make significant progress in strengthening mental health systems amidst complex and long-standing challenges. However, to address the urgent mental health needs in Lebanon and work toward a sustainable response, donors need to consider long-term funding mechanisms. The proposed 5x5 funding request is a unique opportunity for donors to contribute to a sustainable and inclusive mental health system that prioritizes the wellbeing of all individuals in Lebanon.

*Participating agencies throughout the two events include: ADRA Norway, Artvocacy, Centre for African Mental Health Promotion and Cultural Competence (CampCom), Norwegian Network on Global Mental Health (NNGMH), Caritas (Sweden), Danish Embassy in Beirut, Danish Red Cross, Danish Refugee Council, DIGNITY, ICDP Norway, IFRC PS Centre, Education Cannot Wait, Embassy of Sweden Beirut, International Rehabilitation Council for Torture Victims (IRCT), Karolinska Institutet, Lebanese Red Cross, Mental Health Youth Alliance, MHPSS Collaborative, Ministry of Public Health (Lebanon), Modum Bad, Norad, Norsk Folkehjelp, NORWAC, Norwegian People's Aid, Norwegian Refugee Council, Oslo University Hospital, Save the Children Denmark, Save the Children Lebanon, Save the Children Norway, SOS Children's Villages (Denmark), United for Global Mental Health, University Hospital Zurich Department of Psychiatry, University of Bergen, University of Copenhagen, War Child Alliance, WHO, WHO (Lebanon), and Zentrum Überleben.*

*The events were convened on behalf of the Nordic Network for Mental Health and Psychosocial Support in Fragile and Humanitarian Settings by the MHPSS Collaborative and the IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings.*