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## **Invisible Burdens: prioritising mental health and livelihoods in Syria and Lebanon**

As unprecedented economic crises unfold in Syria and Lebanon, Jesuit Refugee Service (JRS) in the Middle East witnesses the heavy toll of poverty on the mental health of those we serve. We call on donors to prioritise mental health and psychosocial support (MHPSS) and livelihoods programmes with long-term investment. In tandem we emphasise the need to strengthen national mental health services and combat medication shortages.

### **Economic Crisis in Syria and Lebanon and its impact on mental health**

The economic crisis in Lebanon, according to the World Bank, is one of the worst in recent world history.<sup>i</sup> Food prices have increased by 400% in one year.<sup>ii</sup> Likewise, economic collapse in Syria has left 12.4 million people food insecure.<sup>iii</sup> Widespread job losses, devaluation of local currency, and the unavailability of fuel and electricity have created unbearable living conditions in both countries. After a decade of war in Syria, political instability in Lebanon and the deadly explosion in Beirut, in August 2020<sup>iv</sup> people lack hope for the future.

JRS promotes wellness and mental health as an integral part of all programming. We support those in need of more specialised intervention with individual psychotherapy, social work support, referrals to psychiatrists, assistance to access healthcare and provision of medication. In the last two years, our teams have seen an increase in the number of people suffering mental health conditions and psychosocial difficulties. In the year following the Beirut explosion, JRS Lebanon provided 868 Psycho-Social Support sessions, 601 Psychological First Aid sessions and 1251 counselling sessions to people. People tell psychologists that they experience symptoms including isolation, fear of loud sounds, nightmares, sleep disturbance and anxiousness. In Syria, 50% of people seen by JRS social workers are experiencing psychological and emotional distress and 941 children across our projects are known to have urinary incontinence, a sign of extreme distress and/or daily stressors. Diagnoses of generalised anxiety disorder, post-traumatic stress disorder, obsessive compulsive disorder, and schizophrenia have also increased.

### **Syrians and Lebanese have limited access to mental health services**

Despite the high level of need, in both Syria and Lebanon there is a critical lack of MHPSS services, with very limited options that are free of charge. After a decade of war only 48% of hospitals in Syria are functional, and half of health professionals are outside of the country.<sup>v</sup> There is a shortage of psychologists and one mental health hospital in the public sector which can only support acute cases. In Lebanon, 40% of psychiatrists have left<sup>vi</sup>, and many psychiatric wards have closed in the past two years.<sup>vii</sup> For every 100,000 people in Syria there are only 0.37 psychiatrists, 1.07 nurses, 1.07 psychologists, and 0.08 social workers.

Health services are collapsing under the weight of the economic crises. Most of the population in Lebanon access private, rather than public healthcare, but many people can

no longer afford the costs of treatment. Dr Sami Richa, President of the Lebanese Psychiatric Society and Head of Department at one of the only hospitals providing psychiatric hospitalisation services in Lebanon informed JRS that the hospital is refusing admission to people with suicidal attempts on a daily basis because they cannot pay hospital fees.<sup>viii</sup> In Syria, the cost of treatment also prevents access to mental health services.<sup>ix</sup>

### **Mental health interventions must be systematic and address economic needs: “How can we get better when we have no food to eat?”**

Free MHPSS services provided by organisations such as JRS are in high demand but rare. In general, mental health is a neglected sector: just 1% of all humanitarian health funding goes towards MHPSS.<sup>x</sup> Under the Syria Refugee Response & Resilience Plan, the sectors of Protection and Health through which MHPSS programmes are funded, have only received 2.7% and 1.8% of needed funds respectively.<sup>xi</sup> Where funding is granted, it is often short-term, and projects are forced to close after 6 months or 1 year. Mental health conditions can require long-term treatment and prescription of mental health medicine. Starting and ending projects after short periods of time could cause harm to patients. Our psychologists and social workers struggle to close cases and take on new ones as few people are improving in the worsening living conditions. In Lebanon, 54% of the psychologist and 76% of the social worker cases in 2021 have continued from 2020 and only 5% of cases were able to be closed due to improvement.

Mental health cannot be maintained when people struggle to meet their basic psychosocial needs. A healthy individual must be able *‘to work productively and fruitfully and to make a contribution to his or her community’*.<sup>xii</sup> Livelihoods are a key basic and community psychosocial support.<sup>xiii</sup> Without economic empowerment, symptoms of high stress continue, and people often do not prioritise their mental well-being when they have so many other urgent needs. As one patient noted: *“how can we talk about getting better when we do not have food to eat?”*

### **Recommendations to donors:**

- **Invest in Focused Psychosocial Support interventions** that can reach more people in need and prevent the development of acute mental illness. These can be integrated into existing programmes and are both cost effective and sustainable.<sup>xiv</sup> Examples include Social and Emotional Learning, awareness raising on mental health, self-care, Psychological First Aid.
- **Invest in livelihoods programmes** that support those most affected by the stress of poverty and seek to mitigate the impact of the economic crises in Lebanon and Syria. An integrated livelihoods and MHPSS approach will empower individuals to become self-reliant and foster a sense of agency and hope, improving their overall mental health and wellbeing.

- **Prioritise strengthening national systems and building the capacity of the local workforce.** In order to improve sustainability and access to mental health care, particularly acute mental health care, national systems (public and private) must be strengthened. Activities could include financial aid to provide treatment in existing facilities for those who can no longer afford it, training programmes and internships for newly graduated students in mental health fields, long-term capacity building training for non-specialised workers on basic psychological interventions.
- **Provide funding for MHPSS programmes at all levels of the IASC pyramid<sup>xv</sup> that is long-term and multi-year,** in order to ensure that damage is not done after funding periods end.

### **A note on access to mental health medicine**

Our psychologists support individuals to access psychiatric assessments and obtain prescribed psychiatric medication from pharmacies. JRS Lebanon supports 79 people per month to access psychiatric medication and JRS Syria has provided 1113 people with neurological and psychiatric medicines since 2020. Due to the economic crises, hyperinflation of currency and manipulation of the market by pharmacies, medication has become harder to find. This is particularly severe in Lebanon where medicines have completely disappeared from the market. People ask friends and family to bring medicines from abroad as they move from pharmacy to pharmacy trying to find vital medicines. Since early September 2021, JRS Lebanon has been completely unable to obtain any needed medicines and can no longer support people to access these.

### **Recommendations to donors:**

- **Assist to find an immediate method for procuring vital mental health medicine in Lebanon.** This medication is life-saving and urgently needed.
- **Engage with national ministries, UN agencies and INGOs to find a more sustainable solution** to ensure that life-saving medications can be accessed in Lebanon in the long-term.

<sup>i</sup> <https://www.worldbank.org/en/news/press-release/2021/05/01/lebanon-sinking-into-one-of-the-most-severe-global-crises-episodes>

<sup>ii</sup> Official statistics from December 2020 show a 400% increase in the price of food compared to the previous year <https://www.bloomberg.com/news/articles/2021-02-11/lebanese-inflation-hits-record-high-as-food-prices-soar-400>

<sup>iii</sup> <https://www.thenewhumanitarian.org/news-feature/2021/6/28/syrians-return-to-camps-seeking-aid-as-economic-crash-bites>

<sup>iv</sup> <https://www.bbc.com/news/science-environment-54420033>

<sup>v</sup> <https://www.frontiersin.org/articles/10.3389/fpubh.2021.676000/full>

<sup>vi</sup> Interview with Dr Sami Richa, Professor of Psychiatry – Saint-Joseph University, Head of Department – Hotel Dieu de France, President of the Lebanese Psychiatric Society, 28<sup>th</sup> September 2021

<sup>vii</sup> <https://www.frontiersin.org/articles/10.3389/fpubh.2021.676000/full>

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viii Interview with Dr Sami Richa, Professor of Psychiatry – Saint-Joseph University, Head of Department – Hotel Dieu de France, President of the Lebanese Psychiatric Society, 28<sup>th</sup> September 2021

ix Interview with Father Rami Elias, Syrian psychoanalyst and Jesuit priest, 29<sup>th</sup> September 2021

x <https://reliefweb.int/report/world/silent-pandemic-impact-covid-19-pandemic-mental-health-and-psychosocial-wellbeing>

xi <https://fts.unocha.org/appeals/1020/summary>

xii WHO definition of mental health in Schinina et al, 2016, The integration of livelihood support and mental health and psychosocial wellbeing for populations who have been subject to severe stressors.

[https://www.interventionjournal.com/sites/default/files/The\\_integration\\_of\\_livelihood\\_support\\_and\\_mental.5.pdf](https://www.interventionjournal.com/sites/default/files/The_integration_of_livelihood_support_and_mental.5.pdf)

xiii Ibid.

xiv WHO's Service Organization Pyramid for an Optimal Mix of MH Services [https://www.researchgate.net/figure/WHO-Service-Organization-Pyramid-for-an-Optimal-Mix-of-Services-for-Mental-Health\\_fig1\\_324843979](https://www.researchgate.net/figure/WHO-Service-Organization-Pyramid-for-an-Optimal-Mix-of-Services-for-Mental-Health_fig1_324843979)

xv <https://pscentre.org/what-we-do/the-mhpss-framework/>