Mental Health Planning and Response for Libya

Situational Analysis:

Summary Based on updated WHO-AIMS Results and SWOT analysis for current situation.

Policy, Plans and Legislation:

Libya does not currently have a mental health policy, mental health plan or mental health legislation, however in 2012 an Inter-ministerial Mental Health Consensus was agreed upon by the attendees from various ministries, mental health specialists, INGOs and LNGOs. The aim was for the consensus to be a starting point for the development of a coherent and comprehensive mental health policy.

The consensus included the following components:

1) Organization of services: developing community mental health services ,
2) Human resources,
3) Involvement of users and families,
4) Human rights protection of users,
5) Equity of access to mental health services across different groups,
6) Quality improvement.

There is no specific mental health legislation however Health Law 106 of 1973 briefly refers to mental health and the 1975 Implementation Report has 9 articles dedicated to mental health There is legislation regarding provision of employment and against discrimination at work as well as the financial provision of housing however the terminology is open to interpretation and therefore legislation isn't or cannot always be enforced.

The essential medication list contains at least one of each antipsychotics, anxiolytics, antidepressants, mood stabilizers and antiepileptic drugs, and in theory entire population has access to free psychotropic medication.

Financing of mental health services:

The Ministry of Health's annual budget for 2012 provided 13 million LYD for the two mental hospitals in Tripoli and Benghazi accounting for 0.45% of total budget however it does not include the provision of psychotropic medication and expenditure on other mental health facilities. There is No known direct allocation of funds to other mental health services.

Mental disorders are not listed in social insurance scheme coverage as such; however each application is reviewed by the medial board (on which there is no psychiatrist) on a case by case basis.

Organization of mental health services:

Services remain centralized in the two most populated cities Tripoli and Benghazi. There are only two mental hospitals (Tripoli – Benghazi) providing inpatient and outpatient services for general adult psychiatry. There are no facilities or services for adolescent or child psychiatry, forensic, or geriatric psychiatry. The total number of beds in the two mental hospitals is reported to be 700 beds (12 beds per 100,000 populations). No beds available exclusively for children and adolescents.
Over the last two years worsening security situation has led to the closure of the psychiatric hospital in Benghazi. Now, the outpatient services provided within PHC and the admitted patients are housed in a primary school without provisions for appropriate management of severe mental disorders including shortage of trained professionals and severe shortages of psychotropic medications.
The NCDC has a Mental Health department which provides advice and support for experts in mental health in Libya. There are no catchment/service areas as a way to organize mental health services to communities.

Currently there are 09 mental health outpatient facilities in Libya. Two are in mental hospitals (Tripoli-Benghazi), two are in general hospitals (Tripoli central hospital – Tripoli child hospital) and two are in polyclinic settings (Sabha – Misrata). 3 community based outpatients clinics in 3 different cities (Zawia, Ajadbya, Kufra) operated by professional who were trained in PHC diploma and psychotherapeutic interventions diploma during 2012-13 .

In 2014 Only one mobile mental health specialist team was operating which had to be discontinued because of security concerns in 2015 . This was set up in 2012 and commenced in early 2013..

There is only one day-care facility in Libya (Tripoli), It equipped and opened through a WHO/NCDC project of strengthening mental health in west &south Libya in 2013.

There is no community-based inpatient care, no community residential facilities . There are 18 residential facilities that care for people with mental disorders none of which are exclusive or have beds dedicated to those with mental disorders. 100% of forensic beds exist in mental hospitals.

Mental Health in Primary Care

Primary health care exist in Libya and is free to all, however the usage of primary care facilities is extremely limited especially in larger cities. People over the years have opted to go to the specialised polyclinic of hospitals or private specialised polyclinics. Assessment and treatment protocols are not available in physician-based primary health care clinics and the GPs working at the primary health facilities have little to no mental health knowledge.
Undergraduate training devoted to mental health is almost non-existent with 0.5% of training for medical doctors and 0% for nurses. 1.6% of primary care doctors (48 doctors) received refresher training in psychiatry/mental health in 2012/2013 the majority in the WHO run mhGAP training programmes however there has been no refresher training for primary health care nurses or other health professionals.
In 2013 diploma for PHC physicians launched targeting 16 GP from different remote area in south west and east Libya.

Referrals and interactions between primary health care doctors and the mental health services are unknown as is interaction between primary health care clinics and complementary/alternative/traditional practitioners.

Human resources

Number of human resources in mental health care
The total number of human resources working in mental health facilities per 100,000 is 8.1. The breakdown according to profession is as follows: 0.97 psychiatrists (including residents), 0.16 other doctors, 5.3 nurses (including auxiliary nurses), 1.04 psychologists and 0.58 social workers. The number of staff working in mental hospitals is as follows: 55 psychiatrists, 6 doctors, 55 psychologists, 31 social workers and 317 nurses.In the two outpatient facilities integrated with the mental hospitals the staff work both in the mental hospital and outpatient facilities

65% of psychiatrist and 68% of nurses work in or near the largest city (Tripoli) and 32% of psychiatrists and 31% of nurses work in the second largest city (Benghazi). creating an extremely centralized system.The number of human resources working in private mental health practice is unknown, But the majority of psychiatrists work in both sectors .

Training professionals in mental health :
Refresher training for mental health staff in use of psychotropic drugs, psychosocial interventions and child and adolescent mental health has taken place 2012-2013 in-house and by relevant NGOs and INGOs.

WHO/NCDC Capacity building programs 2013-2014:

1) Diploma in Clinical Psychotherapeutic Interventions for 40 Psychologists from all over Libya .
2) Diploma in Primary Mental Health Care for 16 GPs from different remote area in Libya .
3) Course on clinical supervision skills for psychiatrists from Tripoli, Benghazi, Misurata .
4) Courses on mhGAP Intervention Guide for mainstreaming mental health care into general health care.
5) Courses for Nurses in Psychiatric nursing.
6) Course in Occupational therapy.
7) Refresher courses for Psychiatrists.

Consumer and family associations :

There are no user/consumer or family associations in the country.
There were 18 NGOs as part of the mental health working group in early 2012. Each contributed to highlighting the importance of mental health post conflict and several were involved in creating the inter-ministerial consensus.
2 NGOs were directly involved in the community by providing counselling.
Many NGO activity ended by the end of 2012, mostly due to lack of funding or security concerns..

Public Education and Links with other Sectors

- The mental health awareness campaign has been held in Musrata and Sebha. The campaign targeted the general population as well as mental health professionals .
- There are no primary or secondary schools with mental health professionals.
- Activities regarding mental health in the education sector are few and not on public record. No known educational activities with police officers, judges and lawyers.
- Number of people with psychosis, mental retardation and other mental disorders in prisons is unknown. Number of people with mental disorders who receive social welfare benefits is unknown.

Monitoring and Research

There is formally defined core indictors and minimum data set that ought to be collected by all mental health facilities.
8% of health research done in the Libyan region according to PubMed is on Mental Health.

During 2012-2014 NCDC and WHO had ran an ambitious mental health program that against all odds had the following sustained achievements. These activities as well as number of national consensus building meetings largely contributed to identifying mental health as a public health priority particularly by key policy makers from MoH in the NCDC, Medical Manpower Development Center and Libyan Board of Medical Specialties as well as other public institutions.

1- Training of team of 30 Libyan Mental Health Professionals from Tripoli, Benghazi and Misurata as mhGAP Trainers, the trained team had implemented a number of roll out trainings in different cities.
2- Establishing of Primary Mental Health Care Diploma, that run for 6 month of residential teaching sessions as well as clinical and on job training, the diploma has resulted in training of 19 Libyan Primary Mental Health Care Physicians from various Libyan cities.
3- Design and implementation of Libyan clinical psychotherapeutic interventions diploma, the diploma run for 8 month and enrolled 32 Libyan Psychologists and 5 supervisors from various Libyan Cities. The participants were trained on Basic and Advanced counselling skills, CBT, group therapy, family therapy and psychosocial interventions.
4- The two mentioned diplomas has resulted in introduction of mental health services through multidisciplinary teams for the first time into the a large number of Libyan cities this includes for example: Kufra, Ajdabya, Zawya, Zintan and Zwara.
5- Establishing a Mental Health Unit in Misurata Psychiatric Hospital and supporting the unit with equipments, psychotropic medicine and capacity building.
6- Establishing a day care unit in Tripoli hospital and conduction of 3 training workshop for the teams at the hospital on rehabilitation 1 workshop for each of : nurses, social workers and psychologists.
7- Establishing of community mental health mobile teams that provided services monthly for 640 service users in 8 remote cities during 2013-2014.
8- Preparation of curriculum for Libyan Diploma in Psychiatry and Libyan Board of Medical Specialties in Psychiatry
9- Development of Libyan Mental Health Awareness Package that include radio short dramas, posters and leaflets.
10- Launch of Libyan National Campaign for raising awareness on mental health and rights of people with mental disorders in Sebha, Misurata and Tripoli.
11- Two Libyan mental health professionals received a WHO scholarship to attend and already completed WHO-ILS International Diploma in Mental Health law

and human rights in Pune India. One of them currently working at NCDC. The students has piloted WHO QR toolkit in Tripoli hospital as part of their diploma.

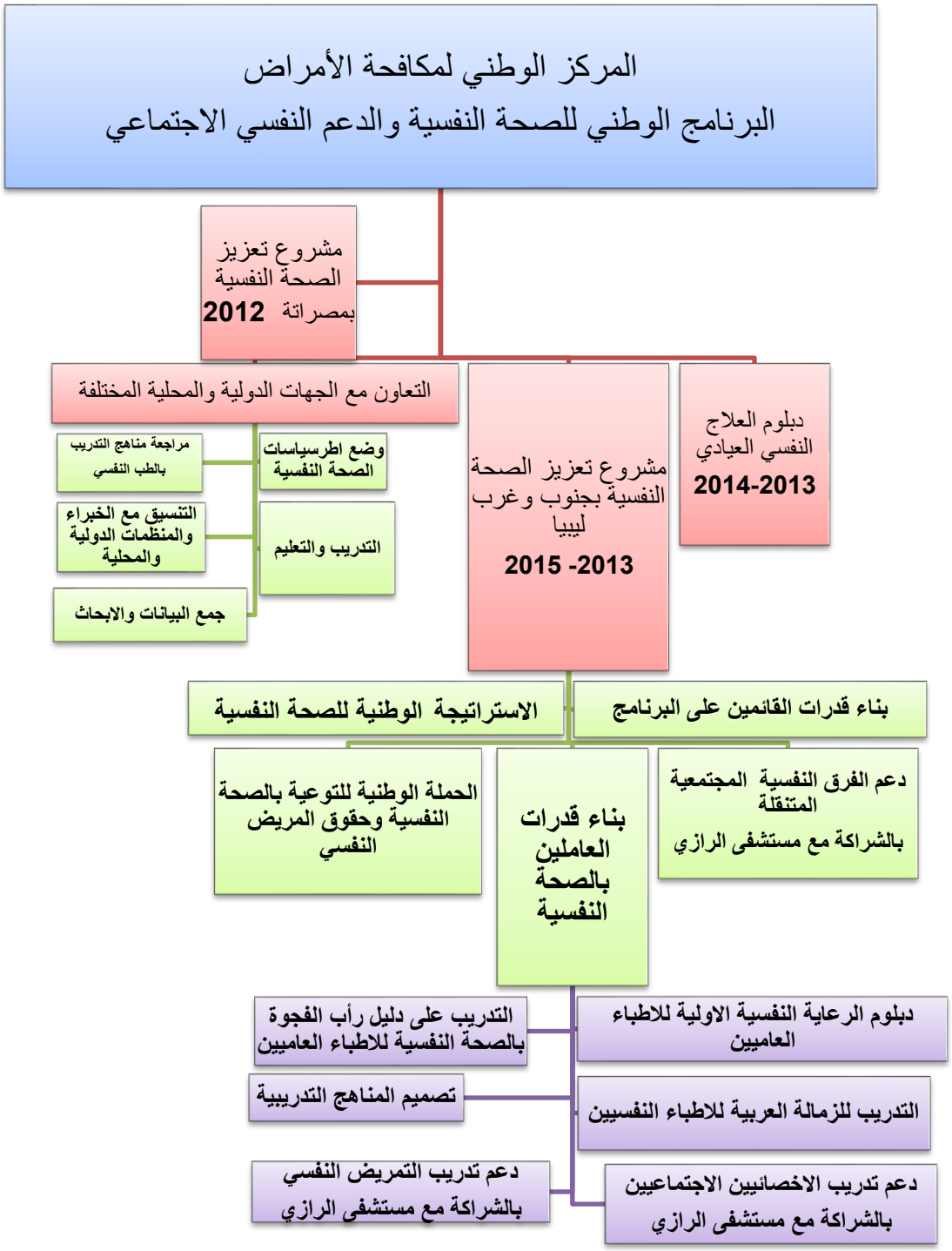
12- 1 Libyan mental health professional received WHO scholarship to attend Master degree in Mental Health Policy and Service Development in Lisbon Portugal. Student is currently working at NCDC.

13- Conduct of national assessment using WHO AIMS instrument.

14- Implementation of refresher courses for Libyan psychiatrists to support their enrollment in Arab Board of Psychiatry.

15- Strengthening the capacity of mental health unit at NCDC with day to day technical support through WHO expertise, establishing of MH steering committee for above activities and capacity building for NCDC unit team through WHO scholarships.

Figure 1 : Mental Health department/NCDC



SWOT ANALYSIS of Mental Health Services in LIBYA

STRENGTHS	WEAKNESSES
• Establishment of capacity building programs for mental health professionals (Psychiatrists, Psychologists & social workers) from different cities • Establishment of outpatient facilities in 5 different cities (Sabha, Misrata, Zawia, Ajdabya & Kufra) • Past experiences in organization & coordination of national mental health programs .	➢ Incomplete regional coverage of MH services ➢ Scarcity of qualified human resources ➢ Shortage of psychotropic drugs ➢ Inadequate access to services (for children ,women, refugees, prisoners and in the rural areas) ➢ Lack of addiction services ➢ Lack of mental health legislations and inadequate quality of care. ➢ Lack of health information system ➢ Lack of incentive system for MH workers ➢ Lack of mental health policy/strategy ➢ Little budget allocation for mental health services from MoH ➢ Inadequate focus on training in PHC ➢ Lack of referral system
OPPORTUNITIES	**THREATS**
• Increased interest and government perceives mental health to be important . • Active, supportive international community (e.g.: WHO) • Potential to involve recently trained mental health professionals. • **Society's** enthusiasm for mental health services.	➢ Insecurity and Ongoing conflicts especially in the east & south Libya ➢ Unstable Health system Limited collaboration and coordination b/w MoH & the local authorities. ➢ Low budget and other resources. ➢ Difficulties in attracting, engaging and retaining psychiatrists and staff ➢ Reliance on international organizations for implementation and funds of MH programs and projects.

Mental Health Response Framework for Libya

Domains for action for short term (6-12 month) and intermediate term(2017-2018):

Action Area 1: Assessment:

SR	Tool	Purpose	Data to be collected	Time frame/ Responsible	Resources	Note
1	WHO-AIMS	WHO-AIMS update to know what's available to plan to identify the gaps to fill the intermediate to short term action	Mental health system data	3 months. NCDC MH team	Staff time (02)	With WHO technical support.
2	Data On Displaced population	To facilitate services provision to most vulnerable population; including women and children	Collection of data (Number, geographical distribution, demographical and health & psychosocial personnel) on displaced population from LibAid and Libyan red crescent.	Two months. NCDC /MH in collaboration concerned local NGOs.	Staff time	With WHO technical support.
3	Mapping of mental health professionals	Developing and maintain a data base for trained HRs to be used by the Emergency MH committee in coordination of services through filling the gaps and allocation of resources	Contact details , information on the type of trainings, Type of work.		Staff time	With WHO technical support.

Action Area 2: Libyan Mental Health Information System:

Short Term plan: 6 to 12 month

Core set of indicators :(to be collected at NCDC, processed, analyzed, disseminated to all facilities in a periodical report , and used to for taking decisions to improve service) during 6 to 12 month is :

1- Data from tertiary care (Tripoli-Misurata-Benghazi-Sebha- Alzwaya- Ajdabya-Kufra)

Admission rate, length of stay, outpatient visits DISAGGREGATED BY age sex and diagnostic categories for example using UNHCR HIS system (WHO UNHCR MHPSS ASSESSMENT TOOLKIT)

2- Data from PHC : Number of health care centers private and public with at least one health professional trained and outpatient visits DISAGGREGATED BY age sex and diagnostic categories for example using UNHCR HIS system (WHO UNHCR MHPSS ASSESSMENT TOOLKIT)
3- System Level Indicator: Utilization coverage for severe mental disorders

The implementation of above indicators will require:

Creation/ adaptation of data collection forms and

Training of personnel to collect reliable data and submit to NCDC.

Intermediate term:

To create a reliable comprehensive mental health system collecting, processing and analyzing data on various aspects of mental health care, the mental health information system integrated into general health care information system(when health information system is established)

Action Area 3: Access to Psychotropic Medicine:

SR	component	Purpose	Actions	Time frame/ Responsible	Resources	Note
1	Essential psychotropic medicines list review	Review the latest endorsed Libya EML (2015 version)to ensure they are in line with WHO EML in area of psychotropic medication	Identify the number of psychotropic medicines, generic, add to /delete from the psychotropic list.	One month/ MH scientific committee	NCDC / WHO support Technical support	1- MH scientific committee to be activated and ToRs to be identified. 2-WHO country office to provide latest WHO EML to MH scientific committee.
2	Procurement	Ensure procuring of generic psychotropic medicine as per the final approved list	Agree on the generic medicines , potential suppliers (WHO prequalified suppliers)	Annually or based on need/MOH administration committee	MSO / Fund raising in case of shortage in MSO Budget	WHO country office to provide needed documents, tools (prequalified suppliers and WHO Prequalified medicines)to MH scientific committee
3	Warehousing	Ensure Good warehousing practices of psychotropic medicines	Ensure good storage and handling of psychotropic medicines as per international standards.	MSO warehouses at all level (main warehouses and branches) + health facilities.	WHO ECHO Project to be considered	This is included within WHO project (ECHO) will be implemented by 2016 at the level of main warehouses
4	Distribution	Ensure access of all patients to psychotropic medications	Equitable distribution to all concerned HFs.	MSO branches ; the main warehouse distribute to sub warehouses all over the	WHO ECHO Project to be considered	to be done in collaboration with MSO, however ECHO project is considering this part as well.

				country on forwarding to concerned HFs.		
5	Stock inventory psychotropic medications	Stock inventory in city based health care facilities in collaboration with Medical Supply Organization (MSO) to avoid stock outs	Inventory of essential psychotropic medications at each health facility to be regularly recorded /documented submitted to MSO on forwarding to the concerned MH committee.	NCDC/ MH administration In collaboration with MSO.	Staff time WHO ECHO Project to be considered WHO ECHO Project to be considered	NCDC to coordinate with concerned staff in MSO to regulate in future the distribution of psychotropic medications.

Action Area 4 : Mental Health Prevention and Promotion in Libya:

Immediate:

1. National Campaign for raising awareness on mental health

To reactivate, expand the campaign started in 2013 and disseminate the materials developed through new channels.This should also involve **training program for Media and to** include the NCDC channel and Libya TV Health Channel

2. Psychological First Aid:

Capacity building of civil society including Red Crescent and Lib Aid in provision of PFA

3. **Initiation of school mental health programme**: The EMRO package for early recognition and management of common mental health problems in school children can be utilized to target school teachers and health staff

Long term :

1. Suicide prevention national programs :
2. Raising awareness on suicide developing and implementing suicide strategy targeting PLHIV/AIDS and other vulnerable groups.
3. Strengthen role of Educational facilities in psychological and social service provision for students

Action Area 5: Human Resource Development

Target Group	Action	TIME FRAME/RESPONSIBLE	RESOURCES	NOTE
SPECIALIST Manpower	Refresher courses for psychiatrists with focus on clinical management of most vulnerable groups affected by emergency ,	January – June 2016 WHO/NCDC	Consultants to be recruited	
	WHO in collaboration with NCDC and LBMS has developed a curriculum of LBMS of Psychiatry degree , this process require finalization of review process of curriculum and official endorsement (WHO will facilitate support from Arab Board and /or Royal college)	JAN-March.2016/WHO and LBMS, NCDC Scientific Committee	Consultants to be recruited	
	Capacity Building of Master Trainers of LBMS	MAY 2016/WHO and LBMS, NCDC Scientific Committee	Consultants to be recruited	
	Workshops and clinical training for LBMS modules	November 2016- November 2020/WHO- LBMS, NCDC Scientific Committee	Consultants to be recruited	
	Review LBMS modules of internal medicine & Pediatric for inclusion of mental health component	2018/LBMS		
	To follow up on the possibility of implementation of Clinical MSc in MH in Tripoli	2018/NCDC		
	To implement the Diploma in Psychiatry(Curriculum designed by Medical Manpower center, NCDC in collaboration with WHO)			

NON SPECIALISTS	To continue capacity building of non-specialized professionals in secondary care using mhGAP Complete PMHC diploma (finish the required 3 month practicing phase needed for certification): Deployment plan for trained PMHC diploma graduates mhGAP module for family physicians who have already qualified the LBMS	Continuous/NCDC/WHO 2016/WHO JAN-MARCH 2016/ NCDC in consultation with relevant MoH bodies to ensure that personnel trained are providing services to people with mental disorders continuous	NCDC/WHO NCDC	The participants discussed the following recommendation:1 week Clinical supervision (5 sessions) in Tripoli for the 19 candidates ,then 5 weeks distance supervision
NURSES	Mapping of national nursing qualifications and available curricula in MH and initiate the process of reviewing existing curriculum to strengthen Mental health component Refresher courses for nurses Currently working MH Existing nursing tutors(junior and seniors) are provided with ToT to ensure they are able to	2016-17 June to December 2016/MMDC-NCDC-WHO June to December 2016/MMDC-NCDC-WHO		Liaison with Faculty of nursing for improving nursing education in MH and to ensure that MH component of is strengthened

	deliver MH training to nursing students	Early 2016		
PSYCOLOGISTs	Psycho-therapeutic intervention diploma – Completion if the remaining module AND REPEAT in the form of shorter courses(independent modules e.g. focused on CBT or family therapy when situation permits	March 2016/WHO		
SOCIAL WORKERS	Capacity building for social workers on MH: Design and implement a training programme	2017/WHO/MoH/MoSA		**Collaboration with civil society** (e.g. Autism organizations , Alzheimer) for establishing service user and family groups
HEALTH Professionals .	Review existing curricula for various health professionals for strengthening MH clinical training	2017 MoHE in liaison with NCDC		

Action Area 6: Mental Health Service Delivery in Libya:

LEVEL OF SERVICE	Actions	TIME FRAME/RESPONSIBLE	RESOURCES	NOTE
TERTIARY Care(Psychiatric Hospitals	Follow up with the team in Benghazi hospital on basic and mental health needs of inpatients of the hospital as well as possibilities for alternative location or rehabilitation of previous location Strengthen day care and rehabilitations services in Tripoli hospital Continue to support existing outpatient services Re-activate Mobile teams to at least 3 locations	JAN.2016/WHO		(outreach as part of emergency response as well as long term intervention for service delivery in remote areas)
SECONDARY Care(General Hospitals)	Prioritize service integration into secondary care(general hospitals) using mhGAP IG and focusing			• **Collaboration with HIV/AIDS at NCDC and other partners including UNODC and UNAIDS :**

	on Family Physicians Establish inpatient unit at central hospital in Sebha(or around)			To integrate a mental health and substance use component as part of counselling package as well as package for Depression and HAND of PLHIV/AIDS
PHC	Integrate services based on reviewing SARA	JAN-MAY 2016/MoH/WHO		Prioritize centers where GPs are available, mhGAP should be used as a package in these centers
Community Based services	Communication with relevant Ministries e.g. MoSA or civil society to establish residential facilities or intermediate services for long stay inpatients in Tripoli			

Action Area 7: Governance and Collaboration with other sectors:

Short Term:

- **Establish Emergency MH Committee at MoH/NCDC WITH CLEAR TORs to oversee service delivery and organization during emergency and early recovery phase**
- **Strengthening the National Centre for Disease control (NCDC) with additional human and logistic resources and Technical support from WHO**

- **Collaboration with Constitutional Committee:**

To ensure that Mental Health importance is included in the current review of the State of Libya Constitution- To urgently establish a technical committee to review existing legislative provisions and prepare the draft for mental health legislation needed at NCDC

Intermediate Term:

Collaboration with Ministry of Social affairs, Ministry of Labor for integration of people with mental disorders and improving their livelihoods

Collaboration with Ministry of justice Drafting , approval and implementation of law will continue in long term