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Mental health in Lebanon: Tomorrow's silent epidemic

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ABSTRACT

Lebanon is a middle-income country that has been recently crippled by several tragedies including the economic collapse, COVID-19, and the fourth of August Beirut port explosion, the world's most powerful non-nuclear explosion of the twenty-first century. Recent data on mental health from Lebanon is summarised, and other topics such as the psychological impact of cumulative adversities and the role of international support in Lebanon are examined. Data from Lebanon shows severe levels of distress among the people, in a country with minimal resources. Given current adversities in Lebanon, recent data in the country, and the literature on adversity and mental health outcomes of man-made disasters, Lebanon is most likely going to face an epidemic in poor mental health. A call is made for the wider scientific community and international organizations to support the mental health field in the country and help prevent further negative mental health outcomes. Understanding how to better navigate mental health in places with extreme adversity and emergencies can be beneficial to other communities which might face similar challenges.

INTRODUCTION

Lebanon is a middle-income country crippled by a number of intractable crises with unprecedented consequences on its human capital and stability (Harake, Jamali, & Abou Hamde, 2020). Prior to COVID-19, the economy plunged into a financial crisis due to a sudden stop in capital inflows which precipitated systemic failures across sectors. The Lebanese Pound lost around 90% of what it was worth in 2019, eroding people's ability to access basic goods (World Bank, 2020b; Reuters, 2021a). The World Bank stated that the crisis "is likely to rank in the top ten, possibly top three, most severe crises episodes globally since the mid-nineteenth century" (World Bank, 2021a). For Lebanon, the current crisis is the worst in its history (Smith, 2021). The country now has the lowest minimum wage in the world, and there are medicine, fuel, and electricity shortages (United Nations Office for the Coordination of Humanitarian Affairs, 2021a) The percentage of the population living below the national poverty line soared drastically (United Nations Economic and Social Commission for Western Asia, 2020; World Bank, 2021b). In September 2021, the United Nations (UN) stated that 82% of the Lebanese population now lives in multidimensional poverty, an index which considers factors other than income such as disempowerment (United Nations, 2021). Concurrently, a political crisis escalated as nation-wide protests began against the political system (The Economist, 2019). The COVID-19 pandemic still impacts many aspects of life across the globe (Dubey et al., 2020; Susskind & Vines, 2020; Xiong et al., 2020). The first COVID-19 case in Lebanon was diagnosed on 21 February 2020 during extreme resource scarcity (Cornish, 2021; Saliba & Taher, 2020). From January 2020 to June 2021, 79.3k COVID-19 cases in Lebanon per million population were reported to the World Health Organization (WHO). So far, Lebanon had 3 strict national lockdowns (Reuters, 2021b).

The crisis was further compounded by the 4th of August 2020 Beirut blast, the world's most powerful non-nuclear explosion of the 21st century (Amos & Rincon, 2020; Rigby et al., 2020). The man-made disaster killed at least 200 people, injured more than 6500, left 300000 homeless of whom 80000 are children, and plunged a country already in disarray into a humanitarian crisis (Cheaito & Al-Hajj, 2020; World Bank, European Union, & United Nations, 2020). A spate of suicides over the past two years perturbed the nation (Lazkani, 2020). Pressure on systems in Lebanon; including healthcare, increased as the country continues to host an extremely large number of refugees especially from Syria (Adams, 2011; Beaujouan & Rasheed, 2020; Coutts, Fouad, & Batniji, 2013; Knudsen, 2017; United Nations Office for the Coordination of Humanitarian Affairs, 2021b; Sumpf, Isaila, & Najjar, 2016). Efforts are put to support mental health of Syrian refugees, but the needs in this context are far from being met for Syrian and Lebanese individuals in Lebanon (El Chammay & Ammar, 2014; Fouad, Barkil-Oteo, & Diab, 2021; Kerbage et al., 2020; Refaat & Mohanna, 2013). It should be noted that a recent systematic review showed extremely poor mental health among Syrian refugees in Lebanon (El Arnaout et al., 2019). All these

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adversities, apart from the refugee crisis, occurred in a span of 3 years, in a country with suboptimum social welfare networks, poor infrastructure, insufficient public and mental health services, decades of war, increased unemployment, and mass exodus. A question with no straightforward answer appears, what are the mental health consequences of these tragedies on Lebanese individuals in the foreseeable future?

Delineating the psychological impact of each recent tragedy in Lebanon is extremely complex. Results from a study by Salameh et al. (2020) concluded that the combined presence of pandemic-related fears and financial hardship further increased stress and anxiety above and beyond the impact of each hardship separately (Salameh et al., 2020). In another study during that time, sixty percent of those experiencing self-isolation reported that their mental health deteriorated since lockdown measures were enforced in Lebanon (Grey et al., 2020). Shortly before the 2020 blast, a large sample of low-income Lebanese bakery workers from different governorates were interviewed. Forty-five percent of the interviewees reported poor mental health. Workers reporting job insecurity had poor mental health twice as often (Habib, El-Haddad, Elzein, & Hojeij, 2020). The Lebanese Non-Governmental Organization (NGO) 'Embrace', collected data from 903 individuals after the Beirut blast. Eighty-three percent of the people reported feeling sad almost every day and lost pleasure in things they like, 78% reported being very anxious and worried every day, and more than 84% felt extra sensitive to loud noises and dangers. After a month, the number of people feeling very sad and anxious was 55% and 46%, respectively (Embrace, 2020). Following the blast as well, data collected by the World Bank from 3400 individuals showed that the participants identified mental health services as the most pressing need (World Bank, 2020a). A nationally representative sample of Lebanese young persons showed that 11.5% had suicidal ideation. The results also emphasized the alarming treatment gap (Baroud et al., 2020). Taken together, these studies highlight high rates of psychological distress among different individuals in Lebanon due to various adversities which warrant consideration and intervention.

Cumulative Adversity and Impact on Mental Health

Studies in other countries show that cumulative lifetime adversity exerts a greater effect and a more lasting influence on health and functioning compared to a single event (Krause, Shaw, & Cairney, 2004; Mitchell, Tynes, Umaña-Taylor, & Williams, 2015). In a recent review on non-war childhood adversities in the Arab world including Lebanon, Fayyad and his team highlighted the importance of investigating the impact of multiple adversities on mental health outcomes which often co-occur in this population (Fayyad, Diab, Yousef, Farhat, & Karam, 2017). There is scarce evidence on this topic in Lebanon. Jaspal et al. (2020) nonetheless recently indicated through their analyses that Lebanese individuals are at increased risk of poor health given the psychological stressors faced during the past few years, and that suicide rates have increased. The adversity of COVID-19 is likely to have a compounding effect in addition to representing a threat on its own right. They also noted that key protective coping mechanisms often found in collectivist societies have become less accessible (Jaspal, Assi, & Maatouk, 2020). Previous research on a nationally representative sample of Lebanese adults exposed to wars showed that individuals who have experienced two war events raised the risk for mental disorders by three-fold. Those who experienced three or more events raised this risk by five-fold on the long-term (Karam et al., 2011). A 2017 study on community-residing Lebanese older adults showed that an additional number of current life stressors faced by the participants increased depressive symptoms for those who experienced health decline early on, particularly during the 16-year Lebanese war (Aydin, Sibai, & Rizk, 2017). Others showed that when exposure to lifetime adversity is accompanied by high level of depressive symptoms, the time-related increase in disability and functional limitation is quick (Shrira & Litwin, 2014). In parallel, less severe but more frequent disasters have been associated with elevated rates of Post-Traumatic Stress Disorder (PTSD), somatic symptom disorder, and functional impairment. The strongest predictor of these mental health difficulties was financial stress during the time when the events happened (Pollack, Weiss, & Trung, 2016). Economic recessions are furthermore significantly associated with poor mental wellbeing, increased rates of common mental disorders, substance-related disorders, and suicidal behaviours (Frasquilho et al., 2015). Such results indicate that when supporting Low-to-Middle-Income Countries (LMIC) that have experienced adversities, it will be important to consider the broader community context including poverty. Although no causation has been established so far, the association between socioeconomic difficulties and poor mental health; including in young persons, has been largely reported in the literature with some suggesting that there is a vicious cycle between these two constructs (Frankham, Richardson, & Maguire, 2020; Patel, 2007; Patel & Kleinman, 2003; Reiss, 2013).

Impact of Adversities on Young Person's Mental Health

The impact of adversities on psychological wellbeing is of particular importance in many populations, including vulnerable ones such as young persons. The children of Lebanon are facing immense challenges which were unforeseen in preceding generations. The duration and type of adversities interact with family environments, the child's genetic endowment and other characteristics - which in turn might disrupt neurodevelopment, reprogram stress and immune regulatory systems, and increase the risk of cognitive deficits, disease, psychopathology, and social dysfunction in adulthood. Early adversity that increases toxic stress responses can become biologically embedded and impact the person throughout their life (Berens, Jensen, & Nelson, 2017; Nelson et al., 2020). Childhood adverse experiences increase the risk for adult-onset psychiatric disorders, including PTSD (Chen et al., 2010; Jonas et al., 2011), depression (Chen et al., 2010; Wiersma et al., 2009), anxiety disorders (Chen et al., 2010; Hovens et al., 2010; McLaughlin et al., 2010), bipolar disorder (Álvarez et al., 2011; Leverich et al., 2002), personality disorders (Carr, Martins, Stingel, Lemgruber, & Juruena, 2013; Tyrka, Wyche, Kelly, Price, & Carpenter, 2009), eating disorders (Chen et al., 2010; Jonas et al., 2011), alcohol and drug abuse (Carr et al., 2013; Jonas et al., 2011), psychotic disorders (Álvarez et al., 2011; Üçok & Bıkmaz, 2007), and suicidal ideation as well as attempts (Afifi, Boman, Fleisher, & Sareen, 2009; Chen et al., 2010). The risk for such disorders increases as the number of adversities and exposures increase. The risk for worse prognosis also increases, in addition to the risk of earlier age of diagnosis, greater symptom severity, increased number of suicide attempts, and younger age at first suicide attempt (Álvarez et al., 2011; Carr et al., 2013; Kessler et al., 2010). Lastly, it was stated that child marriage in Lebanon is currently increasing as a result of recent adversities (Schaer, 2021). Such marriage is recognized in international human rights agreements as a discriminatory global practice that impacts the person's wellbeing (Arthur et al., 2018).

Mental Health in the Context of Disasters

As alluded to earlier, the crisis in Lebanon was further compounded by the 2020 Beirut explosion. Following a disaster, psychiatric disorders might be further exacerbated, or they can newly manifest (Morganstein & Ursano, 2020). Despite distress, many people exposed to disasters often return back to their previous functionality. There are those however who struggle to recover and suffer after the event from debilitating mental health difficulties (Morganstein & Ursano, 2020). The 2015 Tianjin Ammonium Nitrate explosions is a similar type of explosion as the 2020 Beirut blast. The explosions in China tragically killed 173 people and injured more than 700 (Yu et al., 2016). A study on adults exposed to the explosions in Tianjin showed that 16.9% of the participants suffered from moderate to very severe PTSD symptoms after three

months (Wei, Han, Zhang, Hannak, & Liu, 2017). In New Zealand, a 35-year longitudinal study of a birth cohort found that after controlling for prospectively confounding variables, being exposed to a disaster was associated with an increased risk of major depression, PTSD, anxiety disorders, and nicotine dependence two years after the incident (Fergusson, Horwood, Boden, & Mulder, 2014). Exposure to a disaster in childhood increases adult risks of developing mood disorders (28.3%), anxiety disorders (27.4%), substance use disorders (41.2%), and any type of disorder (61.2%) (Maclean, Popovici, & French, 2016).

Research data on the prevalence rates of diagnosed mental health disorders following the 2020 Beirut explosion is currently absent. Few authors and organizations nonetheless commented on the psychological wellbeing in Lebanon given recent events. Al-Hajj et al. (2021) indicated that there are reports of increased psychological disorders manifested in the number of patients presented to the American University of Beirut Psychiatric clinic. Similarly, El Hayek et al. (2020) highlighted that bodies of healthcare in Lebanon should be ready for emerging PTSD, along with its associated comorbidities, including mood disorders, anxiety disorders, and addiction. The joint rapid gender analysis of the explosion performed by different UN agencies and other NGOs indicated that feelings of despair and hopelessness, anger, frustration, agitation, and anxiety are exponentially growing amongst the affected population of all identities (United Nations Entity for Gender Equality and the Empowerment of Women et al., 2020).

Man-made disasters may be preventable, which, in turn, evoke a sentiment that someone is culpable (Erikson, 1995). In reference to man-made disasters, Erikson mentioned that “wrongs, however perpetrated, are never settled unless there is genuine apology and reparation; to the extent possible, for what has been lost”. He further highlighted that when those responsible then deny, avoid, cower in the shadows, and hide behind legions of lawyers, the worst of scenarios sets in (Erikson, 1995). From October 2019 until October 2020, a revolution started in Lebanon against the decades of neoliberal economic policies, elite capture, and widespread corruption in the public sector. Many continue to accuse the Lebanese government of severe negligence, which some believe to be linked to the detonation of large amounts of Ammonium Nitrate in the capital in 2020. No one has been held responsible, and no apology was made, making Erikson’s ‘worst of scenarios setting in’ a reality (Leenders, 2020). Indeed, in contrast to reactions to natural disasters, the blast is perceived by Lebanese people as an act of murder, which perpetuated demands for justice by the public (Kerbage & Elbejjani, 2021). Some have furthermore considered that the incident was an act of terrorism (Iskandar, Rahbany, & Shokor, 2021). In this context, the mental health response must acknowledge the collective suffering experienced in Lebanon and emphasize that justice is essential for healing (Kerbage & Elbejjani, 2021).

Due to methodological variances, there is no consensus in the academic community if mental health sequelae differ between man-made and natural disasters (Sederer, 2012). One seminal study showed a trend for man-made disasters; such as nuclear accidents, towards having worse outcomes than natural disasters (Norris, Friedman, & Watson, 2002; Norris, Friedman, Watson, et al., 2002). Disasters such as the 1986 Chernobyl nuclear power plant accident and the 2001 World Trade Center attack have documented long-term mental health effects (Adams, Boscarino, & Galea, 2006; Brackbill, Stellman, Perlman, Walker, & Farfel, 2013; Bromet, Havenaar, & Guey, 2011). Eighteen years post the Chernobyl accident, liquidators had high rates of depression, anxiety disorders, PTSD, and suicide ideation (Loganovsky et al., 2008). The long-term outcomes of the general population exposed to that accident show increased rates of clinical and subclinical depression, anxiety, and PTSD (Bromet et al., 2011). One year after the World Trade Center attack, the prevalence of PTSD ranged between 4.7%-10.2%. The higher prevalence rate was among low-income minorities. Comorbid mental disorders and functional impairment were substantially high in individuals with PTSD (Neria et al., 2006). High prevalence of such conditions years after a disaster translates into individual suffering and societal burden.

Suicide in Lebanon

In terms of latest events, the issue of suicide rates in Lebanon warrants careful consideration given recent increased media coverage of this matter in the country. International research highlights that media reports tend to exaggerate sensational suicides and are not representative of official suicide data (Sisask & Värnik, 2012; Zalsman et al., 2016). One study in Lebanon showed that the annual rate of suicide between 2008-2018 ranged between 1.87-2.4 per 100000 capita, with increases in suicide rates during some years. The authors noted that Lebanon has recently witnessed an ongoing national security threat alongside a boiling economic crisis. They also stated that the data is still prone to underreporting due to various reasons (Bizri et al., 2021). Bou Khalil (2019) highlighted that suicide became a public health issue in recent years only, and not during previous adversities such as war. He argued that despite the increased probability of declaring suicide, the recent economic crisis could be related to an actual increase in suicide rates regardless of its declaration methods (Bou Khalil, 2019). Recent analyses of a database in a telephonic medical toxicology service at the largest tertiary care center in Lebanon were performed. The analyses were on cases managed between 2015-2019 approximately. In adults, 37.7% of the cases was suspected suicide as the reason of poison exposure (Hitti et al., 2020), and it was 65.9% in children between the ages of 13-19 years (El Zahran et al., 2021).

Although no causal relationships between the economic crisis and suicide rates in Lebanon can be drawn; a relationship that is extremely complex to investigate (Marazziti et al., 2021), there seems to be some agreement that suicide rates rose during the past years, and that there might be an association with the recent adversities seen. This is probable in light of recent studies in Lebanon, as well as the results from other countries which experienced a similar economic downfall such as Greece (Economou et al., 2013; Rachiotis, Stuckler, McKee, & Hadjichristodoulou, 2015). At this stage nonetheless, no firm conclusions can be drawn unless further official data is examined.

Collective Mental Health and Human Rights

In addition to working with a person on an individual level, the collective also needs to be considered. Individualistic clinical models which focus on intrapersonal factors are necessary to improve mental health outcomes in many cases and have their own set of benefits (Maercker & Horn, 2013). For instance, effective interventions exist to treat and possibly prevent psychopathology emerging after childhood trauma (Traub & Boynton-Jarrett, 2017). The scale of the difficulties in Lebanon however does not merely impact the individual, but also stretches to include the community, as a whole, as well as the wider systems (Sousa, 2013). Multi-level frameworks of care therefor need to additionally be implemented. The Inter-Agency Standing Committee (IASC) guidelines on mental health and psychosocial support in emergency settings recommends a strong focus on interventions at the basic services and security, family and community support, and focused psychosocial support levels, that is responsive to context and culture, and builds on existing resources (World Health Organization, 2007). Tania Bosqui recently suggested that the shift to a contextualized and collective mental health paradigm, alongside improving the evidence-base and implementation of multi-layered systemic interventions, can help the Lebanese recover (Bosqui, 2020). The violence witnessed in Lebanon also fiercely perpetrated individual and collective dignity. Morality and ethics are steaming underneath much of the adversity seen in the nation. Violence insidiously acts as “social machinery of oppression” which not only inhibits the realization of full human potential, but drastically violates rights (Farmer, Nizeye, Stulac, & Keshavjee, 2006). Any future interventions in Lebanon should therefore emphasize implementing a rights-informed psychosocial response and specific strategies to enhance

mental health in the long-term. A rights-informed psychosocial response is based on equal rights, opportunity, and valuing freedoms. Such a response also advocates for the right to health, human rights in health systems, and upholding of human rights through health (Rubenson, 2002). The WHO QualityRights initiative aims to reform human rights within mental health. While keeping the right to dignity, freedom, and health at its center, the initiative developed policies and sensitization strategies to carry out system level strengthening of a holistic response to mental difficulties (Funk & Bold, 2020). Such an approach was recently proposed to address long-term mental health needs of populations that have suffered disproportionately during the COVID-19 pandemic (Rahman et al., 2020).

Impact of Past Adverse Experiences on Mental Health: Research in Lebanon

Lebanon suffers from a large burden of physical and psychological injury as a consequence of various historic adversities in the context of armed conflicts, political instability, and the lack of policies and safety regulations (Al-Hajj, Pawliuk, Smith, Zheng, & Pike, 2021). Major historic events include the protracted 16-year civil war (1975-1990), multiple Israeli attacks (1978-2006), and the neighbouring Syrian crisis which started in 2011. In a nationally representative sample of the Lebanese population; including adults and young persons, Karam et al. (2008) showed that the lifetime prevalence of anxiety disorders was 25.8%, mood disorders 12.6%, impulse control disorders 4.4%, and substance-use disorders 2.2%. Additionally, only a minority of people with any mental disorder ever received professional treatment, with delays between the onset of disorders and onset of treatment ranging between 6-28 years. War exposure increased the risk of the first onset of anxiety, mood, and impulse control disorders. The authors concluded that about one-fourth of the sample (25.8%) met diagnostic criteria for at least one disorder at some point in their lives (Karam et al., 2008). Others further highlighted the consequences of trauma, particularly in the context of war, on young persons. One study showed that around three weeks post war, 25.9% of Lebanese young persons had major depressive disorder, 16.1% had separation anxiety disorder, 28% had overanxious disorder, 26% had PTSD, and 44.1% had any disorder. Persistence of disorders after one year was associated with premorbid disorders and witnessing any war event, thus highlighting the importance of early detection of at-risk individuals (Karam et al., 2014). In a systematic review, Shaar (2013) showed that the prevalence of PTSD in Lebanese adolescents increased with time as more wars and armed conflicts occurred. For instance, PTSD prevalence rates ranged between 8.5-14.7% for the 1975 war, versus rates between 15.4-35% for the 2006 war. The author also highlighted that risk factors for developing PTSD in this sample included economic hardships and varied by the type and severity of trauma. It should be noted that the most devastating types of traumas in most of the reviewed studies were loss and bereavement, injury to self or others, seeing their house demolished or hit, and displacement (Shaar, 2013). Such adversities have been recently witnessed again in Lebanon, especially after the 2020 Beirut port explosion which happened during COVID-19.

Lessons from Responses to Previous Adverse Experiences in Lebanon

Previous adverse experiences in Lebanon and the response to them highlighted several lessons in the context of mental health in the country such as the importance of early identification and treatment of mental health disorders during and post adverse times; an area which remains substantially weak in the country (Karam et al., 2008). Another lesson is around individual and community 'resilience' and which factors develop it such as coping and meaning making, social support networks, attitudes towards mental health and healing, community cohesiveness and collective identity, social solidarity, adequate public health interventions, connected political leadership, and other factors (Betancourt & Khan, 2008; Nuwayhid, Zurayk, Yamout, & Cortas, 2011). Identifying these factors is important to better evaluate resources and needs in the affected community and individuals. Capitalising on resilience should become a substantial component of public health action and relief efforts during crisis. One such intervention model that was implemented successfully with child and youth populations under stress in humanitarian settings is 'The Tutor of Resilience' (Giordano, Cipolla, & Ungar, 2021).

In addition to other clinically oriented lessons deduced from adversities in Lebanon, such as the importance of screening for all previous conflict-related experiences, the significance of public health interventions implemented on a community-wide level is often highlighted. Some of the lessons regarding the latter include the importance of having a central coordination committee which includes mental health professionals at the level of various national ministries. The committee's role would be to coordinate national and international efforts, set annual action plans, and develop and enforce normative and contextualised technicalities (Karam et al., 2011; Kik & Chammay, 2018). Many consider that relief support became successful during the 2006 war after community needs, perceptions, and priorities were taken into account (Nuwayhid et al., 2011). This was implemented after leaders in several Lebanese communities formed a link between relief efforts, both national and international, community needs, and available resources, in addition to organizing local relief efforts. For instance, Lebanese individuals who were internally displaced in the country showed that their priority need during the 2006 war was addressing issues of potential violence and sexual abuse. These issues were addressed by local efforts while public health groups were focused on provision of basic needs. Efforts were not duplicated following coordination by local community leaders (Nuwayhid et al., 2011). Others also highlight the importance of cultural and contextual adaptations to interventions in various countries including Lebanon (Brown et al., 2020).

Mental Health Services in Lebanon

Mental health services in Lebanon are scarce and fragmented, and at times fail to meet treatment demands (Karam et al., 2006). The budget allocated for mental health services constitutes 5% of the general health budget. Funds are largely devoted to cover long stay inpatient costs in private hospitals. Services are mainly available in the capital, and community based mental health services are lacking. The most recent report on the assessment of the mental health system in Lebanon was published in 2015 by WHO. The report highlighted several problems such as the lack of mental health training for primary healthcare workers as well as the poor interactions between primary care and mental health systems; this is crucial for preventing the development of psychiatric disorders (Budd, Iqbal, Harding, Rees, & Bhutani, 2021). The total number of human resources working in the field is 15.27 per 100000 population (World Health Organization, 2015); this number decreased following recent events (Shallal, Lahoud, Zervos, & Matar, 2021). The WHO recommends a bare minimum of 4.45 skilled personnel per 1000 people in order to deliver safe healthcare (World Health Organization, 2016). The report also highlighted issues around upholding human rights in Lebanon in the context of mental health such as the absence of authority to oversee these rights in individuals with mental conditions (World Health Organization, 2015). As a result of the 2020 Beirut explosion, the health sector incurred significant damages in the range of 95-115 million USD. About 36% of health facilities (292 of 813 facilities) were affected such as public and private hospital buildings and primary healthcare centers (World Bank et al., 2020). Additionally, Lebanon lacks specific professional training on trauma and trauma-related disorders (El Hayek & Bizri, 2020).

With such minimal resources, it should not be surprising that mental health needs of many individuals in Lebanon is not being adequately met, and that delivering adequate mental healthcare in the current

situation as well as the foreseeable future, will most likely be extremely challenging (Noubani, Diaconu, Loffreda, & Saleh, 2021).

Mental Health in Lebanon: International Support and Gaps

International support continues to have a significant role in mental health related projects and activities in Lebanon. Some examples include collaborations towards establishing and launching the National Mental Health Program (NMHP) and offering psychological first aid consultations and psychosocial support for individuals affected by the blast (International Medical Corps, 2021; United Nations Children's Fund, 2021).

Treatment gaps remain evident and more can be done to improve psychosocial support services and mental health services in particular (Baroud et al., 2020; Noubani et al., 2021). Some noted for instance that current outreach activities are primarily targeted at Syrian refugees and do not reach Lebanese individuals (Noubani et al., 2021). There are many issues in the supply and demand sides of mental health services in the country that can be targeted by national and international efforts to decrease treatment gaps. Some of these include perceptions around mental health disorders (ex. the problem would resolve on its own), awareness around the importance of early treatment, and stigma (Karam et al., 2019). Barriers around finances are also critical since mental healthcare and psychotropic medications are not adequately covered by insurers in Lebanon. The issue of funding is furthermore relevant for enhancing the sector of community mental health services (El-Khoury, Haidar, & Charara, 2020). More support is also needed for various trainings, overseeing the human rights of individuals with mental disorders, as well as setting up mental health referral systems/networks and monitoring/tracking mechanisms to develop indicators especially around service utilization. Few also highlighted the importance of horizontal and vertical scale up approaches of mental health services in conflict-affected populations such as Lebanon. International organizations and donors have been identified as essential in supporting a phased scale up (Fuhr et al., 2020).

Integrating mental healthcare into primary healthcare was put forward by WHO as the most viable way to close mental health treatment gaps in Lebanon (Hijazi, Weissbecker, & Chammay, 2011). Implementing this recommendation is still in its infancy stages (El-Khoury et al., 2020; Karam et al., 2019); due to many reasons such as lack of coherent mental health information systems and inadequate service integration and coordination among mental health services and providers - including national and international NGOs. These barriers result in duplicated efforts and service delivery gaps (National Institute for Health Research, 2019; Noubani et al., 2021).

It should be noted that addressing the mental health sector solely is one domain in which Lebanese individuals can be supported during this crisis. Other psychosocial domains and factors however are also crucial for enhancing wellbeing.

Conclusion

This article explored mental health in the context of Lebanon following major adversities seen in the country around the year 2020. The areas covered include the impact of cumulative adversity and disasters on mental health, suicide in Lebanon, as well as collective mental health and human rights. Likewise, the impact of past adverse experiences on mental health in Lebanon and the lessons learned from responses to these adversities were discussed. Lastly, mental health services in Lebanon and the role of international support in this field as well as gaps were covered.

The psychological toll of the adversities seen recently in Lebanon are yet to be fully quantified. A dangerous form of despair has creeped into the lives of millions of Lebanese individuals. Putting aside the heuristic of deterministic outcomes, many current research results about Lebanon, coupled with what is already known about adversity across the globe, and the scarce resources in the country, paints at least - a highly probable and extremely ominous future for the Lebanese in terms of mental health. The high probability of huge downstream consequences in psychiatric disease and suffering due to recent adversities make prevention and early intervention crucial. Given current circumstances, mass exodus, and the continued economic freefall, local efforts will most likely be insufficient to effectively intervene, enhance wellbeing, and preserve the dignity and rights of people. A call is undoubtedly made for the wider scientific community and international organizations to support the mental health field in Lebanon. Understanding how to better navigate mental health support in places with extreme adversity and emergencies can be beneficial to other communities which might face similar challenges.

Declarations of Competing Interest

None.

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