ToR – KAP survey on perception of mental health disorders and access to mental health services in Libya

Handicap International (HI) is an independent and impartial international aid organization working in situations of poverty and exclusion, conflict and disaster. Working alongside persons with disabilities and other vulnerable groups, our action and testimony are focused on responding to their essential needs, improving their living conditions and promoting respect for their dignity and their fundamental rights. Handicap International is a not-for-profit organization with no religious or political affiliation. It operates as a federation made up of a network of associations that provide it with human and financial resources, manage its projects and implement its actions and social mission. For more details on the association: http://www.handicap-international.fr/en/s/index.html

1- Presentation of the context

1-1- Mental Health in Libya

Since the fall of the regime of Gaddafi in 2011 and renewed conflict since 2014, the political and economic situation in Libya has become extremely fragile. Health services in Libya have gradually collapsed due to depleting human resources, equipment and medicine as well as a lack of investment in the sector. Returnees were reported by REACH to be the group with the highest difficulties to access adequate healthcare (54%)[1]. Furthermore, 24.9% of all assessed households reported at least one member displaying two or more signs of psychological distresses, 46.7% of IDP households and 39% of returnee households (compared to 23.5% of non-displaced households).[2]

The Mental Health/Psychosocial Support (MHPSS) 4W assessment conducted in Libya in 2017 states that "*Mental Health is a chronically neglected field in the country with many longstanding problems that predate the conflict that started in 2011, including underdeveloped community and specialized services, shortage of qualified workforce, lack of facilities, social stigma towards people with mental illness and funding marginalization".* In addition, the current and long-lasting violence in the country is believed to further increase the proportion of the population in need of mental health and psychosocial support, requiring a combination of immediate and longer-term interventions.

[1] 201709 reach_lby_report_2017_multi-sector_needs_assessment_september_2017
[2] Ibid.

Mental health service provision is highly centralized in Benghazi, Tripoli and Misrata, difficult to access and of limited quality. In addition to the two mental health hospitals, Al Razy Psychiatric Hospital in Tripoli and Benghazi Psychiatric Hospital, there are 6 mental health outpatient facilities (one in Al Wahat/Ajdabia, two in Misrata, two in Tripoli and one in Al Jabal Al Gharbi)[3]. Two are in mental health hospitals, two are in general hospitals and two are in polyclinics. In parallel there are a number of private clinics, often run by professionals working in the public hospitals, but that are not accessible to the most vulnerable part of the population primarily due to financial barriers. All in-patients from the two mental health hospitals were discharged in 2014 mainly because of the lack of qualified health professionals (psychiatrics, psychologists, and nurses). A high number of qualified foreign health professionals left the country during the 2014/2015 conflict. Provision of mental health care in Libya is essentially based on prescription of drugs, and counselling and psychotherapy services are rare. In addition, psychotropic medicines are not always available and often not affordable to people with low income.

There is no mental health policy in Libya nor updated mental health legislation. In 2012, an inter-ministerial mental health meeting was conducted with various representatives, proposing to develop a coherent and comprehensive mental health policy focused on six core components: organization of services by developing community mental health services; capacity development of human resources; involvement of users and families; human rights protection of users; equity of access to mental health services across different groups; and quality of services (WHO, 2015).

Stigma and lack of awareness about the real extent of mental health needs in Libya, as well as the absence of mental health policy or legislation, have led to limited financing of mental health services. In 2012 the Ministry of Health's annual budget provided 13 million Libyan Dinars for the two mental health hospitals in Tripoli and Benghazi, accounting for 0.45% of total public health budget.

There are no published data on the prevalence of mental health disorders in Libya prior to the 2011 conflict. The WHO estimates that rates of common mental disorders such as anxiety disorders and depression double in the context of humanitarian emergencies from a baseline of around 10% to 20% while people with severe mental health disorders (2-3%) are especially vulnerable in such contexts and require access to care[4].

According to Charleston's[5] predictions on mental health impacts after the 2011 conflict in Libya, the estimated prevalence of depression and Post Traumatic Stress Disorder (PTSD) varies according to levels of population-level political terror, trauma exposure and recurrence of conflict. The study suggests that the prevalence of depression is higher than the prevalence of PTSD and may be as high as 30-40% of the population in areas that are severely affected by

[3] Libya 2017 – Service Availability and Readiness Assessment (SARA) Report – p 145

[4] WHO & UNHCR (2012). Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Major Humanitarian Settings. Geneva: WHO

[5] Charlson, F.J., Steel, Z., Degenhardt, L., Chey, T., Silove, D., Whiteford, H.A. (2012). Predicting the Impact of the 2011 Conflict in Libya on Population Mental Health: PTSD and Depression Prevalence and Mental Health Service Requirements. PLOS ONE 7(7): e40593.

conflict. Although the ongoing and recurrent conflict in the country is expected to further increase the proportion of the population in need of mental health and psychosocial support, there is no study revealing the actual mental health impacts of Libya's population since the upheaval from 2011 began.

A survey amongst 2,692 households conducted by the Danish Institute Against Torture and the Benghazi University in 2013 revealed that 29% of individuals reported anxiety, 30% depression and 6% reported PTSD. Stress levels showed a preoccupation with political instability (63.6%) followed by the collapse of the country (61.2%), insecurity about "life right now" (56.6%) and insecurity about the future (46.4%). Nearly 30% of respondents reported being exposed to violence during demonstrations[6].

There is an increasing trend of substance use among young people as well as amongst women in Libya[7]. Unsafe opioid injections have led to HIV infections among drug users[8]. Accounts from outreach workers, doctors and the media[9] reveal Libya's drug-related problems stem from painkiller use, especially Tramadol, and increased alcohol abuse.

The situation of non-Libyans in the country (migrants, refugees and people on the move) is also of great concern. It is widely reported in the media of refugees and migrants facing kidnapping, slavery, torture and organized violence, and sexual violence along the migration route.

International Medical Corps (IMC) conducted a MHPSS need assessment showing that severe social stigma exists towards psychiatric patients[10]. The stigma prevents individuals with mental illness, especially people who have been treated in psychiatric hospitals, from integrating into the community. People prefer private clinics, if they can afford them, to reduce or avoid the stigma. Some informants reported an increase of local, traditional healers dealing with MHPSS issues in recent years, especially in the city of Misrata, Libya's third largest city.

In 2016 Handicap International conducted an assessment[11] on the availability, capacity and range of services delivered in health structures in Western Libya. The findings of the assessment stressed that the MHPSS sector is undeveloped with a lack of a harmonized statistical system shared by health structures, and the absence of systematic data collection on inpatient flow and pathologies; a lack of trained and experienced MHPSS human resources; an over-medicalization of psychological distress; only a few civil society organisations are active in the field of psychosocial support; and there is a lack of capacity to advocate efficiently for the cause of MHPSS. Moreover, the assessment reported a lack of an integrated rehabilitation

[6] Danish Institute Against Torture. (2014). Consequences of Torture and Organized Violence | Libya Needs Assessment Survey.
[7] JUSOOR Center for Studies and Development. (2015). The situation of women in Libya.
[8] Hanna, F.B. (2017). Alcohol and substance use in humanitarian and post-conflict situations. Eastern Mediterranean Health Journal. 23(3).
[9] Media as IRIN News, 2013 and Voa News (Dettmer, 2013) revealed Libya´s drug problems.
[10] International Medical Corps (IMC). (2011). IMC Libya Mental Health and Psychosocial Support Assessment Report.
[11] https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/handicap_international_health_assessment_report_libya_june_2016.pdf

system, integrating physical and psychosocial rehabilitation, as well as including health structure departments, coordination, and a referral system.

The Ministry of Health (MoH) and other stakeholders have identified MHPSS as a priority area in Libya. A new mental health program based within Libya's National Centre for Disease Control (NCDC) was set to transform the institution-based approach to a community-based approach to mental health care, to be made available in all areas of the country. In 2013, a 4-year (2015-2019) mental health strategy to improve the services was launched. However, strategy implementation has been impacted by ongoing conflict and political crisis in Libya.

1-2- AMAL – Action for Mental Health Assistance in Libya

The AMAL project (Action for Mental Health Assistance in Libya) is part of a general project to **Improve Access and Quality of Health Care Services in Libya**, funded by the European Commission.

According to the World Health Organization's (WHO) 2015 Health Profile for Libya[12], in order to improve mental health in the country, a combination of immediate and long term interventions is needed:

- The immediate actions should consist of assessment of mental health and psychosocial support needs and system's existing capacities, strengthening coordination among actors working in the field of mental health and improving the supply of essential psychotropic medicines.
- Long-term actions should include: integrating mental health and substance use services at the community and primary health care levels; building the capacity of health professionals to deliver evidence-based interventions for priority mental and substance use disorders; enhancing access to evidence-based psychosocial interventions; developing a national mental health strategy and plan; and increasing awareness of mental health and the rights of people with mental disabilities based on best evidence-based practices and human rights.

As a response to these needs, Handicap International (HI), together with Nebras, a Tunisian partner, propose the following Action for Mental Health Assistance in Libya consisting of:

- **Increasing awareness** about the risks and manifestations of mental illness and substance abuse (including awareness campaigns and awareness sessions in the community)

- **Expanding access, availability and acceptability to quality psychosocial support and mental health care** (including delivery of mental health services through outreach teams, primary health care clinics, psychiatric departments of general hospitals and/or in psychiatric hospitals);

[12] WHO - Libya health profile 2015 - WHO Regional Office for the Eastern Mediterranean

- **Training and upskilling of mental health staff** (including ToT and university diplomas in mental health for several categories of specialized as well as non specialized staff)

2- Presentation of the KAP survey – A socio-anthropological study on perception of mental health disorders and access to mental health services

2-1- Why this research?

The research is resulting from a will to promote innovative knowledge management. The research will help in defining the content of the awareness campaign on mental health disorders (media campaign and sensitization session in the community), adjusting and adapting the project interventions in line with the findings. This study will support the HI teams and their partners in delivering our actions relating to the public understanding, identification and acceptance of people with mental disorders in consistence with the perceptions and traditions of the country. It will also help in correct and effective identification of people having mental health problems and referring them to appropriate services respectful of their rights. The study would help in knowing the good and bad practices in the community, services providers and local authorities, language which community use or understands, what they mean by mental health problems, what do they think about causes and whom they go if they identify person has mental health problems. It should also describe the dynamic of the relations that is built between people with mental health problems and the different stakeholders. It should highlight the negative and positive interactions that can lead either to the empowerment of people with mental health problem through a proper care and support or the deterioration of the wellbeing and ultimately the abuse of their human rights. Finally, it should bring the light to the current referral pathway that people with mental health problems and their caregivers take to seek support.

2-2- Research objectives

- **General objective of the research**

To bring an in-depth understanding on perceptions of mental health disorders among various groups of communities, the dynamic of the interaction between people with mental health disorders, the community, the different stakeholders and the traditional means of approaching the issues of mental health in Libya.

- **Specific objectives**
- To know what are considered signs of mental health disorders and how mental health disorders are described in the community
- To know the perceptions toward mental health by the families, various community members, leaders, services providers and the local authorities and identify myths and belief rooted in the society and among service providers.

- To describe the dynamic of the interaction between the person with a mental health problem and the family, the community, the service provider and the local authority.
- To understand and analyze the referral pathway for people with mental illness
- To analyze the understanding of traditions, practices and skills among community members related to mental health.

2-3- Location

Briefing to take place in Tunis before travel to Libya.

Field visits in Tripoli and Misrata. Remote interviews with stakeholders in Benghazi.

2-4- Target Population

- General community members, community leaders, traditional healers, local authorities
- Users of mental health and psychosocial services and their caregivers
- Existing basic and specific service providers addressing the needs of persons living with psychosocial disabilities;
- Authorities ruling over the mental health.

2-5- Methodology

This is qualitative anthropological study that will use different methods such as the participant observation, group and individual interviews with relevant stakeholders in order to capture the understanding and social perception regarding the mental health problems and meet the expected outcomes. A literature review regarding the subject is expected in order to enrich the study. Data collection tools can be an observation grid and a grid of semi directive interview, adapted to different profiles to query. The data collection tools should be subject to a validation of Handicap International.

2-6- Ethics

The expected technical offer shall include mechanisms to be implemented so as to ensure:

- the protection & safety of HI teams and participants in the research
- informed consent of all respondents
- the confidentiality of sensitive and personal data
- the scientific validity of the research
- the possibility to use and exploit the information contained in the research
- the adoption of a comprehensive and participatory approach

2-7- Specific survey constraints

The research protocol will be validated by HI committee composed by technical focal points and Libya program team. The proposed methodology in the technical offer should be participation-oriented in line with the requested qualitative approach.

2-8- Security

The consultant will recieve a security brieifng from HI upon arrival to the mission. The consultant will be expected to respect HI's security rules when conducting the mission in Tunis and Libya.

3- Presentation of the mission

3-1- General objective of the expert mission

The expert will ensure the implementation (final protocol), the realization (collection, processing & analysis), the monitoring and the exploitation of the research results.

3-2- Expected results of the mission

(1) A written protocol is finalized. From the technical proposal and in collaboration with the reference person of Handicap International, a protocol is written. This document provides key elements of the implementation of the research and contains, a minima: introduction with background of the research, state of art, interest of the research ; presentation of the objectives (general & specific), with target population, location; presentation of the methodological framework: study design, selection of participants, data collection, data treatment, data analysis, quality monitoring mechanisms; responsibilities of the expert; time schedule; budget; ethics considerations.

(2) Field visit consisting of 3 weeks

(3) Report writing and finalization for 1 week

3-3- Deliverables

1. Final Protocol

2. Final data collection tool (interview guides, questionnaires)

3. Final data base

4. Research report including recommendations

3-4- Time Schedule & budget

The research will be conducted during the 2nd quarter of 2019. 1 month of mission will be required for the study. Exact dates will be agreed during the recruitment.

The budget for the research will be approx. 7,000 Euros. This amount is to cover the consultancy fees, international return air fare to Tunisia, local expenses whilst on mission, insurance and taxes if any.

Flights from Tunisia to Libya and Libyan visa will be covered by HI. Accommodation in Tunis and Libya and local transportation will be covered by HI.

4- Requested profile

- Mandatory:
  - Minimum Diploma: Master in Socio Anthropology or sociology with at least 5 years of experience in conducting socio-anthropology related researches
  - Experience in the mental health sector
  - Proven and recognized experience in methods of data collection, treatment and analysis (particularly qualitative data)
  - Experience in participatory research approaches
  - Analysis, synthesis and writing demonstrated capacity (provide a list of publications)
  - Knowledge of the working languages (written &oral): English
- Desired:
  - Recommended experience in conducting surveys/researches
  - Ability to work in collaboration with public and associative actors
  - Familiar with the North African context

5- Application process

Applications must include:

- About the consultant:
  - A curriculum vitae (training, experience in the areas mentioned above, lists of key publications)
  - References
  - A letter of motivation
- About the technical proposal:

- A methodological proposal to conduct this research, including, a minima: Understanding of the issues of the research and of the terms of reference; background of the research; presentation of the objectives (general & specific); location; target population; presentation of the methodological framework: study design, selection of participants, data collection, data treatment, data analysis, quality monitoring mechanisms; ethical considerations
- A financial proposal including, a minima, details of consultancy fees and operational costs of the research.
- Decision about the methodology will be made upon proposal of the applicant in his/her technical offer and subsequent discussions and validations with HI technical unit.

Please, send all required documents before April 21 2019 to the following address: recruitment@Libya.hi.org