



13TH ANNUAL MENTAL HEALTH CONFERENCE

**“MULTIPLE CRISES AND THEIR IMPACT ON CHILDREN,
PARENTS, HEALTHCARE AND EDUCATION PROVIDERS’
MENTAL HEALTH - CHALLENGES AND OPPORTUNITIES”**

**NATIONAL INSTITUTION OF SOCIAL CARE
& VOCATIONAL TRAINING BEIRUT,
LEBANON**

OCTOBER 20TH & 21ST, 2023

CALL FOR ABSTRACTS

The Mental Health Program of the National Institution of Social Care and Vocational Training (NISCVT), with the support of the Norwegian Aid Committee (NORWAC) and Taawon (Welfare Association), is organizing the 13th Annual Mental Health Conference to be held on October 20th and 21st at **St Joseph University, Medical Sciences Campus, in Beirut, Lebanon**. The conference aims to provide a forum for the exchange and sharing of scientific knowledge and evidence in mental health to better inform interventions, policies, and research.

WHO WE ARE

NISCVT (Commonly known as Beit Atfal Assumoud – مؤسسة بيت أطفال الصمود)

NISCVT is a community-based organization that was established in 1976, with the aim of providing a variety of social, educational, cultural, and health services to the Palestinian population in the various refugee camps across Lebanon.

NISCVT operates through a network of 10 centers located in refugee camps and their surrounding areas. Over the past 47 years, NISCVT has engaged in continuous revision and updating of its programs and services to remain responsive to the changing demographics and needs of the community, notwithstanding the pressing emergencies resulting from regional instability.

NISCVT adopts an approach of holistic care believing that responsible service to children must always include support to their caregivers and must attempt to improve the living environment, all within the context of preserving Palestinian identity and heritage.

Since 2011, and in response to the ongoing crisis in Syria, and the flood of refugees into Lebanon, NISCVT has expanded its services to reach those most vulnerable, including Syrian and Palestinian refugees arriving from Syria.

Since 2019, and the deepening of the economic and political crisis in Lebanon, NISCVT has also expanded its services to some vulnerable Lebanese citizens, living inside or close to the camps.

MENTAL HEALTH PROGRAM

The Mental Health Program of NISCVT was implemented in 1997 with the establishment of its first specialized Family Guidance Center in Beirut, to provide evidence-based high-quality mental health prevention and intervention services for Palestinian refugee children and their caregivers. Since then, the Program has expanded to five specialized centers, and a large multi-disciplinary team of highly skilled professionals including psychiatrists, psychotherapists, speech-language therapists, psychomotor therapists, occupational therapists, special educators, music therapists, and social workers. Central to the philosophy of the Mental Health Program is the adoption of a holistic bio-psycho-social framework of analyses and care, offering a wide-ranging comprehensive, and responsive package of care and intervention programs, in a community-based rehabilitation approach.

As part of NISCVT's commitment to the integration of scientific knowledge into practice, to the adoption of evidence-based practices, and to the central role of information and experience sharing, the Mental Health Program has, since 2007, organized a yearly scientific conference addressing issues related to refugees' mental health, especially among the Palestinian population. This conference has become a regular event on the local calendar, successfully shedding light on many important and emerging mental health topics.

For the past 3 years, this event had been put on hold following the multiple crises in Lebanon. This year, in 2023, it will be relaunched, hoping for further continuation.

OBJECTIVES

The objectives of the annual Mental Health Conference are:

1. To present and discuss recent local and international studies and effective programming in prevention and treatment.
2. To promote evidence-based practices and prompt service providers to adopt best practices.
3. To advocate for the right to mental health and access to high-quality mental health services for the most deprived and vulnerable.
4. To contribute to the collaboration between local, regional, and international stakeholder groups.

THE 2023 CONFERENCE: MULTIPLE CRISES AND THEIR IMPACT ON CHILDREN, PARENTS, HEALTHCARE, AND EDUCATION PROVIDERS MENTAL HEALTH - CHALLENGES & OPPORTUNITIES.

2023 TOPIC

The world experienced multi-faceted crises for almost three years. The COVID-19 pandemic, the armed conflicts, the ensuing food and energy crises, the surging inflation, debt tightening, and climate disaster have been severely and mutually reinforcing shocks that have hammered the global financial and economic systems. Lebanon has had its own specific context and has faced multiple crises since October 2019, starting with the unfolding economic and financial crises, and the massive explosion of the port in August 2020.

The aforementioned crises and their effects have extended beyond the global economy to include health and particularly mental health. They influence the community as a whole and extend to affect families, parents, children, and adolescents. Socioeconomic stress, through its influence on parental mental health, marital interaction, and parenting, affects the mental health of children and adolescents. The impact of extreme poverty and parental stress on children may include cognitive, emotional, and physical development deficits, and the consequences for health and well-being may be lifelong. Additionally, because they are on the front lines and integral members of the community, healthcare, and education providers are impacted by the crises. They confront similar socio-economic difficulties, and their ethical obligations drive them to carry on with their work rather than stop. They are under pressure at work to assist others, listen to them, and help them solve their problems, even while they are going through the same struggles.

Therefore, increased investment is required on all fronts: for mental health awareness to increase understanding and mental health promotion, and for efforts to increase access to quality mental health care and effective treatments. The circumstances compel all policymakers and decision-makers to give mental health a higher priority, deepen their commitment to it, and improve mental health services.

This includes the growing place and consequently the increasing responsibility of the mass media, in advertising for mental health, and protecting it, particularly with their biggest consumers, the youth.

The themes and subjects of this year's conference revolve around the following axes:

The following questions and themes aren't fully exhaustive. Any additional topics which could fall within the axes can be considered.

1. Children and Adolescent's Mental Health in Times of Crises:

Children and adolescents experience fears, substantial changes to their routines, and emotional disturbances alongside a high level of parental stress in times of crises. Understanding their emotions and responses is essential to address their needs during these times.

This axis will answer the following questions:

How do children and adolescents communicate their mental health needs in times of acute or chronic stress?

What signs do they exhibit, and how might young children and teenagers' mental health be in distress?

What programs, strategies/policies, and initiatives are available to incorporate adolescents in the community, and what roles do adolescents have in advocating for themselves and their issues?

What interventions and resources are available to support children and adolescents' mental health when facing difficulties?

What effects have the multiple crises had on education and learning? Do children demonstrate delays in their developmental domains compared to their peers at an earlier time? (Language delay, specific learning challenges, and dropping out of school...).

2. Parenting in Times of Crises:

Parenting is a challenging task at any time, but in times of crises, the responsibilities and demands put on parents can become overwhelming. Crises can disrupt daily routines and put a strain on parents' emotional and mental well-being, which can have a significant impact on children's mental health.

How have the crises affected family dynamics and couple relationships?

What is parental burnout, how to acknowledge it and what are the strategies for coping with it?

Which actions can parents do on a personal level? And for their children?

How do parents respond to children's reactions in times of crisis?

What programs/projects are offered to improve parent-children interaction?

How have the crises affected the assigned functions of fathers in low-resource communities, and what part do they play in family dynamics?

3. The Impact of Crises on Healthcare and Education Providers' Mental Health

Healthcare providers include all qualified professionals who work in the health sector: doctors, nurses, mental health professionals, social workers... Healthcare workers are often on the front lines during emergencies and deal with heavy workloads and multitasking, which can affect their mental health and lead to physical and mental exhaustion. In times of crisis, teachers are also at the forefront of education and must deal with both their mental health and that of their students.

Some of the topics in this axis would aim to answer important questions such as:

What are the main challenges that healthcare/education providers are facing?

How are teachers/healthcare providers handling burnout?

How is the lack of financial and human resources affecting their productivity, motivation, and loyalty to work? (Medication shortages, brain drain, lack of specialized facilities...)

How do crises affect their interpersonal relationships and professional relationships?

What strategies and evidence-based practices are most helpful for healthcare providers who are working in high-risk conditions during crises?

What are some company policies and steps that can be implemented to lessen and alleviate the load placed on healthcare/education providers?

4. The Correlation between Mass Media and Mental Health: Sensitization and Impact during Times of Crises

Mass media is a means of mass communication intended to reach a large audience. It refers to different sorts of media, including print, radio, television, film, videos, and internet-based social media. Studies revealed that the media's power to influence public perception and the degree to which people are exposed to its representations combine to make it one of the most significant influences in developed societies. This evokes the question of mass media's responsibility and the impact it can have, particularly in times of crisis.

This axis focuses on the role of mass media during crises and its impact on mental health

Presentations and/or studies can cover:

The relationship between mass media and mental health: media content, and the dissemination of current, pertinent, and trustworthy news and programming.

Misinformation and rumors (fake news) in the media and their triggering impact.

Media policies during crises and strategies implementation, protection policies (private information security sensitive content - designated protection authority) to promote mental health.

How people, and especially teenagers, are using mass media: time spent; content viewing, constant sharing, and social comparison.

What role does the mass media play in changing the negative perceptions of mental illnesses?

AUDIENCE

This conference targets mental health professionals from Lebanon, the Arab region, and around the world. Historically, it has drawn the attention of the service provision and academic organizations and institutions active in the field of vulnerable populations, in particular within refugee settings, often with a special focus on Palestinian refugee communities. Attendance often included pediatricians, primary health care doctors, multidisciplinary therapists, social workers, MH nurses, teachers, daycare staff, and parents.

Researchers and individuals affiliated with local and international associations and NGOs, community and social care institutions, universities, research centers, and centers of health provision, are invited to submit abstracts for presentations and workshops.

GENERAL INFORMATION ON SUBMISSIONS

Kindly submit your abstract by email to **Ms. Khawla KHALAF, Conference and Mental Health Coordinator**, at fgc.conference@gmail.com

Deadline for submissions: **Saturday, June 17th, 2023**

Languages accepted: **English and Arabic**

Notifications of selection will be sent out on a rolling basis by the end of July 2023.

SUBMISSION REQUIREMENTS

Your submission must be in line with the axes presented above. Please make sure you specify where you think it fits best.

OPTION I: CONFERENCE PRESENTATIONS

An abstract must be submitted for each presentation application.

a. Abstract Content and Structure

- The topic should be relevant to one of the axes identified above;
- Submission should contain data and meet international ethical standards for research and practice;
- Abstract is limited to a maximum of 150 words and structured as follows:
Objectives
Methods
Results
Conclusion;
- All abbreviations should be defined;
- Submitting, Presenting, and First Author(s) are identified as follows:
Submitting Author: Person who physically submits the abstract;
Presenting Author: Person who will physically present and discuss the abstract or research paper at the Conference and who will be noted as the Presenter in the Conference Program;
First Author: Person to be cited, who scientifically endorses the abstract and is hence responsible for its content.

b. Presentation Length

The total time allotted to each accepted presentation will be limited to **30 minutes, including 5-10 minutes** to be reserved for discussion and questions.

OPTION II: WORKSHOPS

Workshops are expected to demonstrate one or more practical applications using a dynamic and interactive methodology, based on the principles of participatory adult learning.

a. Workshop Content and Structure

- The topic should be relevant to one of the axes defined above
- Sessions should include the presentation and application of practical tools and skills;
- Method of instruction should be based on a participatory approach;
- Workshops should be designed to accommodate between 15 to 25 participants.;
- Workshop format and methodology should plan for simultaneous Arabic/ English translation in order to accommodate a wide range of interested participants to take part.

b. Workshop Length

The total time allotted to each workshop will be limited to **2 hours**.

FURTHER ENQUIRIES

For further inquiries, please contact:

Ms. Khawla KHALAF, Conference and Mental Health Coordinator NISCVT
fgc.conference@gmail.com

To learn more about NISCVT and for information about past conferences, themes, topics, and presentations
www.socialcare.org