

# Mental Health: a Rising Public Health Issue Among Youth in Lebanon



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There is growing evidence that Mental Health (MH) is becoming an important Public Health issue among adults as well as among youth. While 25% of all individuals will develop a mental or behavioral disorder in a life time, about 20% of adolescents will experience a mental health problem every year, most commonly depression or anxiety; global data indicates that risks for developing a MH condition increases with violence, humiliation, devaluation and poverty; among youth of both sexes suicide is one of the leading causes of death at global level, aggravated by family discord, legal/disciplinary problems, school concerns, and depression. The incidence of depression increases during adolescence and peaks in early adulthood, and is exacerbated by use and misuse of drugs and alcohol. It is expected that self-inflicted / suicide will move from being the 16<sup>th</sup> cause of death for young people in 2004 to being the 12<sup>th</sup> cause of death for the same age group in 2030.

In Lebanon, data on MH among youth is limited, and relies on some studies done within the context of specific small scale projects. WHO, in coordination with the Ministry of Public Health (MOPH) and the Ministry of Education and Higher education (MEHE), and with the support from the Center of Diseases Control (CDC/ USA) implemented the Global School-based Student Health Survey (GSHS). The goal of the GSHS is to gather epidemiological data from students to support school health and youth health programs as well as

youth-relevant policies nationally and globally.

The survey was implemented in the academic 2016-2017 and used a self-reported questionnaire filled by 5,708 students (Grades 7-12) (Lebanese and other nationalities) from 56 schools (private and public). The questions addressed leading causes of morbidity and mortality among children and adolescents worldwide, including: alcohol use, dietary behaviors, drug use, hygiene, mental health, physical activity, protective factors, sexual behaviors, tobacco use, as well as violence and unintentional injury.

The results related to mental health observed showed that loneliness is prevalent in almost 12% of the students, more so among females. Anxiety and worry causing frequent insomnia was reported by 14% of the students, more so among females and among older students (grade 9). About 13.5% of students seriously considered attempting suicide during the past year, 8.5% made a plan about how they would attempt suicide, and 9.7% actually attempted suicide one or more times. The social and family support system seems suboptimal as few students felt comfortable talking about their problems to their parents, and around half of those who reported having a MH problem admitted talking about it to a friend.

The results of the survey show also an important wave of violence and bullying at school. In fact, about 38% reported being in a physical fight at least once during the preceding year, more so among the younger students (grade 7). Teachers exercised violence (hitting, slapping) on 10% of students. Physical and verbal bullying was reported by 16.5% and 14.6%, respectively.

Around 3.6% of students reported ever trying or using an illegal drug, and did so, in their great majority before age 14. Alarmingly, 12% of students reported they had a chance to try an illegal drug even if they did not actually try it.

Comparing the 2016 GSHS findings to the those of the GSHS 2011 (available only for grades 7-9), a decrease in



the percentages of students who were physically attacked, who were in a physical fight, who were bullied, who attempted suicide, or who got drunk at least once was observed in 2016. Due to the methodological limitations of the GSHS this decrease observed needs further validation, and the reasons to which such decrease can be attributed need further assessment. Nevertheless, the significant prevalence of MH problems and related risk factors is still to be addressed.

As shown in the survey, and as already well known to most professionals, MH problems often do not happen in isolation of other risk factors, whether personal or environmental. Anxiety, violence, bullying, misuse of drugs, social instability, and insufficient social and family support are risk factors for mental health, and seem to be issues of concerns for young adolescents in Lebanese schools.

WHO, through the tripartite Memorandum of

Understanding (MOU) with MOPH and MEHE to support to the National School Health program, calls for school-based health interventions that involve students, teachers and parents to reduce the health risk factors and promote young adolescents' well-being. Interventions need to be contextualized, in line with the National Mental Health strategy developed in 2015 by the national MH program at the MOPH with the vision that "All people living in Lebanon will have the opportunity to enjoy the best possible mental health and wellbeing". Interventions should be comprehensive, holistic and geared towards awareness raising, risk reduction and access to appropriate referral and care. We all know that kids and young people who need the most love ask for it in the most unloving way, and schools could be easily a place where young people can be taught, praised, encouraged, instructed, influenced, guided and inspired. It is important to make young people understand that mental illness is not a failure, and can be dealt with and offer them the enabling environment for that.