Event Abstract

A Policy Analysis of Mental Health Integration into Primary Care in Libya

Ghassan Karem 1* and Barend Gerretsen 2

1 Primary Health Care Institute, Ministry of Health, Tripoli, Libya.
2 Royal Tropical Institute, Amsterdam, The Netherlands.

Background: Assuring the good mental health (MH) of a population is a human right, especially in post-conflict contexts, where the policymaking is often complicated. The World Health Organization post-conflict estimations show that for every five people, one is affected by a mental condition. Integration of MH into primary care (PC) is the best-proved policy. However, integration needs a solid evidence for each specific context. Therefore, policy review and analysis are critical for successful integration. MH and PC policies in Libya have neither been reviewed nor analyzed. For this reason, results of this research will help policy-makers to address MH needs, including vulnerable groups, such as internally displaced, returnees and migrants.

Objective: This study aims to review and analyze the policies of MH integration into PC in Libya and identify gaps, and in addition, extract the lessons learned from similar post-conflict contexts in order to inform policy makers and support them to develop better policies.

Methods: The study included MH and PC policy documents in Libya, it was between 2010-2020, including approved and non-approved, finalized and non-finalized documents. Concerning literature, the study included Arabic and English literature, which was published between 2000-2020. The study used a literature review to analyses 26 health policy documents in Libya, with a focus on MH and PC, using the Walt and Gilson policy model, in addition to this, the researcher conducted complementary, semi-structured interviews, with eight key informants, and lessons learned from other countries were used.

Results: In Libya, the policy context is centralized with a rapid turnover of governments and scarcity of financial resources. Stigma is a significant cultural aspect; however, combating stigma was rarely mentioned in the policy documents. MH policies did not adequately reflect the ongoing conflict and the needs of the vulnerable groups. Multiple national and international actors were identified and coordination amongst them is a huge challenge. The policy process is a top-down approach that lacks the evidence and usually limited to individual agendas. The current content is mainly hospital care oriented. A mix of PC and community-based combined model is proved to work effectively in other countries of similar settings.

Conclusion: The policies of MH integration into PC in Libya, showed gaps in context, actors, process and content. These gaps can be addressed and lessons learned from other countries can support this task.

Keywords: Mental Health, Primary Care, Policy, Libya, Conflict and Fragile Context.


Presentation Type: Oral Presentation


Received: 20 Oct 2020; Published Online: 1 Nov 2020.

* Correspondence: Dr. Ghassan Karem, Primary Health Care Institute, Ministry of Health, Tripoli, Libya, karemghassan@yahoo.com