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A Mental Health Situational Assessment of ECD Front liners in Lebanon

Outline

- Background and Study Significance
- Methodology
- Demographics
- Results
- Discussion
- Recommendations and Further Research

Background and Study Significance

o Worldwide, ECD frontliners experience distress, anxiety, and other psychological stressors, especially those in education and healthcare sectors (Rodriguez et al., 2022; Swigonski et al., 2021).

o There has been a close emphasis on mental health of these individuals in lieu of the COVID-19 outbreak, but in Lebanon, the compounded port explosion, economic crisis, and political deadlock make this situation different from others.

o Focus on the mental health of Early Childhood Development (ECD) professionals is a vital concern that impacts the trajectory of future generations

o Objectives included identifying and analyzing the overall situation of ECD frontliners in Lebanon, assessing relationships among variables and certain outcomes, use of learning through play, and formulating evidence based recommendations to inform policy makers and stakeholders

Methodology

Design
- Mixed methods approach using qualitative and quantitative methods
- Targeted early childhood frontliners and educators in public and private schools in Lebanon using convenience sampling through networking on social media platforms and reaching out to educational institutions (public, private, rural, urban)

Timeframe

March 2023 to April 2023 (Survey Distribution) / May 2023 (Focus Group Discussions)

Participants
- Early childhood educators above the age of 18, working with children under the age of 8 in Lebanon
- Sample size: 915 participants working as ECD educators (survey respondents) and 34 FGD participants.
- Written consent was obtained from all participants

Methodology

Tools

-*Survey*: created through Google forms

-Scales used:
    Beirut Distress Scale
    Multicultural Quality of Life Index

-*Focus Group Discussions*: gained insights into attitudes, behaviors, and coping strategies of ECD frontliners, in addition to their experiences with learning through play in their settings

الصّحة النّفسية للعاملين في مجال الطّفولة المبكّرة في لبنان

عزيزي(تي) المشارك(ة)،

إذا كنت لبنانياً(ة) مقيماً(ة) في لبنان وعمرك 18 عاماً وما فوق، عامل(ة) في مجال الطفولة المبكرة (ما دون الـ8 سنوات)، أنت مدعو(ة) للمشاركة في دراسة تجريها الجامعة الحديثة للإدارة والعلوم وورشة الموارد العربية لتقييم حال الصحة النفسية ونوعية الحياة بين العاملين في مجال الطفولة المبكرة وعلاقتها بالأداء الوظيفي.

هوية المشاركين في إكمال هذا الإستبيان ستبقى مجهولة وجميع المعلومات التي سيتم جمعها سيتم التعامل معها بسريّة تامة. إن المشاركة في هذه الدراسة طوعية.
إن إكمال هذا الإستبيان لا يشكل أي مخاطر محتملة على المعلومات المذكورة أو صاحبها. سيتم الإستفادة من المعلومات التي سيتم جمعها لأهداف الدراسة فقط، ولإتخاذ الخطوات اللازمة لدعم العاملين مع الأطفال والأطفال في مرحلة الطفولة المبكرة بناءً على نتائج الدراسة حول تأثير الأزمات المتتالية على صحتهم النفسية.

إن إكمال هذا الاستبيان الذي يستغرق ١٠ دقائق تقريباً يشير الى موافقتك على المشاركة في هذه الدراسة.
شكراً سلفاً على وقتك ومشاركتك!

إذا كان لديك أي سؤال أو ترغب بمعلومات إضافية، الرجاء التواصل مع مكتب الأبحاث في الجامعة الحديثة للإدارة والعلوم عبر إرسال بريد إلكتروني إلى
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Demographics (Survey Participants)

Figure 1. Age distribution of Survey Participants
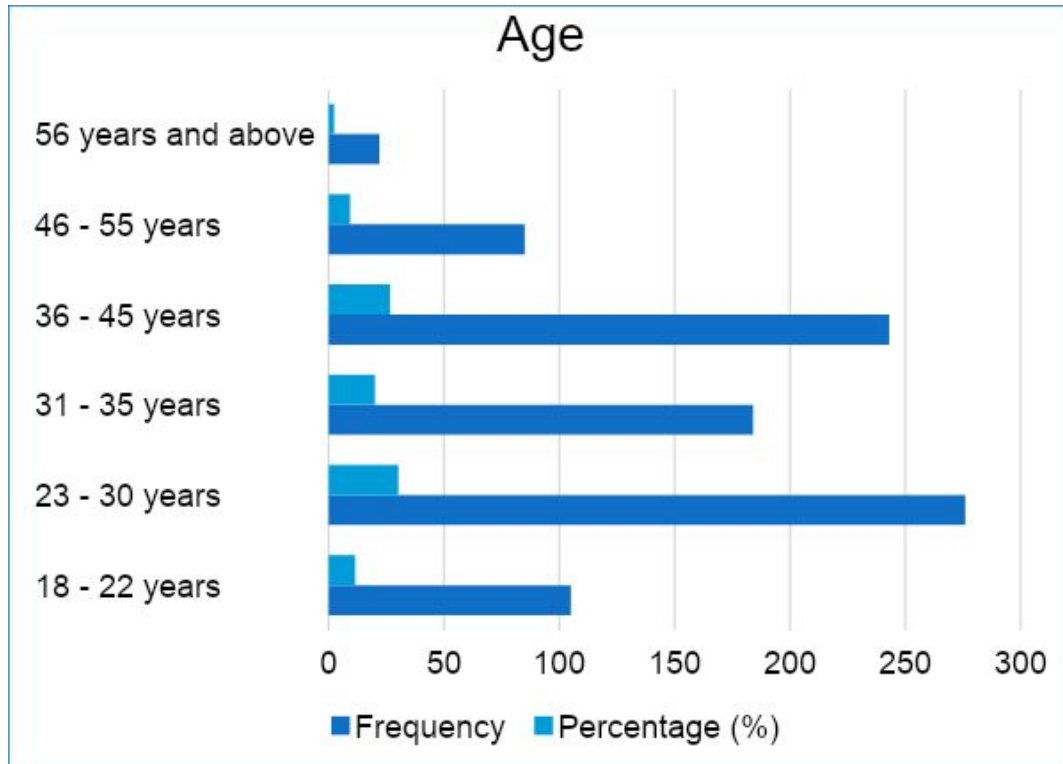
Figure 2. Nationality distribution of Survey Participants
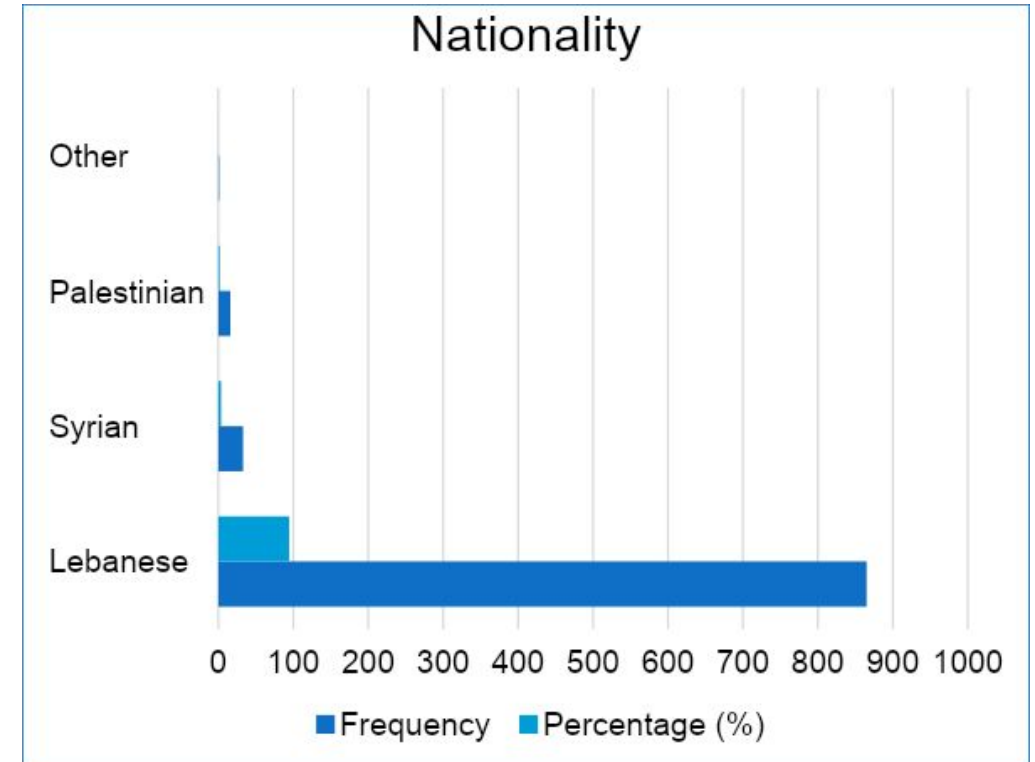
Demographics (Survey Participants)

Figure 3. Work locations (by region) of Survey Participants

Governorate (Work Location) — Frequency / Percentage (%)
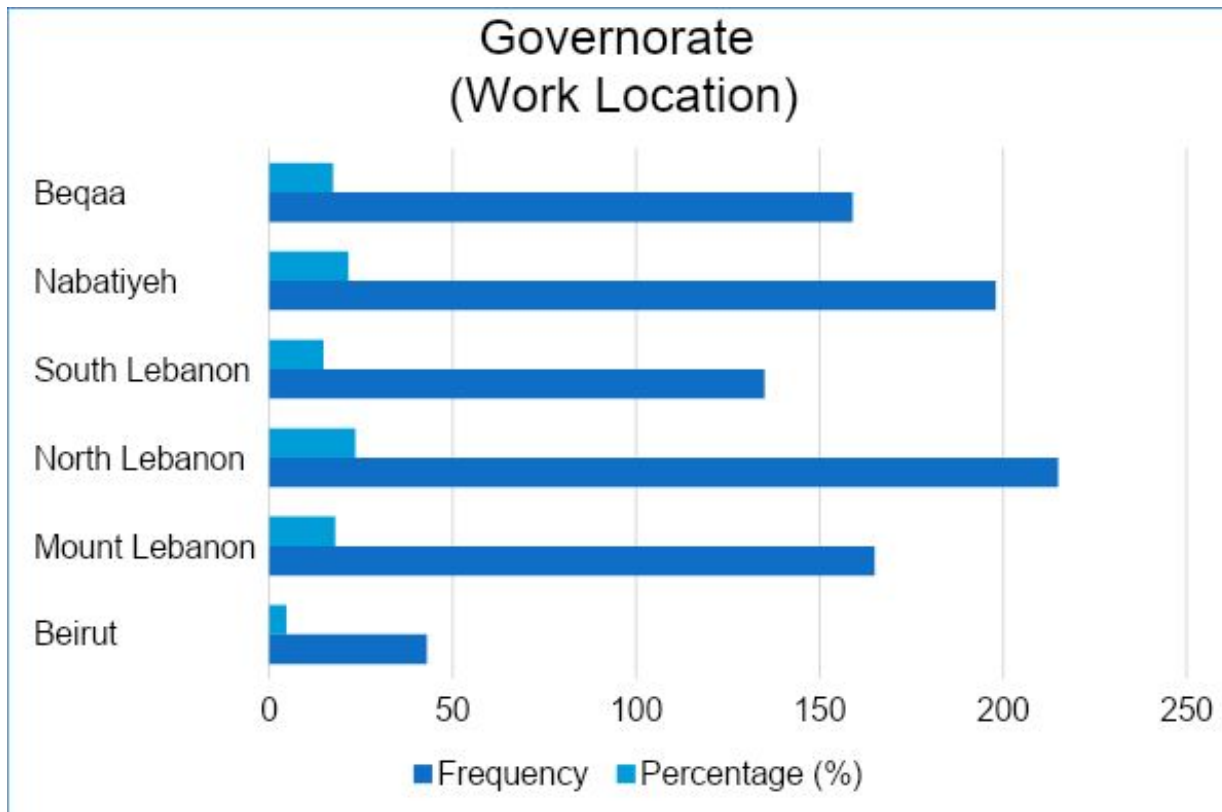
Figure 4. Gender distribution of Survey Participants

Gender — Frequency / Percentage (%)
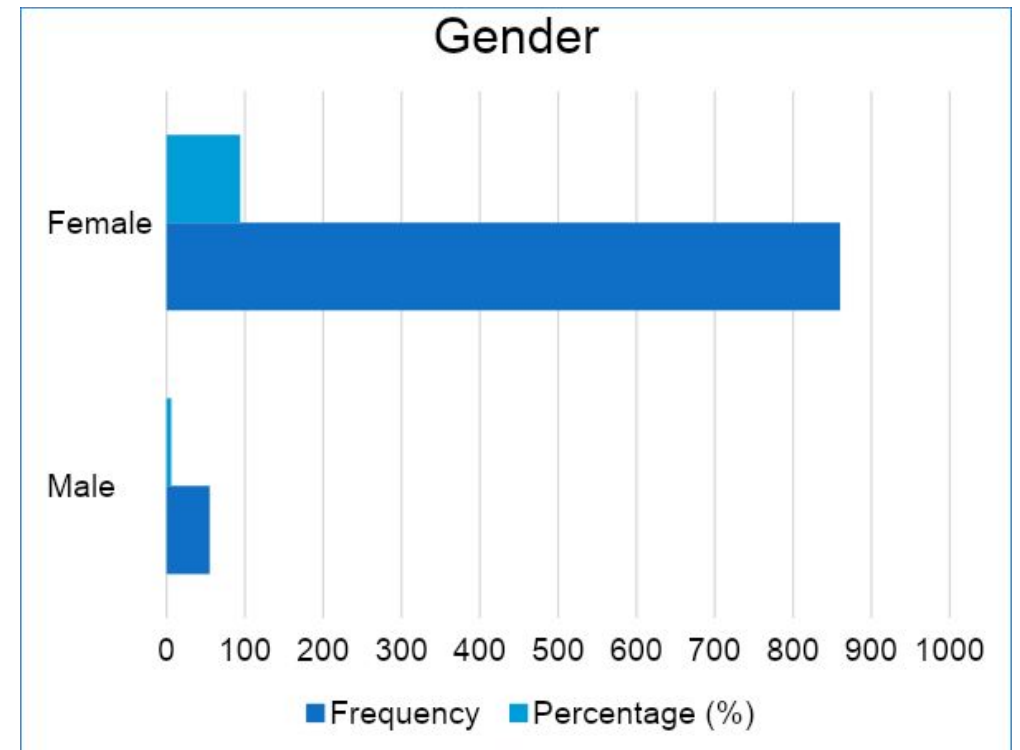
Demographics (Survey Participants)

Figure 5. Social Statuses of Survey Participants

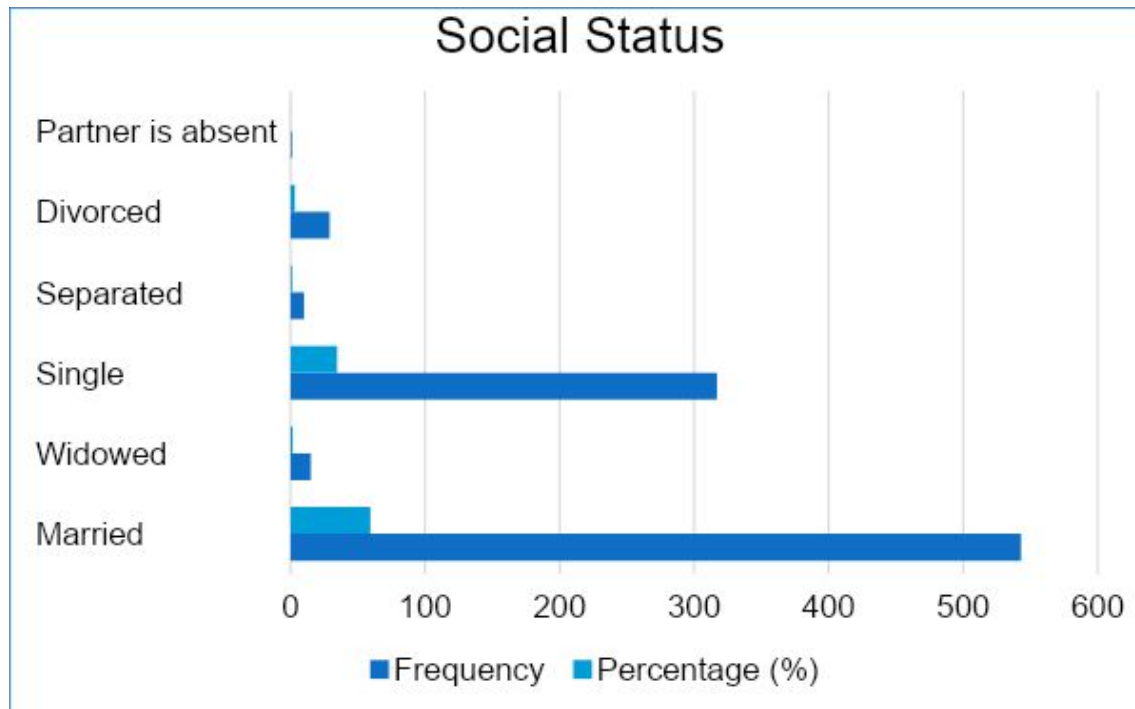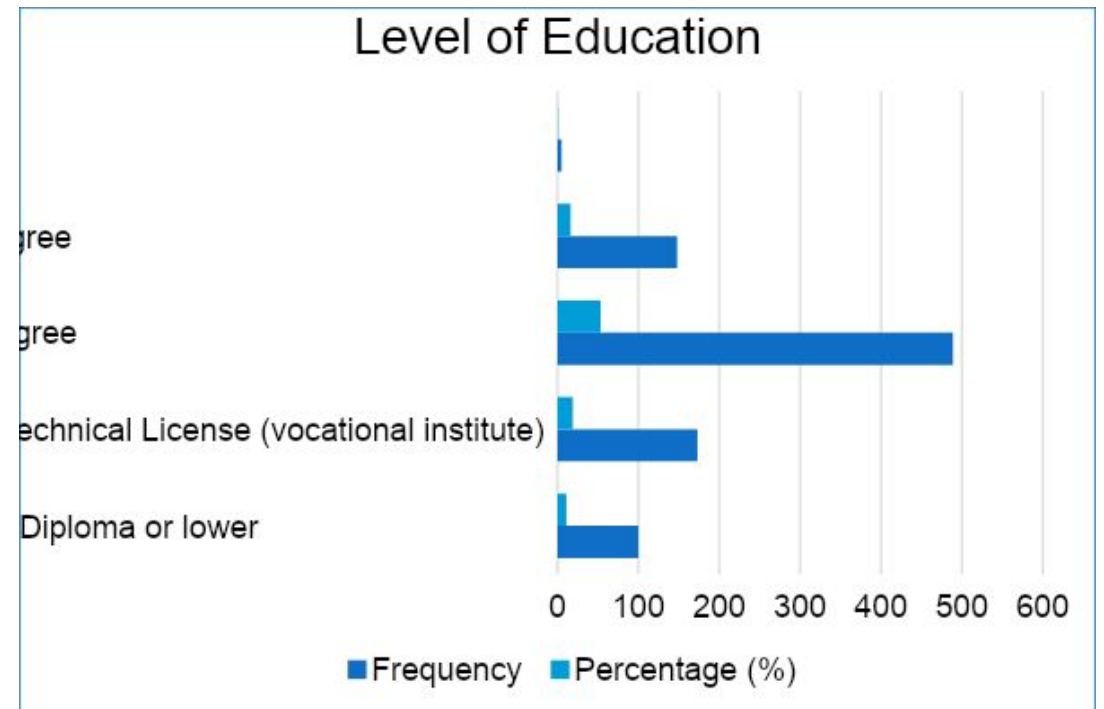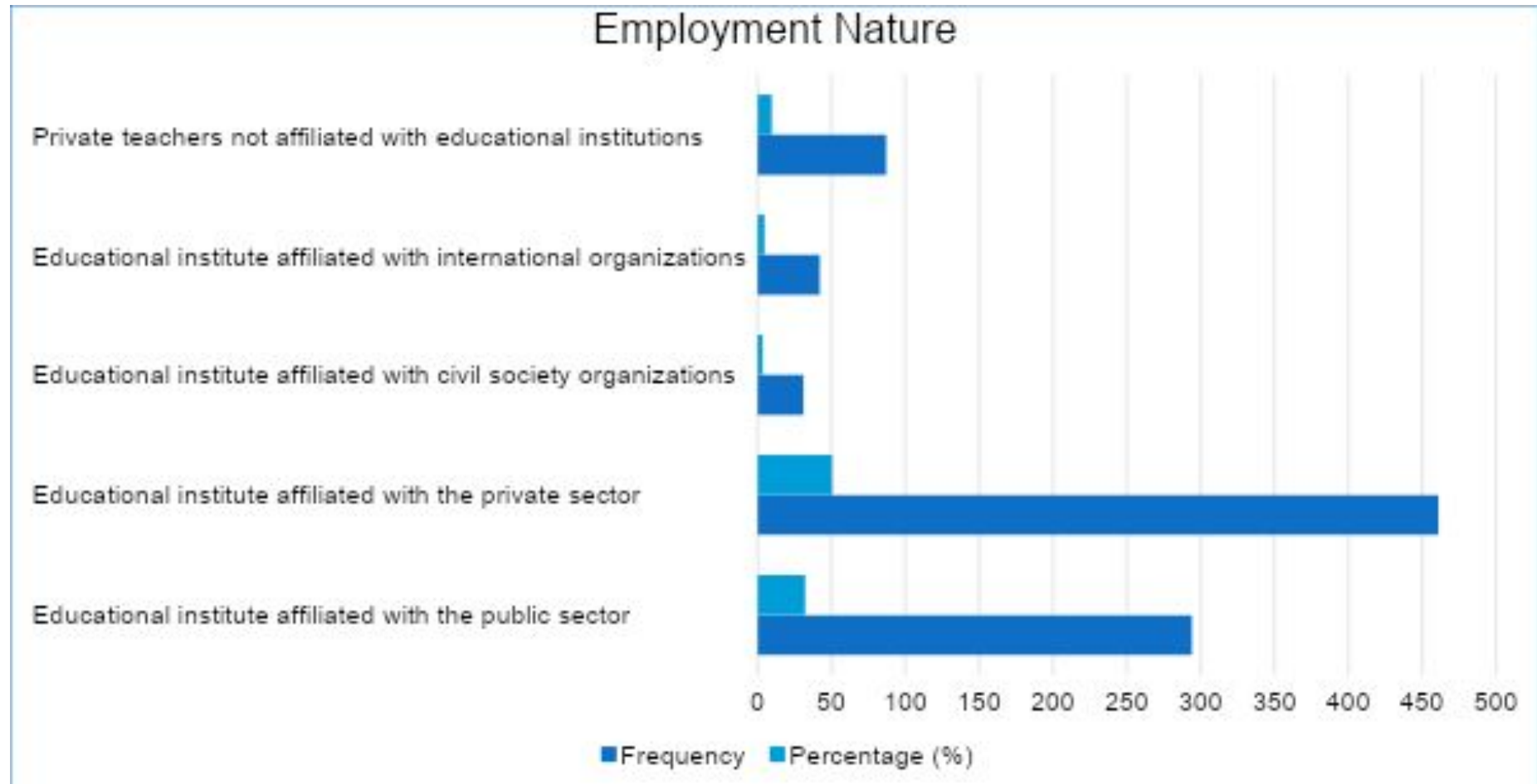**Figure 6. Education levels of Survey Participants**

Demographics (Survey Participants)

Figure 7.
Job nature of Survey Participants

Demographics (Survey Participants)

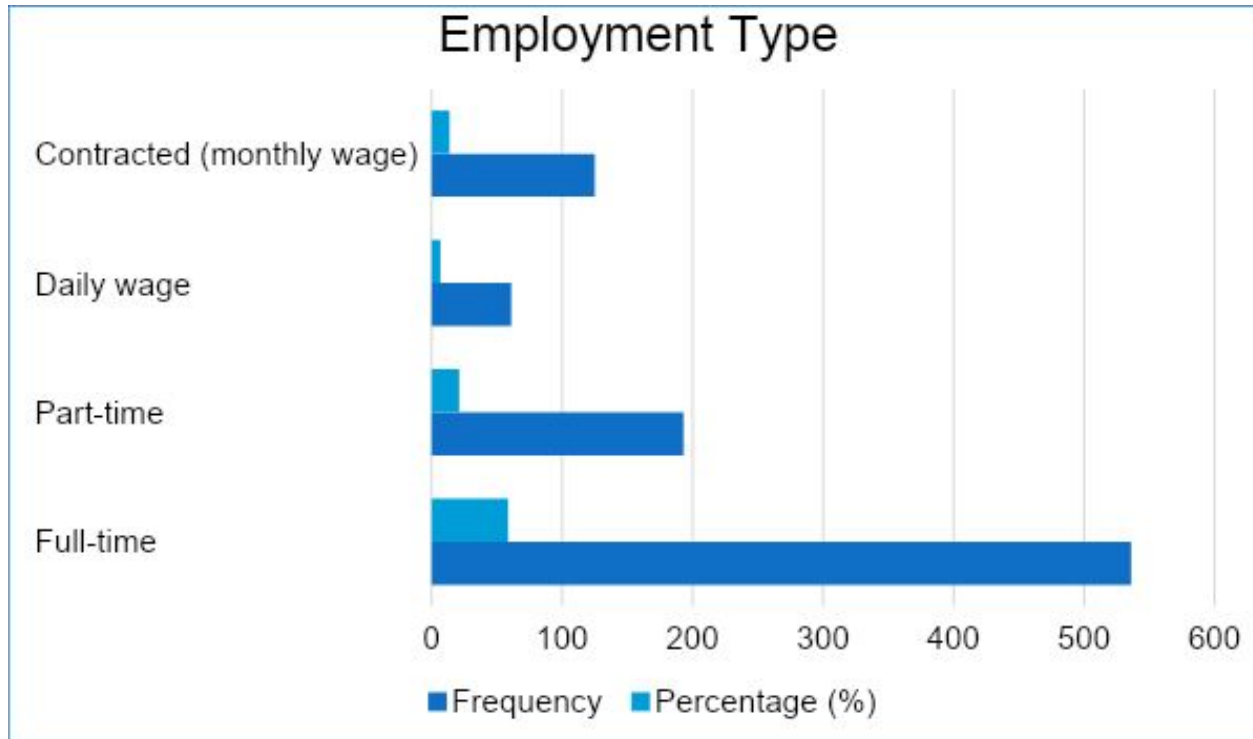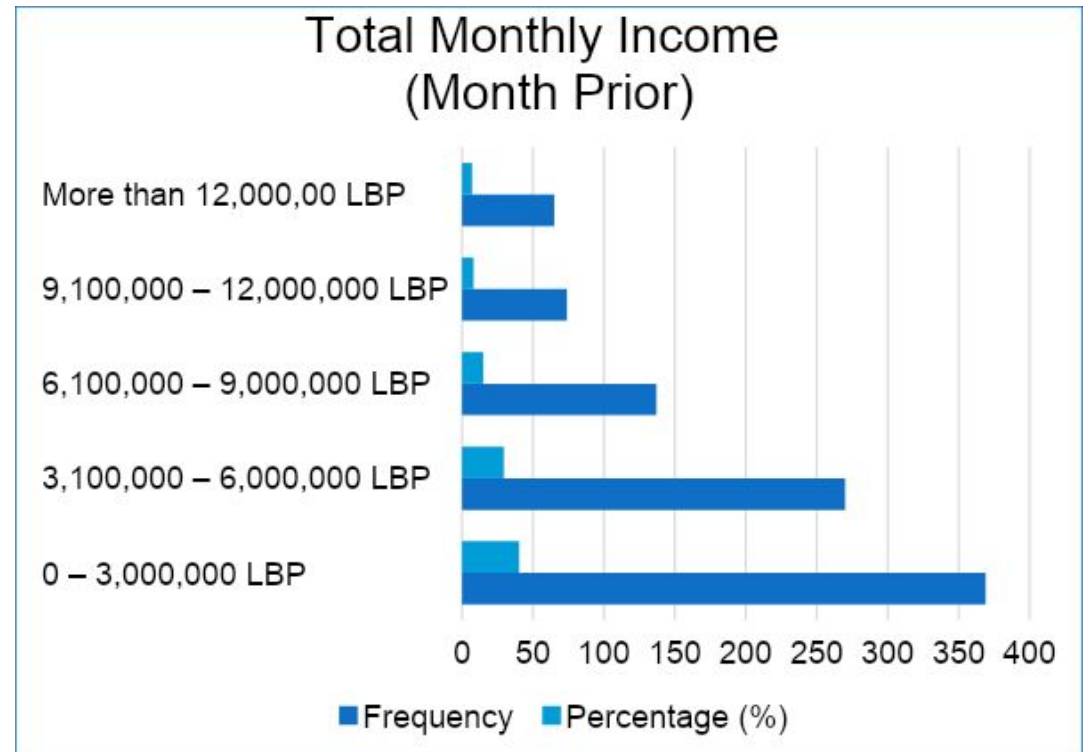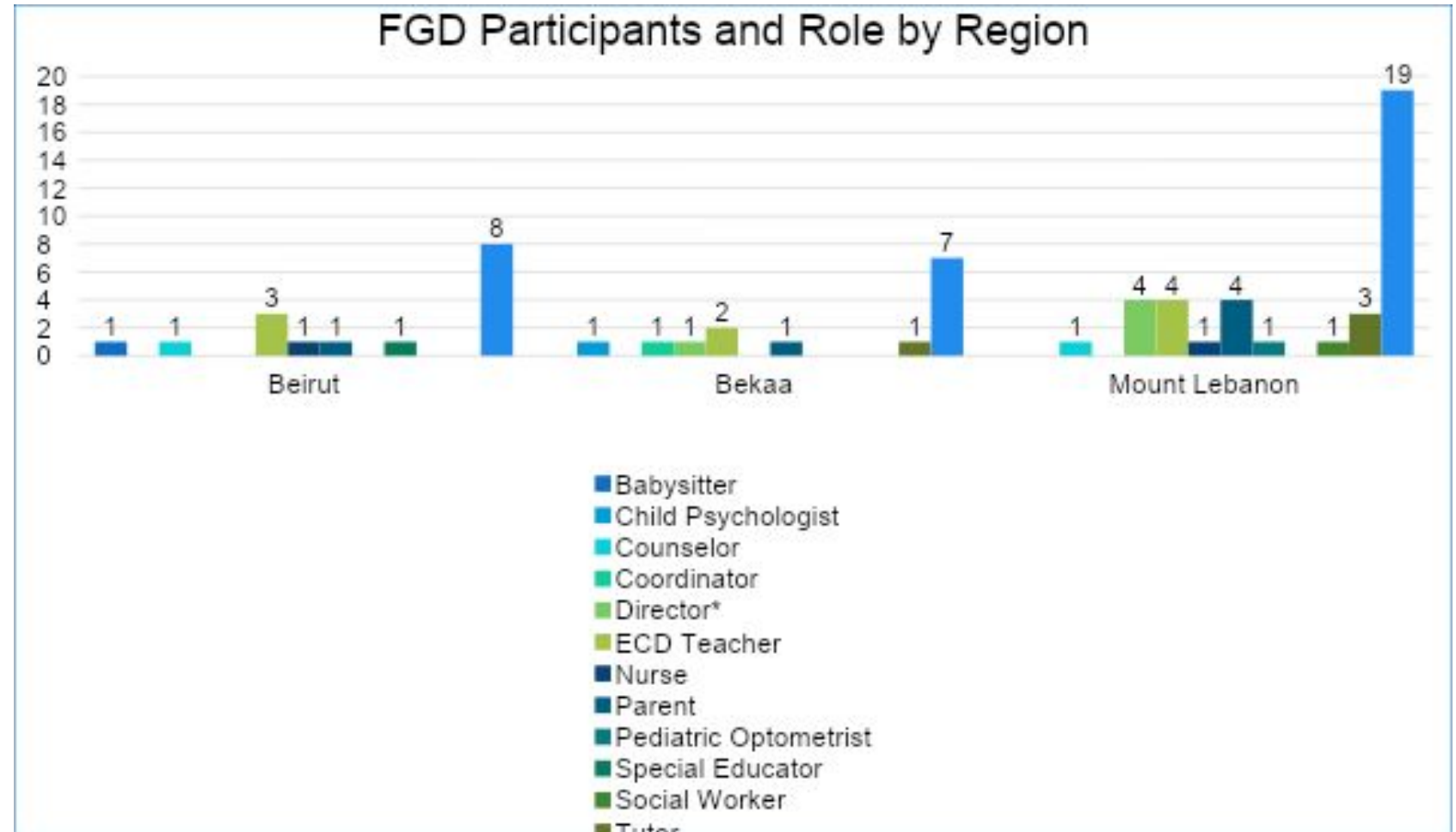**Figure 8. Employment shifts of Survey Participants**

Figure 9. Monthly incomes among Survey Participants

Demographics (FGD Participants)

**Figure 10.
Number of FGD participants
by role and region**

Quantitative Results

BDS-22 Beirut Distress Scale

مقياس الضيق

تم إنشاء هذا المقياس والتحقق من صحته بعد انفجار مرفأ بيروت

Highest Mean Score Statements included:

Depression (اكتئاب) Subscale:
أشعر باليأس (M = 1.32)

Demotivation (التثبيط) Subscale:
أفكاري مبعثرة(M = 1.22)

Psychosomatization (جسدي/نفسي) Subscale:
أواجه صعوبة في الاسترخاء (M=1.30)

Mood Deterioration (تدهور الحالة المزاجية) Subscale:
أغضب لأتفه الأسباب (M = 1.52)

Intellectual (فكري) Subscale:
لدي مشاكل في الذاكرة (M = 1.20)

Anxiety (قلق) Subscale:
أقلق بشأن الأمور الصغيرة (M = 1.37)

Table 1. Descriptive analysis of the Beirut Distress Scale (BDS-22)

	Mean	Std. Deviation	Minimum	Maximum
Depression				
I feel despaired.	1.32	1.00	0	3
I think life has no meaning.	0.81	1.01	0	3
I feel empty.	0.90	0.99	0	3
I feel on the edge.	0.72	0.97	0	3
I feel I don't recognize myself.	0.69	0.95	0	3
I isolate myself.	0.81	0.99	0	3
Demotivation				
I lost the desire to learn.	0.81	1.01	0	3
I lack enthusiasm.	1.21	1.03	0	3
I don't know what I want.	0.95	1.04	0	3
My ideas are puzzled.	1.22	1.04	0	3
Psychosomatization				
I have constipation or diarrhea.	0.59	0.93	0	3
I have stomach cramps.	0.91	1.04	0	3
I have stomach heartburn.	0.79	1.03	0	3
I find it hard to relax.	1.30	1.06	0	3
Mood deterioration				
I get angry for ridiculous reasons.	1.52	1.08	0	3
My mood changes for tiny matters.	1.50	1.08	0	3
I am in a bad mood.	1.23	1.06	0	3
Intellectual				
I have memory troubles.	1.20	1.07	0	3
I have difficulty concentrating	1.08	1.01	0	3
I don't know what values to adopt.	0.61	0.88	0	3
Anxiety				
I have panic attacks.	0.67	0.92	0	3
I worry about little things.	1.37	1.04	0	3

BDS-22 (continued)

Table 2. BDS-22 subscale scores

	Mean	Median	Std. Deviation	Minimum	Maximum	Theoretical Score
Depression	5.26	4.00	4.63	0.00	18.00	18.00
Demotivation	4.19	3.00	3.45	0.00	12.00	12.00
Psychosomatization	3.58	3.00	3.26	0.00	12.00	12.00
Mood deterioration	4.25	4.00	2.97	0.00	9.00	9.00
Intellectual	2.88	2.00	2.53	0.00	9.00	9.00
Anxiety	2.03	2.00	1.69	0.00	6.00	6.00
BDS (overall)	22.19	20.00	15.21	0.00	66.00	66.00

BDS (Overall Score):
- M = 22.19 (± 15.21)
- Average score indicates low precocious signs of serious dysfunctions

BDS-22 association with demographic data:

Distress was statistically associated with:

- **Participants' age (p = 0.001)**

- **Location (p= 0.001)**

- Education Level (p = 0.056; borderline)

Some association with:
- Workplace type (p = 0.081)

		N (%)	M (SD)	P. value
Age	18 - 22 years	105 (11.5%)	21.77 (15.13)	**0.001**
	23 - 30 years	276 (30.2%)	21.17 (14.56)	
	31 - 35 years	184 (20.1%)	25.90 (16.36)	
	36 - 45 years	243 (26.6%)	22.10 (15.10)	
	46 - 55 years	85 (9.3%)	20.44 (14.36)	
	56 years and above	22 (2.4%)	18.95 (14.42)	
Governorate (where do you work?)	Beirut *	43 (4.7%)	28.91 (18.24)	**0.001**
	Mount Lebanon	165 (18.0%)	21.17 (14.59)	
	North Lebanon *	215 (23.5%)	24.6 (16.57)	
	South Lebanon	135 (14.8%)	20.21 (13.97)	
	Nabatiyeh	198 (21.6%)	21.34 (13.38)	
	Beqaa *	159 (17.4%)	20.00 (15.38)	
Level of Education	High School Diploma or lower	100 (10.9%)	25.47 (17.97)	**0.056**
	Vocational/Technical License	173 (18.9%)	22.92 (15.85)	
	Bachelor Degree	489 (53.4%)	21.82 (14.33)	
	Master's Degree	148 (16.2%)	20.70 (14.83)	
	Doctorate	5 (0.5%)	11.60 (20.12)	
What is your current workplace?	Educational institute affiliated with the public sector	294 (32.1%)	21.22 (14.3)	0.081
	Educational institute affiliated with the private sector	461 (50.4%)	22.52 (15.41)	
	Educational institute affiliated with civil society organizations *	31 (3.4%)	27.26 (15.79)	
	Educational institute affiliated with international organizations	42 (4.6%)	18.45 (13.14)	
	Private teachers not affiliated with educational institutions	87 (9.5%)	23.75 (17.32)	

Table 3. BDS and Study Participant Demographics

BDS-22 (continued)

Distress was **not statistically associated** with:

- [ ] Participants' nationality (p= 0.460)

- [ ] Gender (p= 0.9008)

- [ ] Social status (p= 0.770)

- [ ] Work Shifts (p = 0.120)

- [ ] Monthly income (p = 0.381)

		N (%)	M (SD)	P. value
Nationality	Lebanese	865 (94.5%)	22.10 (15.21)	0.460
	Other	50 (5.5%)	23.74 (15.23)	
Gender	Male	55 (6.0%)	21.96 (16.51)	0.908
	Female	860 (94.0%)	22.21 (15.13)	
Social Status	Married	543 (59.3%)	22.07 (15.25)	0.770
	Not married (Single / Others)	372 (40.7%)	22.37 (15.17)	
What is the nature of your current employment?	Full-time	536 (58.6%)	21.39 (14.56)	0.120
	Part-time	193 (21.1%)	23.84 (16.24)	
	Daily wage	61 (6.7%)	24.93 (16.97)	
	Contracted (monthly wage)	125 (13.7%)	21.75 (15.22)	
What was your total income last month?	0 – 3,000,000 LBP	369 (40.3%)	23.28 (15.86)	0.381
	3,100,000 – 6,000,000 LBP	270 (29.5%)	21.00 (14.60)	
	6,100,000 – 9,000,000 LBP	137 (15.0%)	22.38 (14.47)	
	9,100,000 – 12,000,000 LBP	74 (8.1%)	20.80 (14.52)	
	More than 12,000,00 LBP	65 (7.1%)	22.17 (16.13)	

Table 3. BDS and Study Participant Demographics (Continued)

Distress and Emotional/Social Support

Options with highest responses (over 50%)
Friends and Family (99.7% and 62.5%, respectively)

Distress was <u>higher</u> in:

- **Participants <u>not</u> seeking family for social / emotional support (p < 0.001)**

- **Participants seeking Religious persons for social / emotional support (p = 0.042)**

- **Participants seeking a psychotherapist (p = 0.052) and a psychologist (p = 0.002) for social/emotional support**

Figure 11. Social/Emotional Support Responses

Who do you seek for social/emotional support?

Category	%
Friends	99.7%
Family	62.5%
Partner	20.7%
No one	13.2%
Colleagues	9.9%
Psychotherapist	4.5%
Religious persons	3.3%
Psychologist	1.5%
Others	1.4%
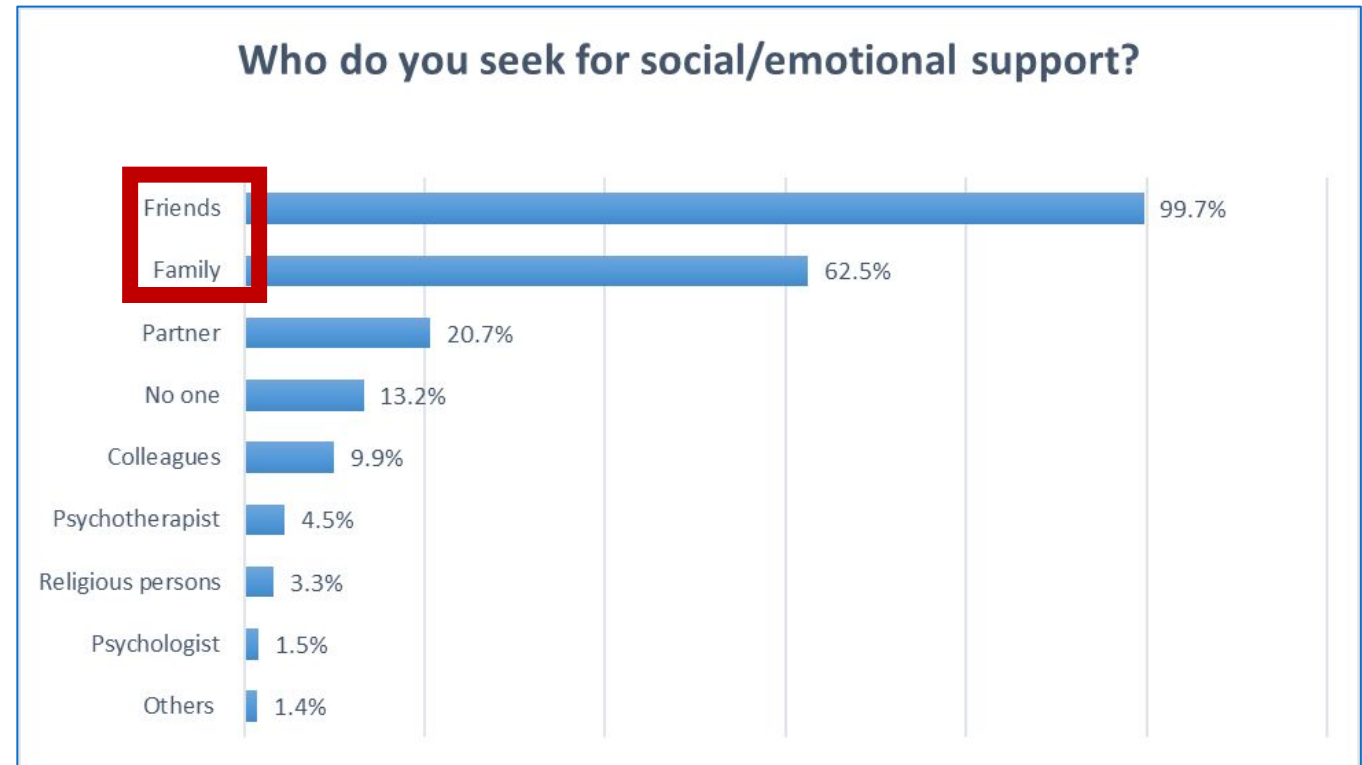
MQLI

مؤشر جودة الحياة

Mean Scores (highest/better to lowest/worse)

- Spiritual Fulfillment: (M = 7.39)
- Occupational Functioning: (M = 7.17)
- Interpersonal Functioning: (M = 7.00)
- Self-Care and Independent Functioning: (M = 6.86)
- Social-Emotional Support: (M = 6.79)
- **Personal Fulfillment** تحقيق الذات: **(M= 6.47)**
- **Psychological/Emotional Wellbeing** حُسن الحال النفسيّ/العاطفيّ: **(M= 5.95)**
- **Physical Wellbeing : (M= 5.83)**
- **Community and Services Support** الدعم المجتمعيّ والخدماتيّ : **(M= 5.66)**

Global Perception of Quality of Life (M= 6.58)

Average-to-positive perception

Table 4. Descriptive analysis of the Multicultural Quality of Life Index

	Mean	Std. Deviation	Minimum	Maximum
Physical Well-being (feeling energetic, free of pain and physical problems)	5.83	2.37	1	10
Psychological/Emotional Well-being (feeling good, comfortable with yourself)	5.95	2.49	1	10
Self-Care and Independent Functioning (carrying out daily living tasks; making own decisions)	6.86	2.45	1	10
Occupational Functioning (able to carry out work, school, and homemaking duties)	7.17	2.29	1	10
Interpersonal Functioning (able to respond and relate well to family, friends, and groups)	7.00	2.25	1	10
Social-Emotional Support (availability of people you can trust and who can offer help and emotional support)	6.79	2.59	1	10
Community and Services Support (pleasant and safe neighborhood, access to financial, informational and other resources)	5.66	2.54	1	10
Personal Fulfillment (experiencing a sense of balance, dignity, and solidarity; enjoying sexuality, the arts, etc.)	6.47	2.51	1	10
Spiritual Fulfillment (experiencing faith, religiousness, and transcendence beyond ordinary material life)	7.39	2.17	1	10
Global Perception of Quality of Life (feeling satisfied and happy with your life in general)	6.58	2.38	1	10

MQLI (Continued)

Table 5. Representation of the Multicultural Quality of Life Index

Multicultural Quality of Life (MQLI)		
N		915
Mean		6.57
Median		6.70
Std. Deviation		1.85
Minimum		1.00
Maximum		10.00
Percentiles	25	5.30
	50	6.70
	75	7.90

Mean score of MQLI index: 6.57
 - Indicates participants' average to good quality of life
 - Median score: 6.7

Half of participants had a total average below 6.7 (lower to moderate quality of life).

Other half of participants scored higher than 6.7 (higher to moderate quality of life).

Mental Health Services

Reasons for Not Seeking Mental Health Services
- 50.8% participants don't seek services due to beliefs that they can handle mental health issues on their own or seeing no need to see a psychologist

Financial and Logistic Factors
- 16.1% lack finances to visit a mental health professional
- 11.3% face scarcity of mental health professionals in their areas
- 12.1% can't allocate time to visit a mental health professional

Trust and Privacy Concerns
14% express lack of trust in sharing private life with a mental health professional

Negative Past Experiences
2.4% were hesitant to revisit a mental health professional due to previous negative experiences

Table 8. Reasons for not seeking mental health services

	Frequency	Percent
There are no psychologists or psychotherapists in the area where I live.	103	11.3
I don't trust talking about my private life to a psychologist.	128	14.0
I cannot pay for psychological support services.	147	16.1
I don't have time to follow up with a psychologist.	111	12.1
I'm afraid that those around me will consider me insane.	22	2.4
I am afraid that others will think that I am a weak person.	20	2.2
I do not believe in the effectiveness of psychological therapy or counseling.	23	2.5
I had a negative experience with a psychologist.	22	2.4
I don't know where to find a psychologist.	29	3.2
I don't need a psychologist; I can solve my problems by myself.	465	50.8

Self-Assessment Scale of Job Performance (SJoP)

Survey respondents displayed **positive responses** to statements about job performance

-M (range for responses): 3.65 - 4.12

Mean Scores (highest to lowest)
- Working hard to finish designated tasks (M = 4.12)
- Seeking opportunities to improve results (M = 3.99)
- Executing tasks with foresight (M = 3.98)
- Fulfilling job expectations set by the organization (M = 3.98)
- Seeking solutions (M = 3.91)
- Planning tasks / Taking initiatives to improve (M = 3.84)
- Performing hard tasks properly (M = 3.70)
- Updating technical knowledge according to job (M = 3.65)

Table 9. Descriptive Analysis for the SJoP Scale

	Mean	Std. Deviation	Minimum	Maximum
I perform hard tasks properly.	3.70	1.04	1	5
I try to update my technical knowledge to do my job.	3.65	1.09	1	5
I do my job according to what the organization expects from me.	3.98	0.99	1	5
I plan the execution of my job by defining actions, deadlines, and priorities.	3.84	1.04	1	5
I plan actions according to my tasks and organizational routines.	3.82	1.02	1	5
I take initiatives to improve my results at work.	3.84	1.03	1	5
I seek new solutions for problems that may come up in my job.	3.91	1.01	1	5
I work hard to do the tasks designated to me.	4.12	0.96	1	5
I execute my tasks foreseeing their results.	3.98	0.98	1	5
I seize opportunities that can improve my results at work.	3.99	1.04	1	5

Self-Assessment Scale of Job Performance (SJoP)

There was a statistically significant correlation between BDS and Occupational Performance:

		Occupational Performance (WP)
Beirut Distress Scale (BDS)	Pearson Correlation	-0.263**
	P.value	**<0.001**
	N	915

The results showed that the Occupational Performance increase with the decreasing of BDS in the study population.

Qualitative Results

Focus Group Themes

Mental Health Literacy

Stressors (mainly economic/financial)

Coping Mechanisms (spirituality, religiosity, family/friend support)
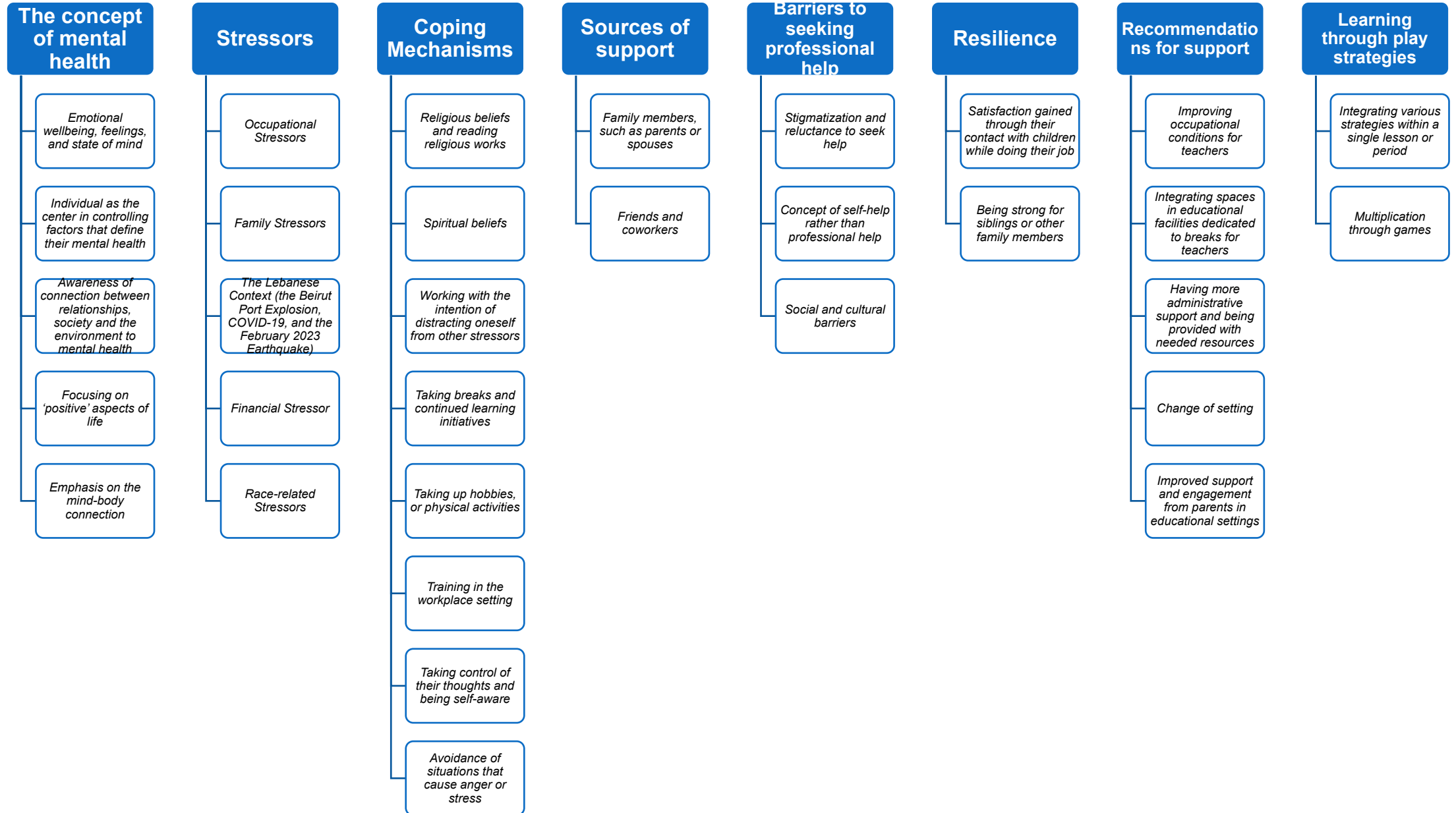
Barriers to seeking professional help

Resilience and sources of support

Recommendations for support

Use of Learning through play techniques

Table 10. Thematic Analysis of FGD responses

The concept of mental health	Stressors	Coping Mechanisms	Sources of support	Barriers to seeking professional help	Resilience	Recommendations for support	Learning through play strategies
Emotional wellbeing, feelings, and state of mind	Occupational Stressors	Religious beliefs and reading religious works	Family members, such as parents or spouses	Stigmatization and reluctance to seek help	Satisfaction gained through their contact with children while doing their job	Improving occupational conditions for teachers	Integrating various strategies within a single lesson or period
Individual as the center in controlling factors that define their mental health	Family Stressors	Spiritual beliefs	Friends and coworkers	Concept of self-help rather than professional help	Being strong for siblings or other family members	Integrating spaces in educational facilities dedicated to breaks for teachers	Multiplication through games
Awareness of connection between relationships, society and the environment to mental health	The Lebanese Context (the Beirut Port Explosion, COVID-19, and the February 2023 Earthquake)	Working with the intention of distracting oneself from other stressors		Social and cultural barriers		Having more administrative support and being provided with needed resources	
Focusing on 'positive' aspects of life	Financial Stressor	Taking breaks and continued learning initiatives				Change of setting	
Emphasis on the mind-body connection	Race-related Stressors	Taking up hobbies, or physical activities				Improved support and engagement from parents in educational settings	
		Training in the workplace setting					
		Taking control of their thoughts and being self-aware					
		Avoidance of situations that cause anger or stress					

Learning through play

Notable Insights

-Widely used among participants
-Play-based learning fosters critical thinking, creativity, communication and social skills
-Strategies mentioned within the FGDs were simple, integrated positive reinforcement, and seem to be done with limited resources

"There are always games, even in the playground... they [students] discover, start assembling things, and then each person talks about their work...we create the lesson based on their findings."
-FGD Participant 7

"I am delivering information to the child in an enjoyable way, and of course, all of this is accompanied by encouragement, stickers, and positive feedback like 'bravo,' 'good job,'..."
-FGD Participant 14

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Discussion

Concepts of Mental Health and variables impacting psychological distress

-Participants emphasized that mental health involves emotional well-being and peace with oneself

-Feedback regarding participants' mental health literacy was general

-It is essential that healthcare workers, social workers, and early childhood educators are aware of this to recognize their own mental health patterns, behaviors, and know when to seek help (Corr et al., 2014).

-In the United Arab Emirates, a study that measured the mental health awareness of pediatric nurses showed that their knowledge surrounding mental health conditions and interventions was limited (Al Yateem et al., 2017).

Discussion

Concepts of Mental Health and variables impacting psychological distress

-Participants of all ages reported experiencing distress, demonstrating the widespread problem among all Lebanese age groups. This is consistent with a study that emphasized how psychological distress can impact people of all ages in low and mid-income countries (Smith et al., 2022).

-In another study in Lebanon, 83% of respondents from all age groups reported feelings of distress, such as less excitement, 78% reported being anxious, worried, and more than half of the respondents expressed feeling very distressed (Farran, 2021).

-The BDS-22 scores also showed that participants working in Beirut and North Lebanon, which are heavily populated urban areas, reported higher psychological distress levels. Gong et al. (2016) highlighted factors in urban settings, such as the lack of green spaces, increased poverty and crime rates, in addition to less walkable areas, as being potential reasons for higher distress rates in cities.

Discussion

Concepts of Mental Health and variables impacting psychological distress

-The BDS-22 score also presented that those with higher educational levels were less inclined to report symptoms of psychological distress. A cross-sectional study in Lebanon which studied factors associated to depression among the general population was found to be lower education level (Obeid et al., 2020).

-Higher education levels have the potential to **protect against psychological distress**.

-High distress level among **educational institutes affiliated with civil society organizations** translate to challenges faced in such workplaces, bringing to light the need for further exploration in the Lebanese context.

-In one of the few studies conducted on civil society workers in Syria, wellbeing was measured based on their self-esteem, decision making abilities, personal growth and optimism (Abi Khalil, 2022). It was found that an estimated 45% felt they were not appreciated. In addition, around 25% of staff expressed their doubt in continuing in their careers, and around 50% expressed they have limited opportunities in their current positions.

Discussion

Stressors

Participants described the **tremendous burden of economic instability**, and the quantitative data that shed light on economic challenges gave us a deeper depth. Participants also expressed how they were being faced with unfair salaries during the focus group discussions.

Swigonski et al. (2021) found that after the COVID-19 outbreak, early childhood educators reported financial difficulties, specifically in paying for food, rent, basic supplies, and utilities worldwide.

A recent report released by the United States Agency for International Development (USAID) estimated that wages of early childhood educators lost value from the equivalent of 13 US dollars, to the equivalent of 1 US dollar per hour in Lebanon (USAID, 2022).

Discussion

Stressors

A stressor that stood out was related to nationality, as expressed by one focus group participant, who claimed that her being of non-Lebanese descent left her with many challenges in the workplace.

Foreign workers in Lebanon sometimes have lower wages compared to Lebanese workers and face little or no legal protection under Lebanese Labor Laws.

For those that do work in these sectors, they are normally employed illegally and through informal arrangements.

Discussion

Resilience, Coping Mechanisms and Sources of Social and Emotional Support

Quantitative insights and qualitative narratives both shed light on the resilience-building **effects of religion, ties to one's family, and personal interests or hobbies.**

Findings resonate with other studies that found that religiosity and spirituality were positively correlated with better mental health, and low burnout rates among teachers in Italy (Chirico et al., 2020).

Being more religious or spiritual serves as a protective factor against mental health problems and distress.

Physical activities and time outdoors seen as coping mechanisms as well.

Discussion

Quality of Life and Job Performance

Despite most participants reporting moderate life satisfaction, there is still space for improvement. During the FGDs, frontliners expressed they are faced with stressors, but are still able to function in home and work settings

Our findings were different than those in a study that assessed the job satisfaction among Lebanese teachers, which found that extrinsic variables (such as salary, environment and occupational conditions) were less fulfilled, leading to lower employee motivation and overall job satisfaction (Baroudi et al., 2020).

In our study, intrinsic factors, such as positive student interactions, relationships, the nature of work, influence job performance and act as drivers for educators to keep going.

Discussion

Access to Mental Health Services and Barriers

-Over half of survey respondents believe they can solve mental health issues without professional help, suggesting a common perception of not needing professional assistance.

-Financial limitations are a significant barrier to seeking help, with therapy sessions costing between 30 to 100 US Dollars, equivalent to a monthly salary for many (The Lebanese Center for Human Rights, 2022).

-There is a lack of trust in mental health professionals, indicating potential misconceptions about the benefits of mental health treatment (Dardas & Simmons, 2015).

Discussion

Learning Through Play

-Front liners highlighted benefits, including language skills, imagination, social skills, and cognitive outcomes. The literature also sheds light on improving mental health through learning through play techniques.

-However, the lack of supportive leadership in public and private schools in Lebanon has led educators to take personal initiatives to integrate these techniques.

-In a recent UNICEF report supported by the LEGO Foundation, a lack of professional development in learning through play strategies among teachers of younger children was found to be a major obstacle in integrating these strategies in classrooms (UNICEF, 2018).

Recommendations

- Collaborate with community leaders, ministries, and policymakers to promote mental health across all sectors, integrating tailored initiatives, focusing on ECD front liners and administrators to create supportive work environments.

- Partner with community leaders, healthcare centers, and local NGOs to offer low-cost or free counseling services to ECD front liners.

- Launch awareness campaigns, starting in urban areas, to improve mental health literacy and reduce stigma surrounding seeking mental help, especially important due to varying responses among participants regarding attending sessions or support groups.

- Provide resources to ECD front liners, including free courses addressing stress coping strategies, mindfulness, growth mindset interventions, and professional upskilling.

Further Research

- **Long-term research studies** to track the mental health of professional over a longer period

- **Exploring mental health of vulnerable front liners and non-Lebanese workers** that focus on their experiences in Lebanon, understanding how the legal framework and labor laws specifically impact their mental health

- **Exploring mental health of** civil society workers working in educational settings in all Lebanese region

- **Ensuring better representation of males** in all future studies

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BRIEF COPE

Coping Mechanisms with highest mean scores:
-Praying or meditating (M= 3.03)
-Finding comfort in religious or spiritual beliefs (M= 2.97)
-Getting comfort or understanding from someone (M = 2.33)
-Getting help or advice from individuals (M= 2.27)
-Emotional support from others (M = 2.23)

Coping Mechanisms with lowest mean scores:
-Using addictive substances (drugs, alcohol) or addictive behaviors (M = 1.24 and M = 1.14)

Table 6. Descriptive analysis of the BRIEF COPE Scale

	Mean	Std. Deviation	Minimum	Maximum
I've been getting help and advice from other people.	2.27	0.838	1	4
I've been using addictive behaviors or substances to make myself feel better.	1.24	0.613	1	4
I've been getting emotional support from others.	2.23	0.875	1	4
I've been trying to find comfort in my religion or spiritual beliefs.	2.97	0.988	1	4
I've been trying to get advice or help from other people about what to do.	2.17	0.857	1	4
I've been using alcohol or other drugs to help me get through it.	1.14	0.514	1	4
I've been getting comfort and understanding from someone.	2.33	0.932	1	4
I've been praying or meditating.	3.03	0.999	1	4

BRIEF COPE (Continued)

Avoidant Coping
- M = 2.38 (low score)
- SD = 0.94, indicating little variation

Instrumental Support
- M = 4.44 (moderate score)
- SD = 1.49, indicating some variability

Emotional Support
- M = 4.57 (moderate score)
- SD = 1.57, indicating some variability

Approach Coping (instrumental + emotional)
- M = 9.01 (highest score)
- SD = 2.71, indicating variability

Religion as Coping Strategy
-M = 6.01 (moderate to high score)
-SD = 1.77, indicating some variability

Table 7. Representation of the BRIEF COPE Scale

		Avoidant Coping (Substance Use Score)	Use of Instrumental Support Score	Use of Emotional Support Score	Approach Coping	Religion Score
N		915	915	915	915	915
Mean		2.38	4.44	4.57	9.01	6.00
Median		2.00	4.00	4.00	9.00	6.00
Std. Deviation		0.94	1.49	1.57	2.71	1.77
Minimum		2.00	2.00	2.00	4.00	2.00
Maximum		8.00	8.00	8.00	16.00	8.00
Percentiles	25	2.00	4.00	4.00	7.00	5.00
	50	2.00	4.00	4.00	9.00	6.00
	75	2.00	5.00	6.00	11.00	8.00
Maximum Theoretical Score		20	20	20	40	20

Use of Learning through Play Techniques

94% of survey participants **use learning through play techniques** in their settings (survey was for educational settings)

6% of participants do not use learning through play techniques when interacting with children

Figure 12. Use of Learning through play Responses

While interacting with children, do you use play techniques as a means of learning?

6.0%

94.0%

■ No
■ Yes
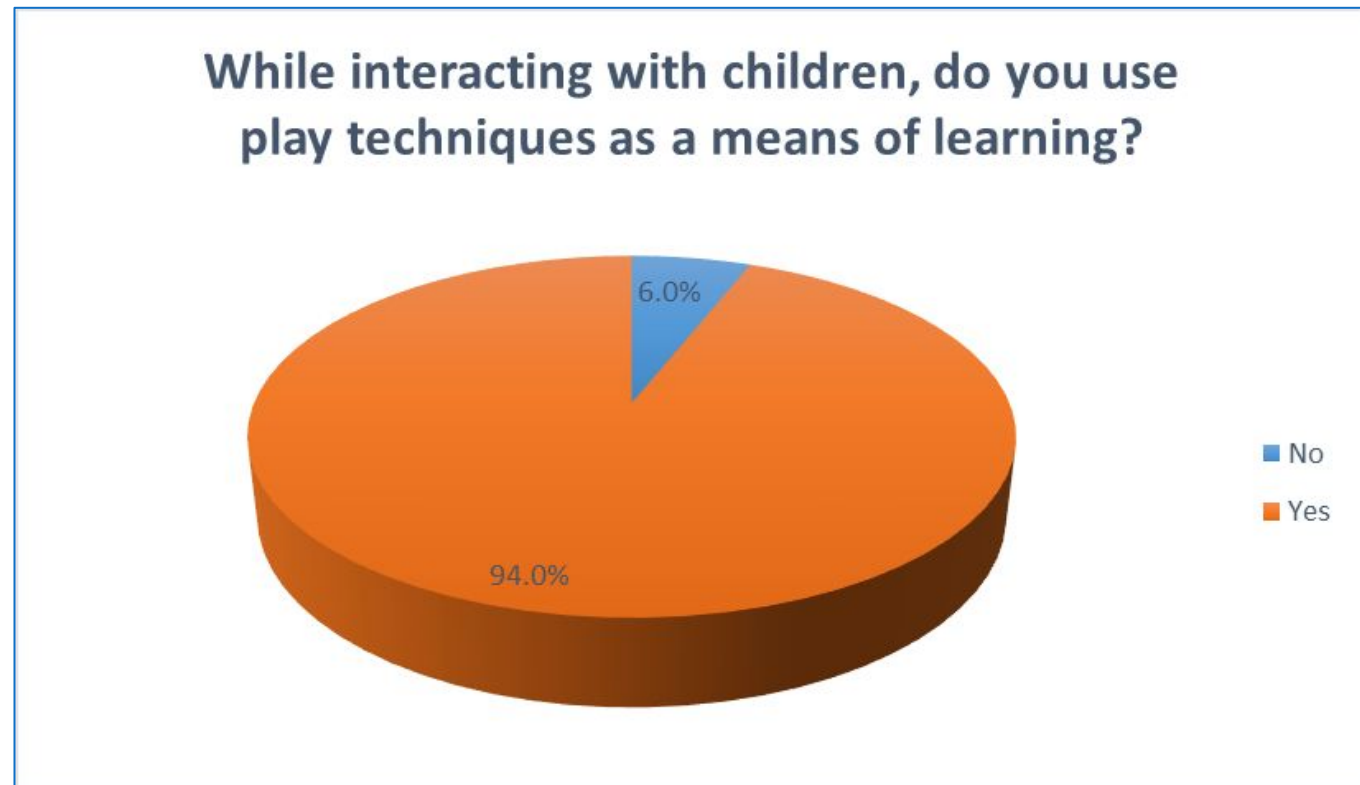
Interest to take part in support groups or informative sessions

Survey respondents' willingness for mental health education on online support groups: 57.7%

Non-participation willingness: 42.3%

Figure 13. Interest to take part in sessions or support groups