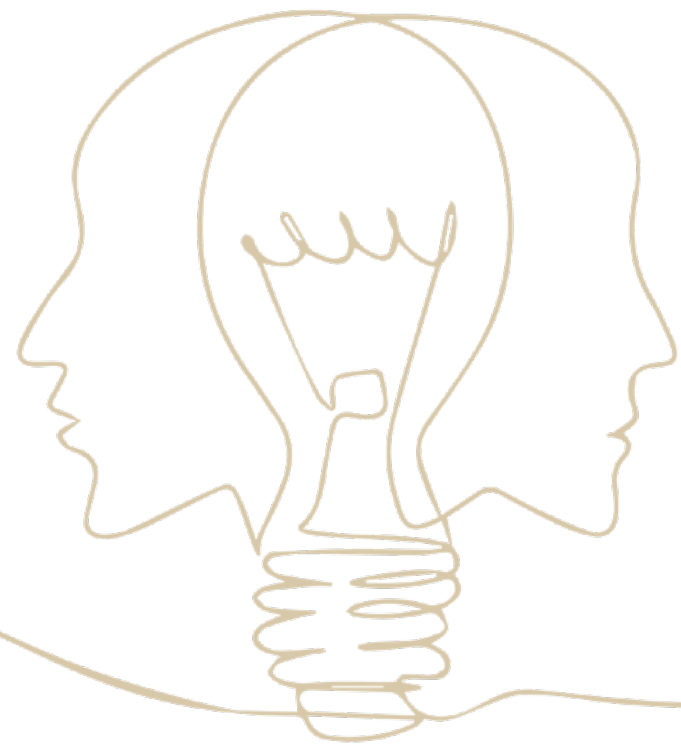


 eyra

Collaborative Service System for the Treatment of  
Patients With Eating Disorders



# RESEARCH FRAMEWORK



**1** Psychology  
in Lebanon



**2** Nutrition in  
Lebanon



**3** Eating  
Disorders



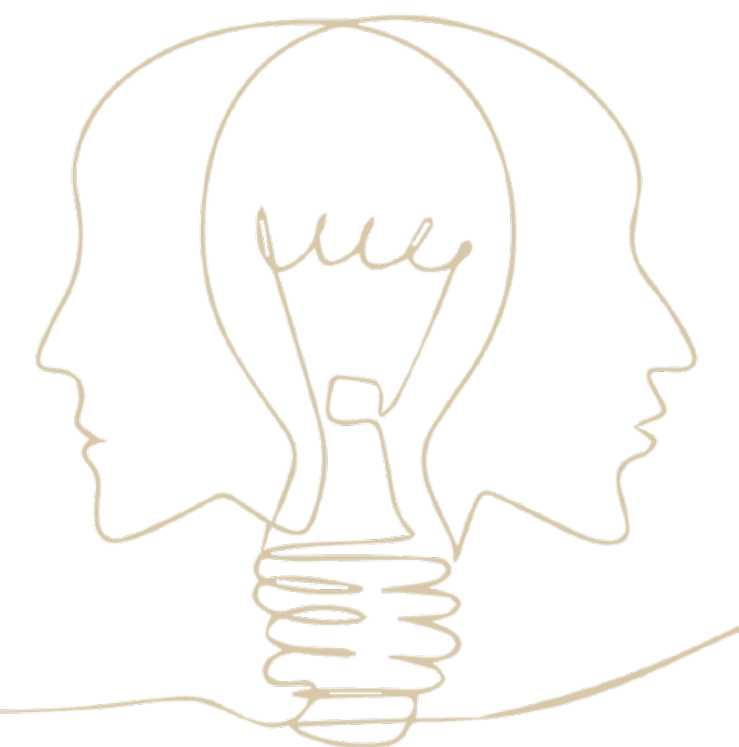
**4** Connections



# PSYCHOLOGY IN LEBANON

MENTAL HEALTH  
IN LEBANON

- ▶ Lebanese populace has long been subjected to **conflict-related traumas** and **domestic instability**
- ▶ **Over a quarter** of adults suffered from one or more **psychiatric disorders**
- ▶ **Post-traumatic stress** disorder having a particular **high prevalence** (approximately 25%)
- ▶ **Phobias, depression, and anxiety** were the **most common problems** among the Lebanese people, and were commonly **linked to war-related stress**

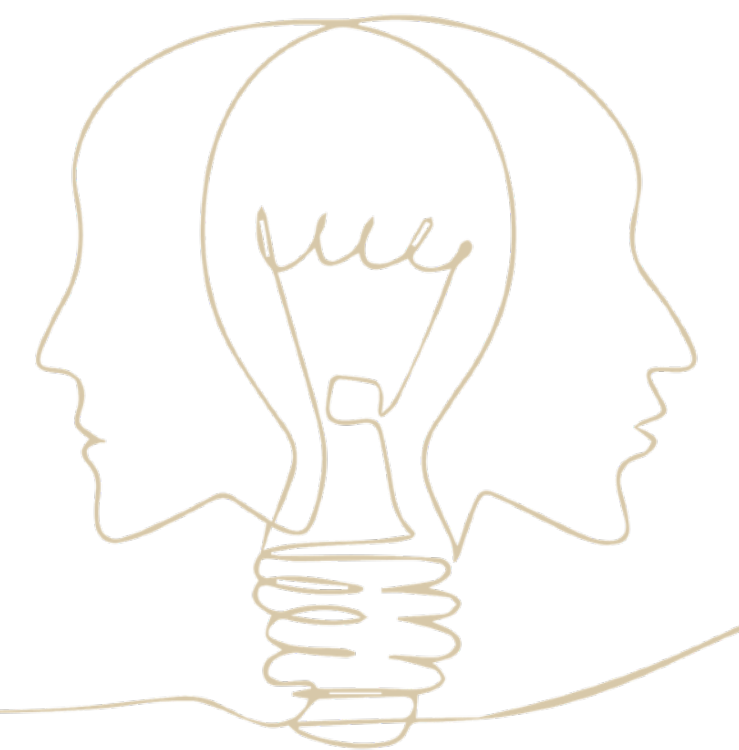




## PSYCHOLOGICAL AWARENESS

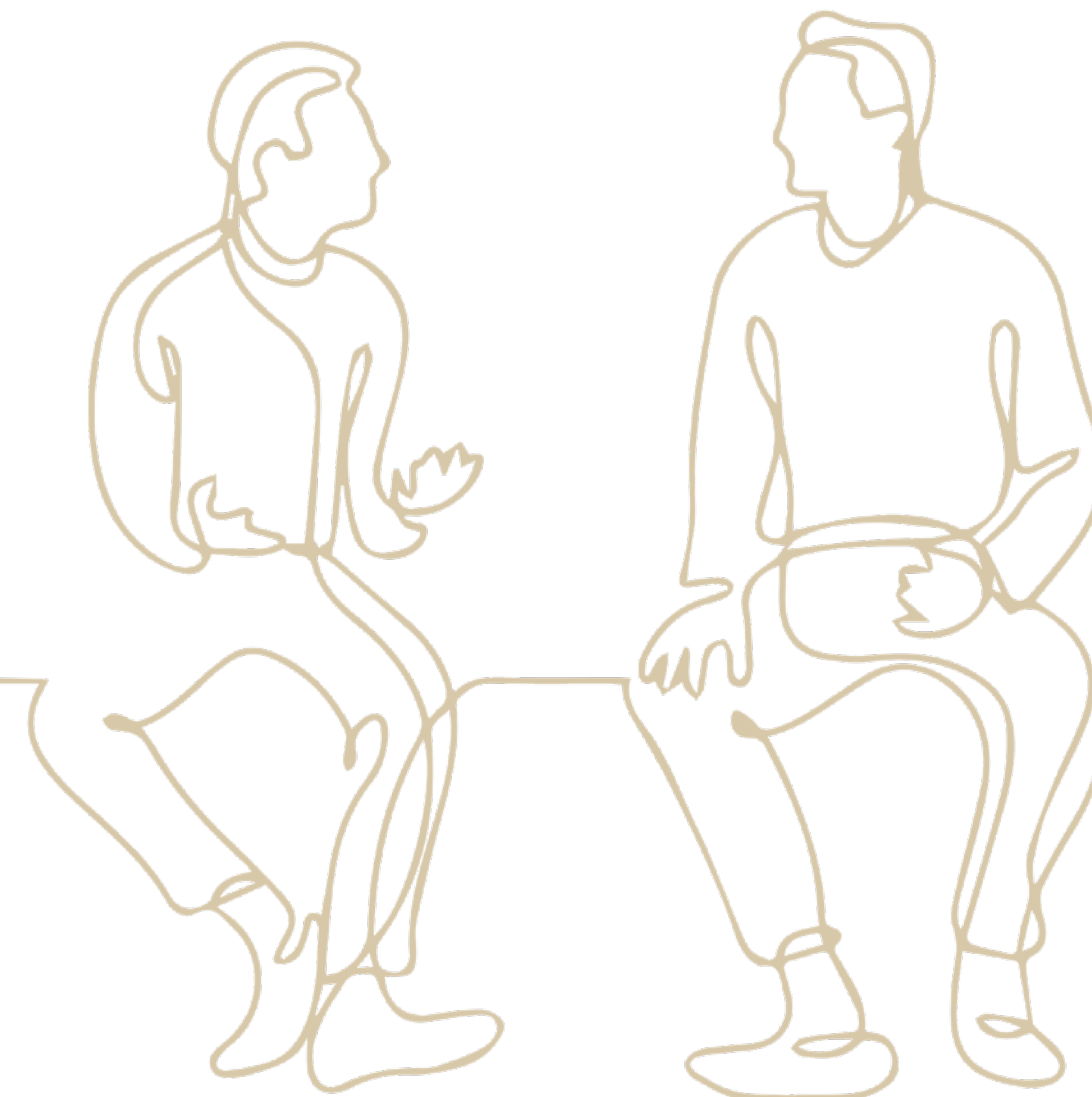
- ▶ In Lebanon, the psychological awareness is **being speeded just recently** (after Beirut's big explosion)
- ▶ The **blast have caused PTSD** (Post Traumatic Stress Disorder) to a wide range of the population
- ▶ **Mental illnesses are widespread in Lebanon**, with prevalence compared to that in Western Europe\*
- ▶ **Stigma against mental illness and psychological disorders** in Lebanon involves a lot of **stereotyping and labelling**, resulting in **rejecting people diagnosed** with any mental illness
- ▶ The stigma attached to mental illness may lead to **social marginalisation** of those who suffer from it, as well as a **reduction in patients' willingness to seek mental health treatment**

\* Azar SA, Hanna K, Sabbagh R, et al., 2016, Karam EG, Mneimneh ZN, Karam AN, et al., 2006





# NUTRITION IN LEBANON



**MEANS** “How’s the health?”, and it is the most popular Arabic welcome phrase that inquires about a person's health

**MEANS** “May God bring you health”, and is used as a welcome, as well as when someone is doing physical labor or has had a long day

### DIETICIANS IN LEBANON

- ▶ The Lebanese have a **generally healthy diet**, although it has been **tainted by imported American patterns**
- ▶ The Lebanese are **very beauty concerned**, therefore anything involving weight loss has always been a huge hit
- ▶ The head of Syndicate of Dietitians, thinks that **there are over 3,000 dieticians in Lebanon**, resulting in a **very competitive industry**
- ▶ Ministry of Public Health only **requires hospitals to have one dietitian**, many hospitals **minimise expenses** by having **unpaid interns** do most of the work
- ▶ Dieticians either work **part-time at hospitals** and **run their own clinic** the rest of the time or **work entirely in their own private clinic**



### NUTRITIONAL AWARENESS IN LEBANON

- ▶ Lebanon is on track to **miss all of its nutrition targets** for mothers, babies, and children under the age of five
- ▶ **31.2% of women** (aged 15-49 years) **suffering from Anemia**, little progress has been made toward the goal of lowering Anemia among women of reproductive age
- ▶ **37.0% of adult women** (aged 18 years and above) and **27.4% of adult men living with obesity**, the country has made no progress toward meeting the obesity objective
- ▶ **Lebanon has a higher obesity rate** than the regional average of **8.7% for women** and **6% for men**



# EATING DISORDERS

EATING  
DISORDERS  
IN LEBANON

- ▶ The **shift in food supply** has resulted in an influx of highly **attractive packaged and processed meals** with **lower nutritional** content
- ▶ **War** was one of life's **most stressful situations** to the Lebanese population, and it has been linked to **higher rates of anxiety, depression, and post-traumatic stress disorder**
- ▶ **Fear of COVID-19** was linked to **higher food restraint, weight, and shape concerns** across the board, but especially among dietician clients





## TREATMENTS OF EATING DISORDERS

- ▶ Treatment **methods and approaches are different** from a specialist to another, from a clinic to another, and from a country to another
- ▶ **Some might think it's a dietician's job entirely** and some might think it's **a treatment for the state of mind**, as one might think it's **a mental illness** or just **a physical illness**



*“The **best way** of treatment for eating disorders, of-course depending on the severity a patient has reached, and on what kind or type of an eating disorder they have, is a **multidisciplinary approach** of treatment.”*



TREATMENT  
GAPS

- ▶ Lebanese people suffering from an eating disorder have always **been taught that what is related to food is just physical**, so their first treatment intuition is to **see their general family doctor** or **book a consult with a dietician**
- ▶ The major gap was the **availability of the clinic to medium and low income people**, as the clinic was not affordable to them
- ▶ **Awareness of people to start going to psychologists** even though there were a lot of campaigns to enhance the initiative, but unfortunately not succeeding as intended

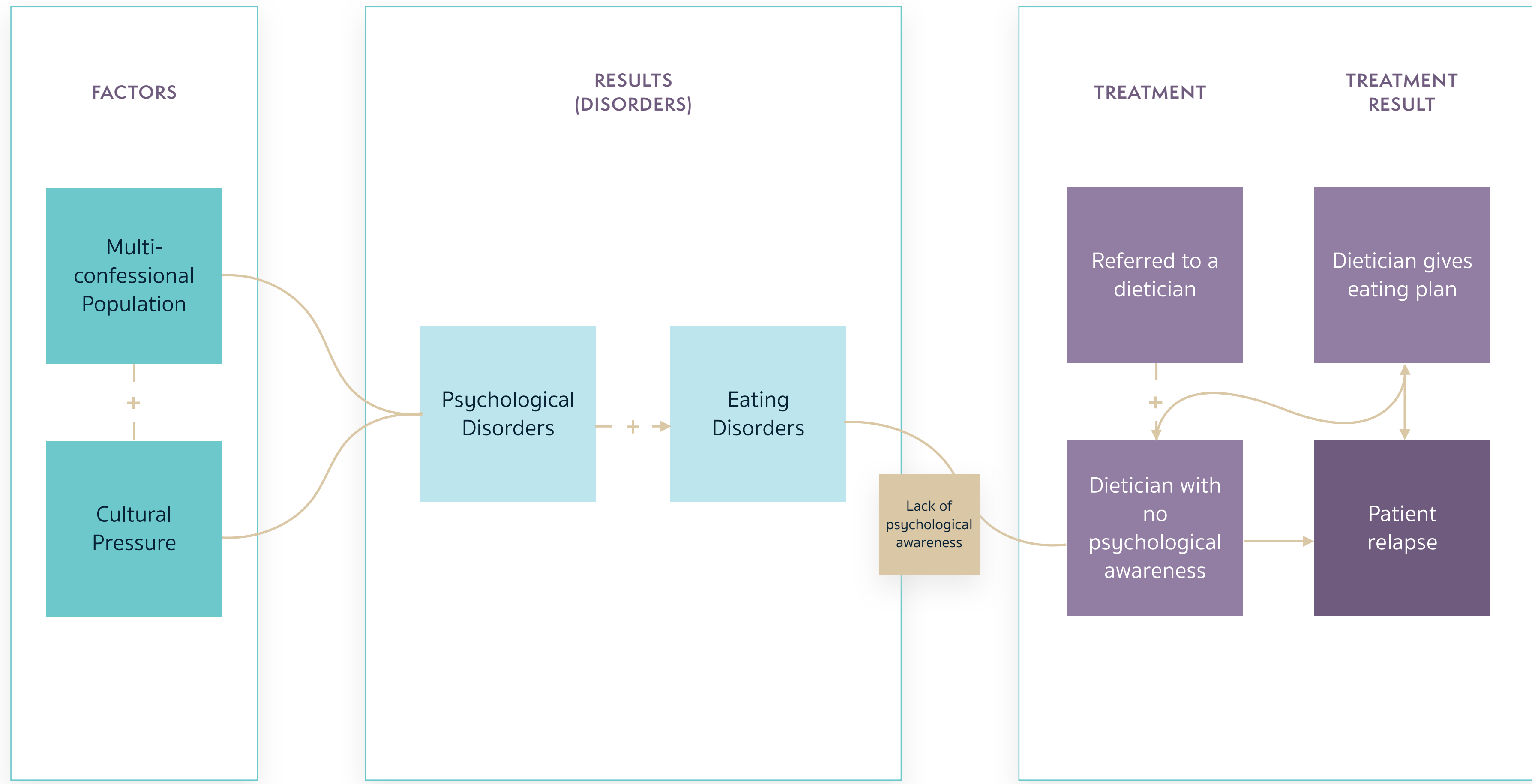


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# CONNECTIONS

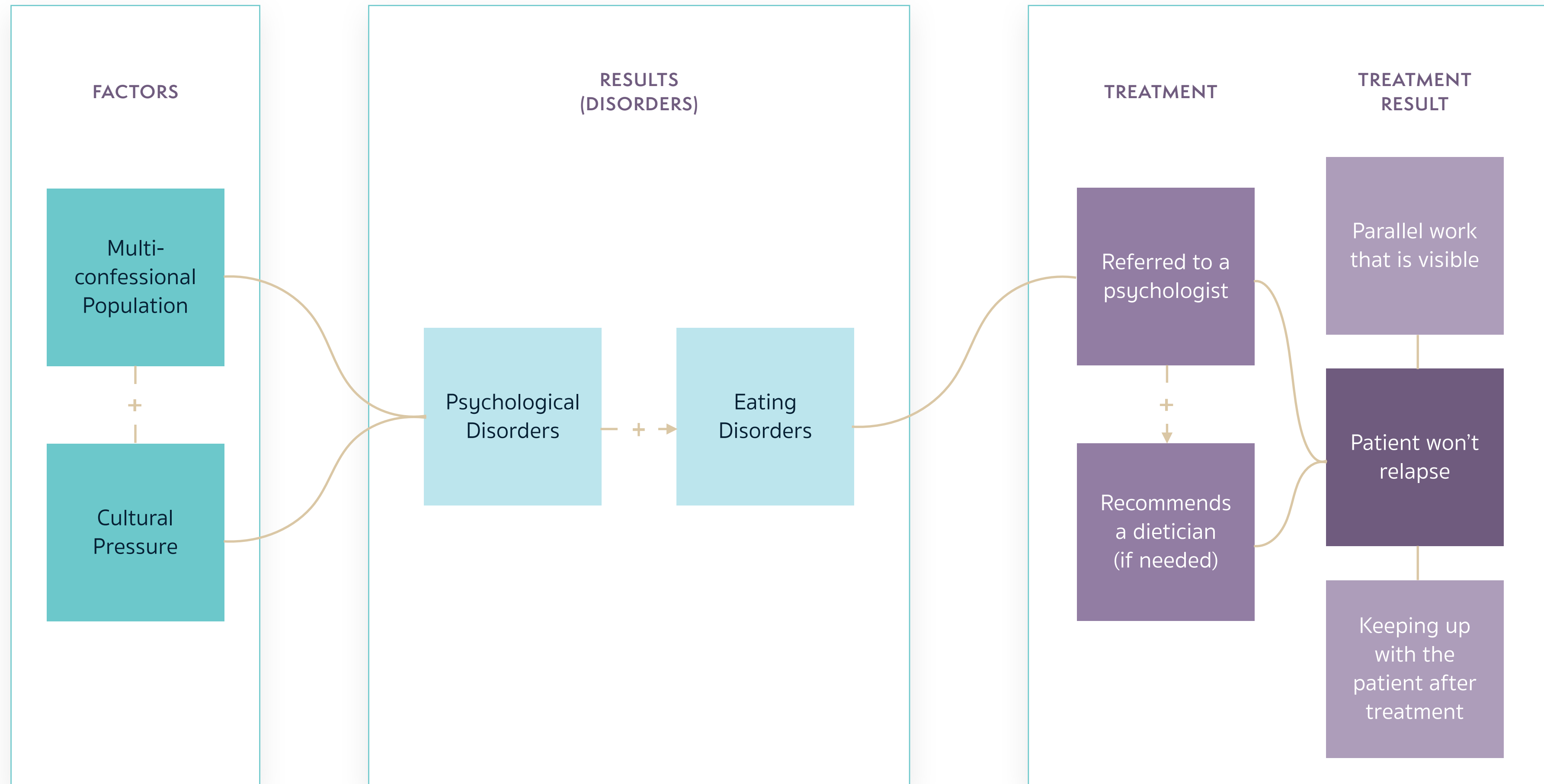
PROBLEM  
HYPOTHESIS

4 Connections



SOLUTION  
HYPOTHESIS

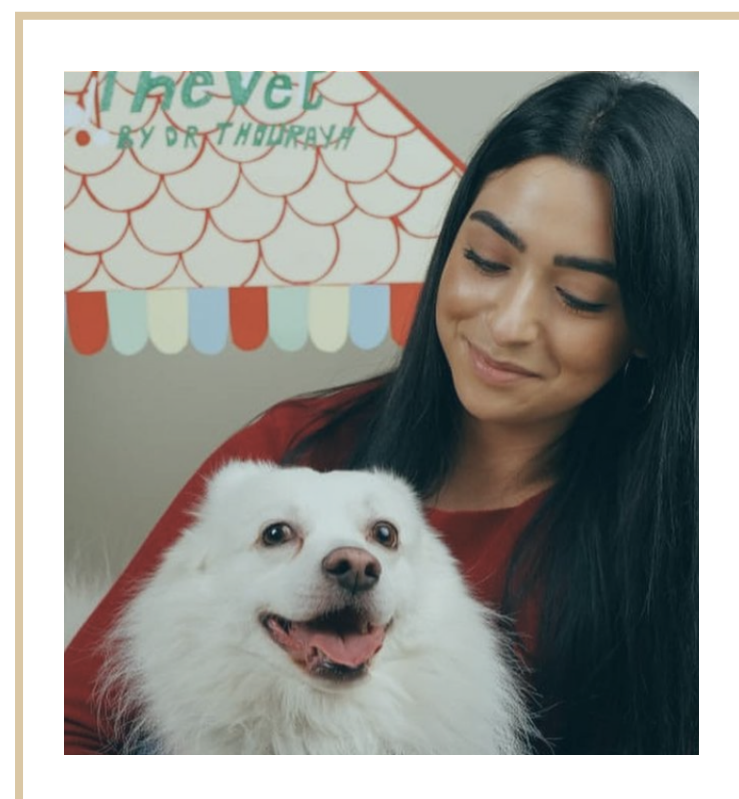
4 Connections



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# AS-IS JOURNEY MAP










## MARIA ABBOUD

21 y.o  
Lebanese  
Living in Akkar (North of Lebanon)  
family social class: low-medium






## SCENARIO

This user journey map is made from the point of view of the **Patient** Maria Abboud, so that it's possible to see all the different stakeholders interacting with her throughout the treatment of her Eating Disorder, starting with going to a specialist and ending with when the treatment is over.

THE PROBLEM

	TRAUMATIC EVENTS	IMPACT	REALIZATION	DECISION MAKING	VISIT
Stakeholders					
Actions & Goals	Remembering a traumatic event that happened to the patient	The patient is being criticised from surroundings	Failing more than once in dieting and seeks for help	Influenced by external factors and search for a dietician	Emails dietician, takes appointment, and visits
Insights	Traumatic experiences cause more than just a memory in the brain that will last forever if not treated	Parents and who is around the patient can have a very negative impact on her/him	The patient usually search for their own symptoms before professional counselling	A first reaction is to talk to a dietician and not a psychologist because of the stigma	A patient's first impression to a dietician is relief, as the dietician gives the ambient and environment of change
Needs	There is a need of talking about the traumatic experience to someone that could help ease the pain	The need to be isolated a bit mentally more than just physically	There is a need to know what is wrong with the patient and a need to dig deeper	There is a need to heal the traumatic experience before the eating behaviour	The need to change physically
Opportunity	Talking to a psychologist or a group of people that went through the same trauma	Having a place without the negative impacts or make the impact positive in the eyes of the patient	Creating an assessment form that can detect an eating disorder from questions	Introducing a psychologist before a dietician or together	Changing just physically will conclude with a relapse, the change should be mentally first

THE DURING TREATMENT

	ASSESSMENT	RECOMMENDATION	PLAN	UPDATES	REPEAT
Stakeholders					
Actions & Goals	Patient completes assessment survey	Dietician recommends patient to visit a psychologist	Dietician plans the meal plan according to data given by patient	Dietician and Psychologist gets acquainted and aligned	After every milestone or step forward, repetition of the last 2 steps occurs (plan + Update)
Insights	A patient's first talk usually has a bit of lies in it as they are scared of judgment the way they had been judged before by others	A patient's impression on going to a psychologist is always thinking that they are "crazy" and that's because of the stigma	A patient's view is that when they start on a diet plan they will change their body's shape and everything on will be just fine	The patient needs to be aware of everything happens, even the information shared between the therapists	The patient will get used to something even if they don't like it or find it uncomfortable for the sake of changing their image and body.
Needs	The need to be honest	The need of psychological awareness	There is a need to know what is wrong with the patient and a need to dig deeper	The need to be aware on everything	The need to be more open and talk when something is bothering
Opportunity	Assessment questions that are done individually without pressure or supervision	A psychological therapist/ specialist should be introduced with the dietician since the beginning	The opportunity to include other kind of specialists and awarenesses	Show the progress and information shared to the patient	Having a space where the patient can say what they want, whenever they want

THE AFTER TREATMENT

	ASSESSMENT	UPDATES	DECISION	STAY ALIGNED
Stakeholders				
Actions & Goals	Patient completes assessment survey again	Dietician and Psychologist gets aligned	Decision made by the patient and both therapist on ending the treatment or the need to continue	Stay aligned with patient with a session in the longer term
Insights	The patient will lie again to show that they have change to not show up as a failure.	The patient would end a relationship with their therapist if they felt like they're talking bad about them even if they were not	The patient will get used to something even if they don't like it or find it uncomfortable for the sake of changing their image and body	The patient most of the time skips the follow-ups and try to find another dietician as they're not satisfied
Needs	The need to show success	The need to trust a specialist and therapist more	The need to know when to stop the treatment	The need to stay loyal to certain therapists and specialists
Opportunity	The digital world can make someone more honest as it hides faces and expressions	Digitalising the steps and conversations and showing everything to the patient	Reaching a certain milestone that is set by the patient	Follow-ups shouldn't be a long term, and it should be a feeling established by the patient



# AS-IS JOURNEY MAP (HIGHLIGHTED CRITICAL STAGES)

THE PROBLEM

	TRAUMATIC EVENTS	IMPACT	REALIZATION	DECISION MAKING	VISIT
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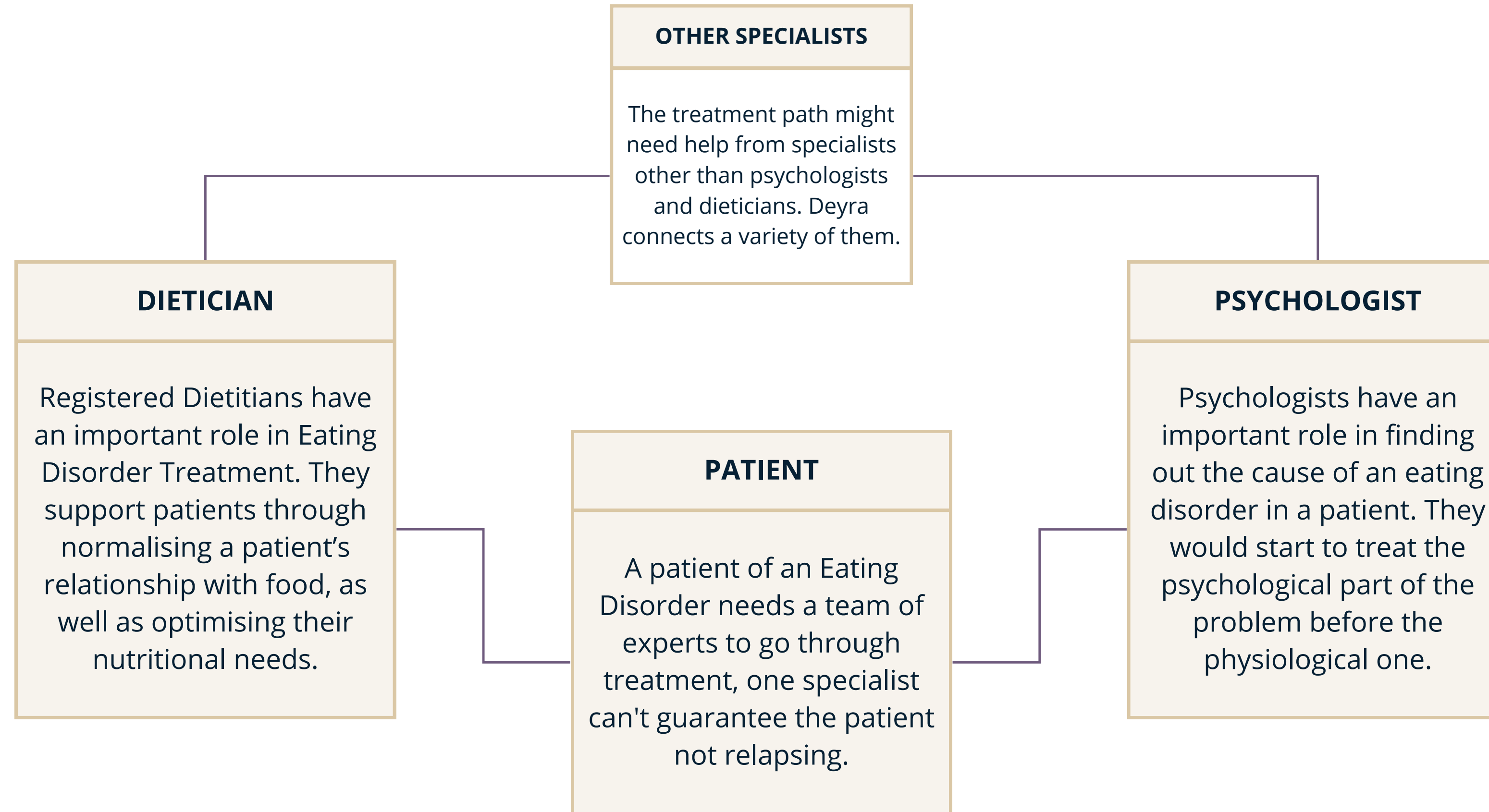
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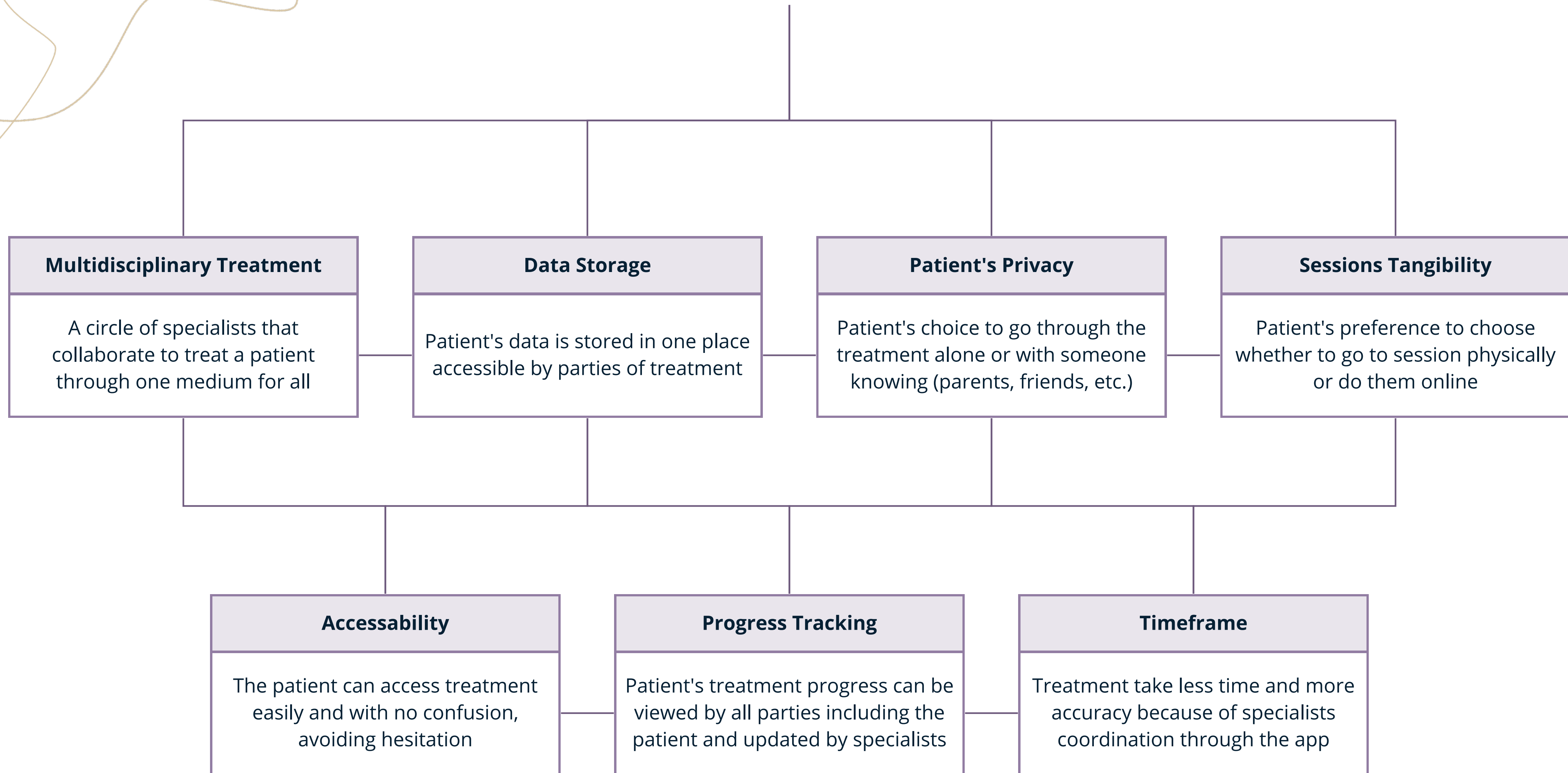




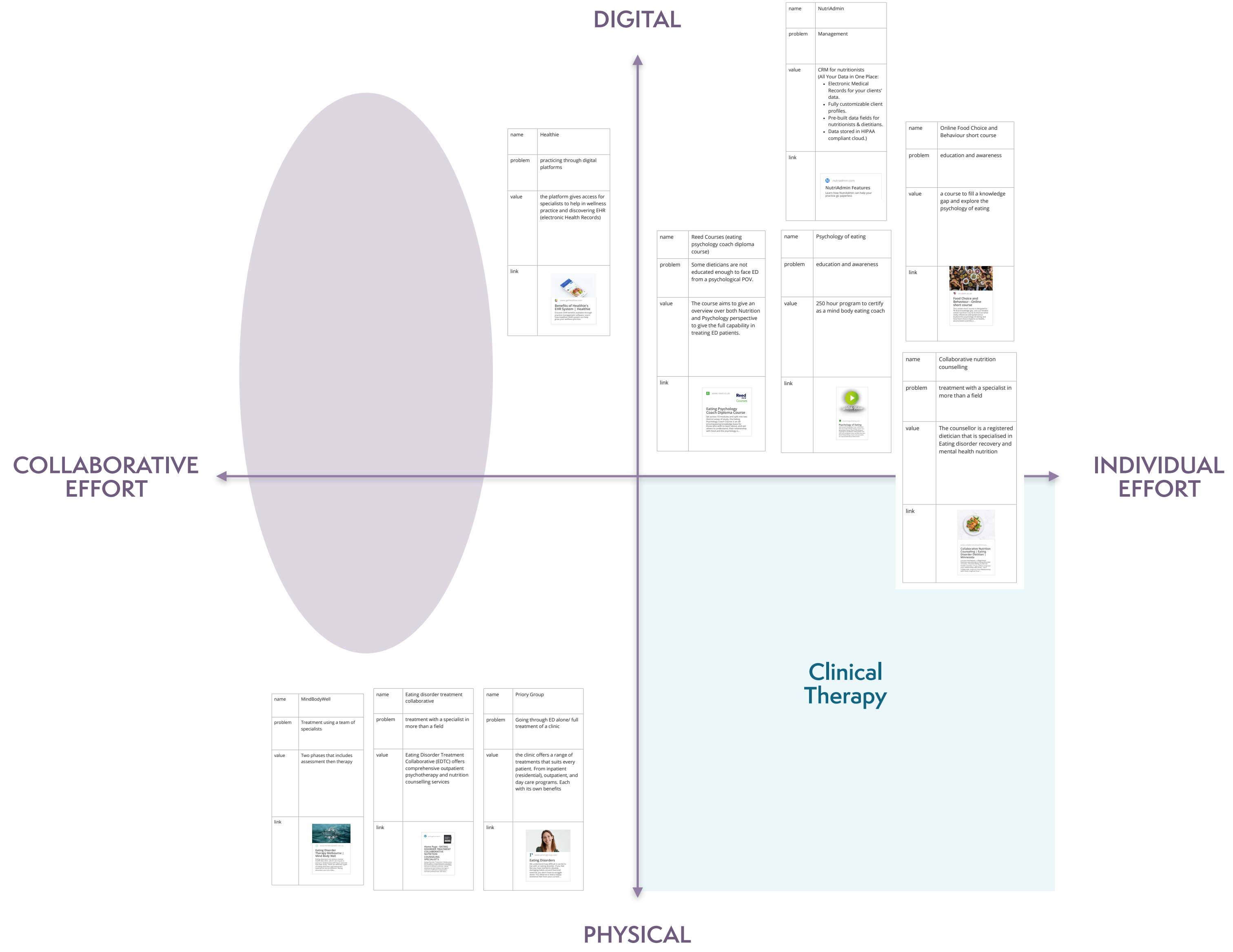
Deyra







OPPORTUNITY



DIGITAL

PHYSICAL

COLLABORATIVE EFFORT

INDIVIDUAL EFFORT

Clinical Therapy

name	Healthie
problem	practicing through digital platforms
value	the platform gives access for specialists to help in wellness practice and discovering EHR (electronic Health Records)
link	

name	Reed Courses (eating psychology coach diploma course)
problem	Some dietitians are not educated enough to face ED from a psychological POV.
value	The course aims to give an overview over both Nutrition and Psychology perspective to give the full capability in treating ED patients.
link	

name	NutriAdmin
problem	Management
value	CRM for nutritionists (All Your Data in One Place): • Electronic Medical Records for your clients' data. • Fully customizable client profiles. • Pre-built data fields for nutritionists & dietitians. • Data stored in HIPAA compliant cloud.
link	

name	Psychology of eating
problem	education and awareness
value	250 hour program to certify as a mind body eating coach
link	

name	Online Food Choice and Behaviour short course
problem	education and awareness
value	a course to fill a knowledge gap and explore the psychology of eating
link	

name	Collaborative nutrition counselling
problem	treatment with a specialist in more than a field
value	The counsellor is a registered dietitian that is specialised in Eating disorder recovery and mental health nutrition
link	

name	MindBodyWell
problem	Treatment using a team of specialists
value	Two phases that includes assessment then therapy
link	

name	Eating disorder treatment collaborative
problem	treatment with a specialist in more than a field
value	Eating Disorder Treatment Collaborative (EDTC) offers comprehensive outpatient psychotherapy and nutrition counselling services
link	

name	Priority Group
problem	Going through ED alone/ full treatment of a clinic
value	the clinic offers a range of patients. From inpatient (residential), outpatient, and day care programs. Each with its own benefits
link	

Area of focus

# USER ANALYSIS



## SURVEY ANALYSIS

---

**53**  
RESPONSES

### SECTION I

Sociodemographic Data

### SECTION III

Feelings

### SECTION V

Perceptions

### SECTION II

Well-being

### SECTION IV

Eating Behaviours

SECTION I

Sociodemographic Data

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Nationality

**94%** Lebanese

Residency

**77%** Lebanon

Age

**57%** 20 to 25 years old

**28%** 25 to 30 years old

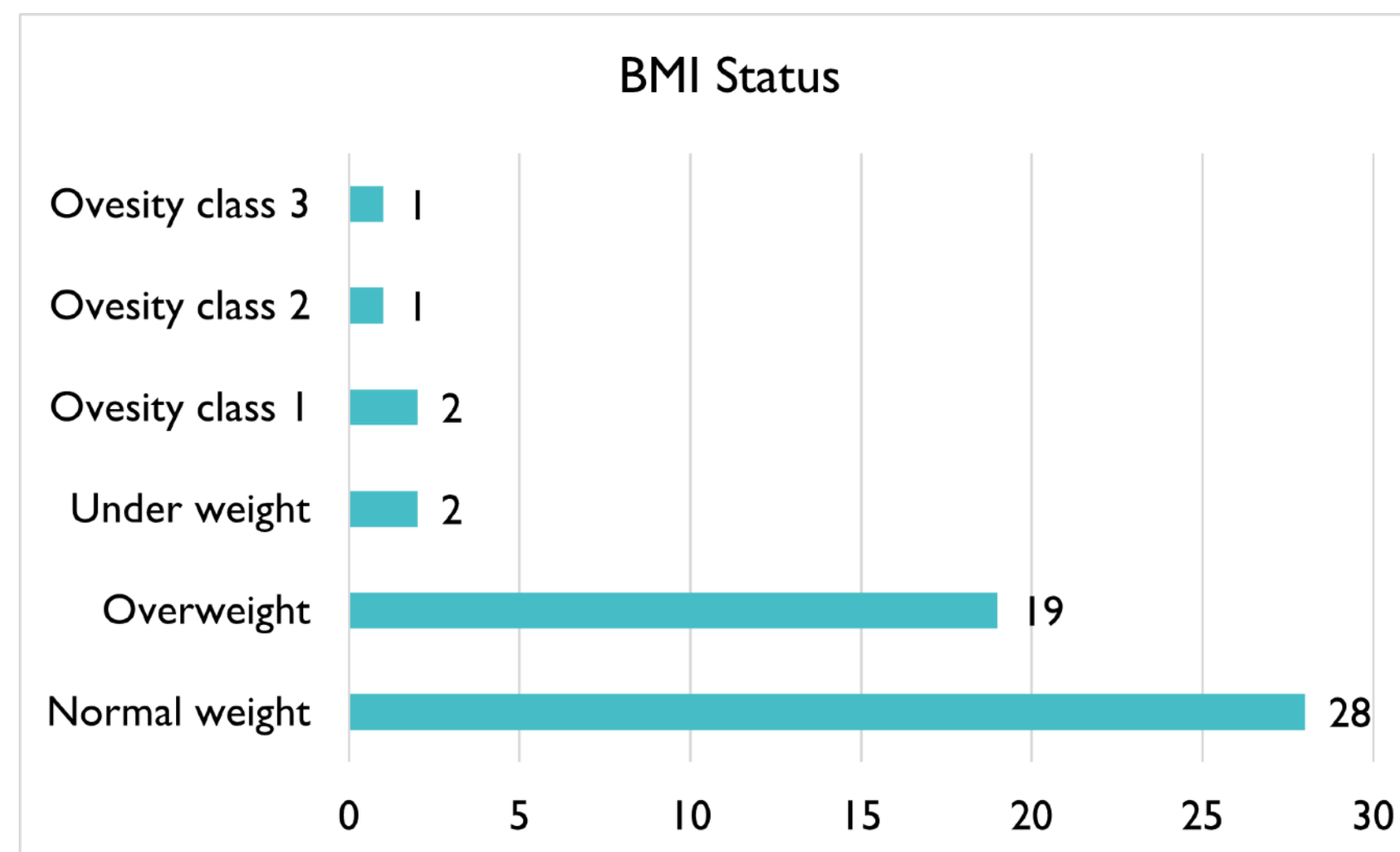
Gender

**51%** Females

**OTHER DATA**

**Religion, Civil status, Professional status**

Height & Weight



SECTION II

Well-being

---

Making up their minds about things

**36%** Some of the time

**32%** Often

Feel close to other people

**38%** Some of the time

**26%** Often

Feel useful

**40%** Often

**26%** Some of the time

Thinks clearly

**43%** Some of the time

**24%** Often

Deals with problems

**40%** Some of the time

**34%** Often

Feels optimistic about the future

**38%** Some of the time

**24%** Often

Been feeling relaxed

**38%** Rarely

**32%** Some of the time

**17%** Often

**11%** None of the time

**2%** All of the time

## SECTION III

### Feelings

---

How satisfied are you with your life nowadays?

**26%** Answered 7

**21%** Answered 8

How happy did you feel the last few weeks?

**21%** Answered 7

**15%** Answered 4 & 5

How anxious did you feel the last few weeks?

**15%** Answered 8 & 7 & 5

**11%** Answered 9 & 4 & 3

to what extent do you feel the things you do in your life are worthwhile?

**19%** Answered 6 & 5

**15%** Answered 8

would you say that most people can be trusted, or that you can't be too careful in dealing with people?  
(score of 0 to 10, where 0 means you can't be too careful and 10 means that most people can be trusted)

**21%** Answered 5

**19%** Answered 8

**17%** Answered 3

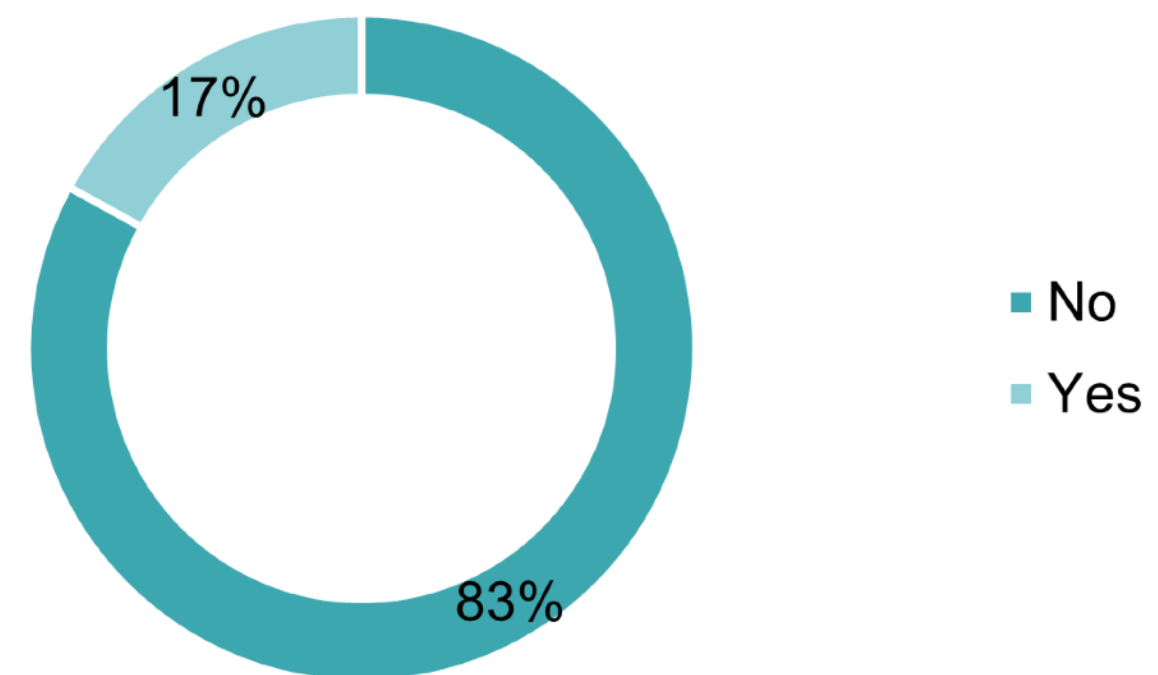
**15%** Answered 1

SECTION III

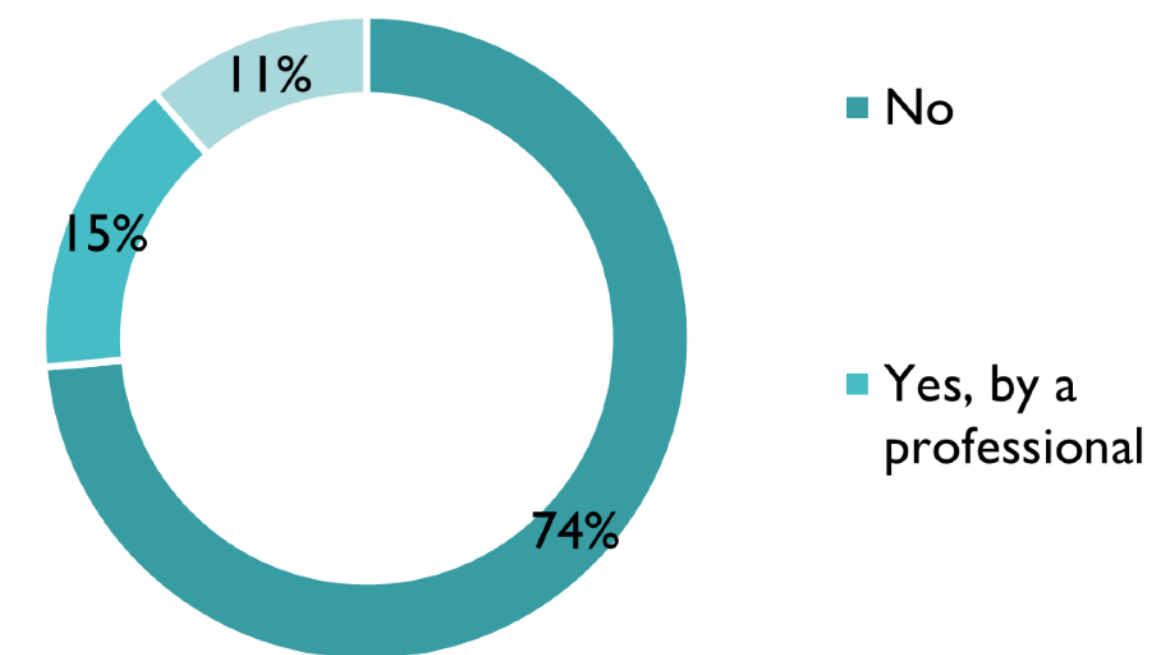
Feelings

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Are you consulting a  
psychologist/therapist?



Have you been diagnosed with a  
psychological disorder/mental illness?



## SECTION IV

### Eating Behaviours

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#### SCOFF QUESTIONNAIRE

**(S) Over the last few weeks, have made yourself SICK because you feel uncomfortably full?**

The majority of survey takers answered this question with a No scoring a 72%

**(O) Have you recently lost more or less than ONE stone (6.35 kg) in a three-month period?**

57% answered with a no, 21% answer with “yes, less than one stone (6.35kg)”, and 15% answered with “yes, more than one stone (6.35kg)”

**(F) Would you say FOOD dominates your life?**

51% answered with No, 26% answered with Maybe, and 23% answered with yes

**(C) Over the last few weeks, did you worry you have lost CONTROL over how much you eat?**

The majority answered with a No scoring 66%

**(F) Do you believe yourself to be FAT when others say you are too thin?**

74% answered with a No, while 26% answered with a yes

SECTION IV

Eating Behaviours

The last question was an open field for the survey takers to express freely what they think about the psychological and nutritional system in Lebanon.

"I think dieticians focus more on the calorie deficit than on the patient's mental well-being. They push them to not cheat on their diet instead of understanding their body and mind."

"Frankly, I don't trust them at all. At the end, it is another business to deal with. Needs lots of improvements"

"Due to the economic, financial, safety and many other issues in Lebanon, the mental health of the citizens is deteriorating. Most people no longer have access to healthy food and nutrients because of the lack of availability and the insane increase in prices of chicken, meat and all kinds of food"

"I have been on a diet all my life and never once a dietitian recommended for me psychological help but the last dietitian helped me realise that i have a stress eating problem"

"They are related to each other"

"Definitely requires to be updated with our community needs"

"People should pay more attention to their behavior and their kids' behavior and eating patterns, especially in adolescents suffer from orthorexia.."

"I think that they should"

"Psychological system good therapists I know for nutritional system, people I met were great"

"this is why there are now nutritionists who practise intuitive eating, those care about psychology and about how diet culture affects us"

"They should be in contact some of the times when the patient is facing difficulties or eating disorders"

"I think better cooperation should be the norm"

"I believe that a combination of psychological perfect for each eating up on our mental health this body."

"Lebanese express somatic or more socially fearing from common mental disorders such as depression may manifest their condition through stomach aches or migraines, making them more likely to visit their family doctor to seek treatment rather than a mental health professional. Family doctors or GPs, being unaware of the actual cause of the individual's complaint, may resort to prescribing medication which does not address underlying mental health problems."

"People feel comfort in food and when it's taken away from nutritional systems they need psychological ppl to lead them the right way"

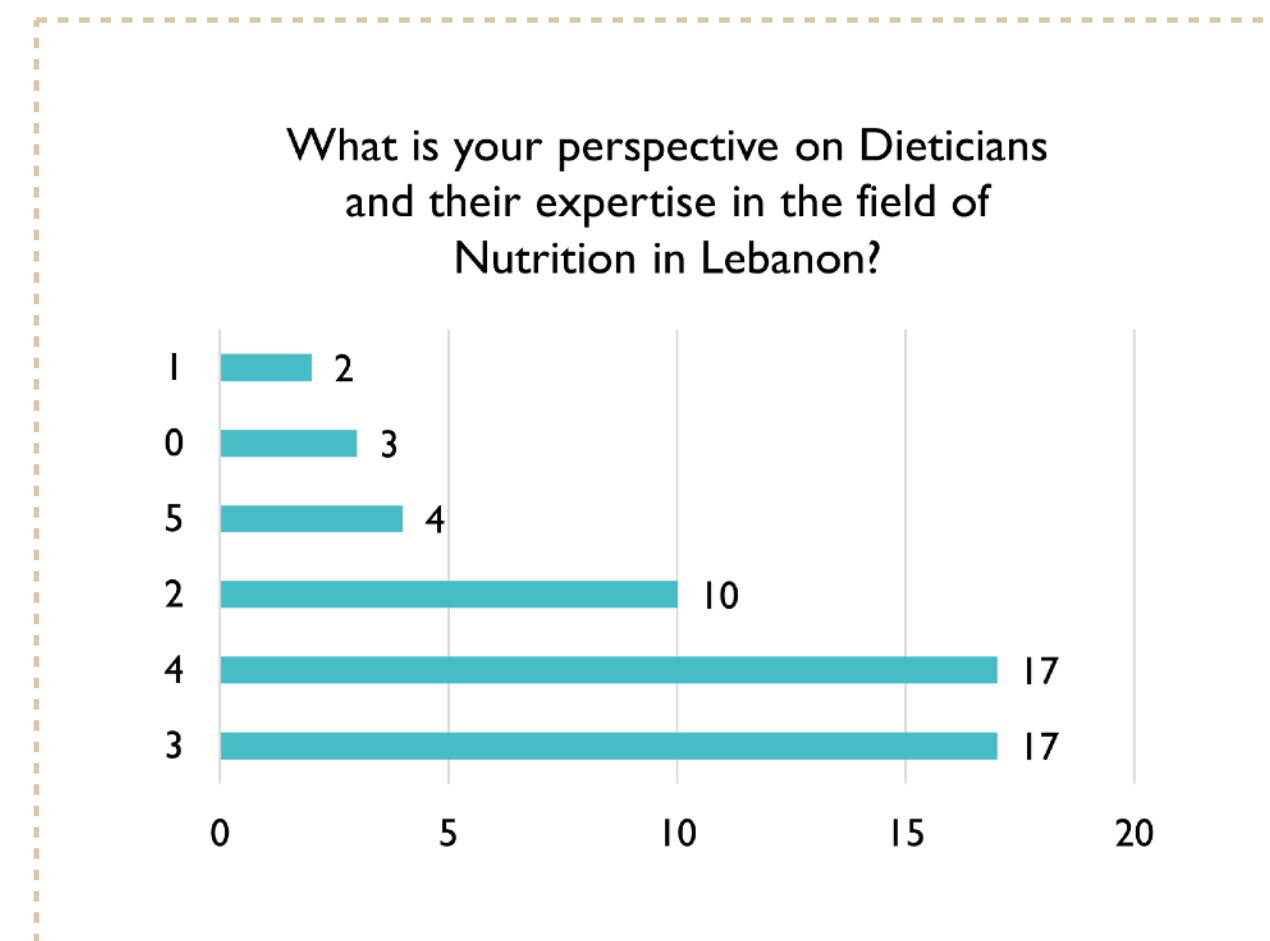
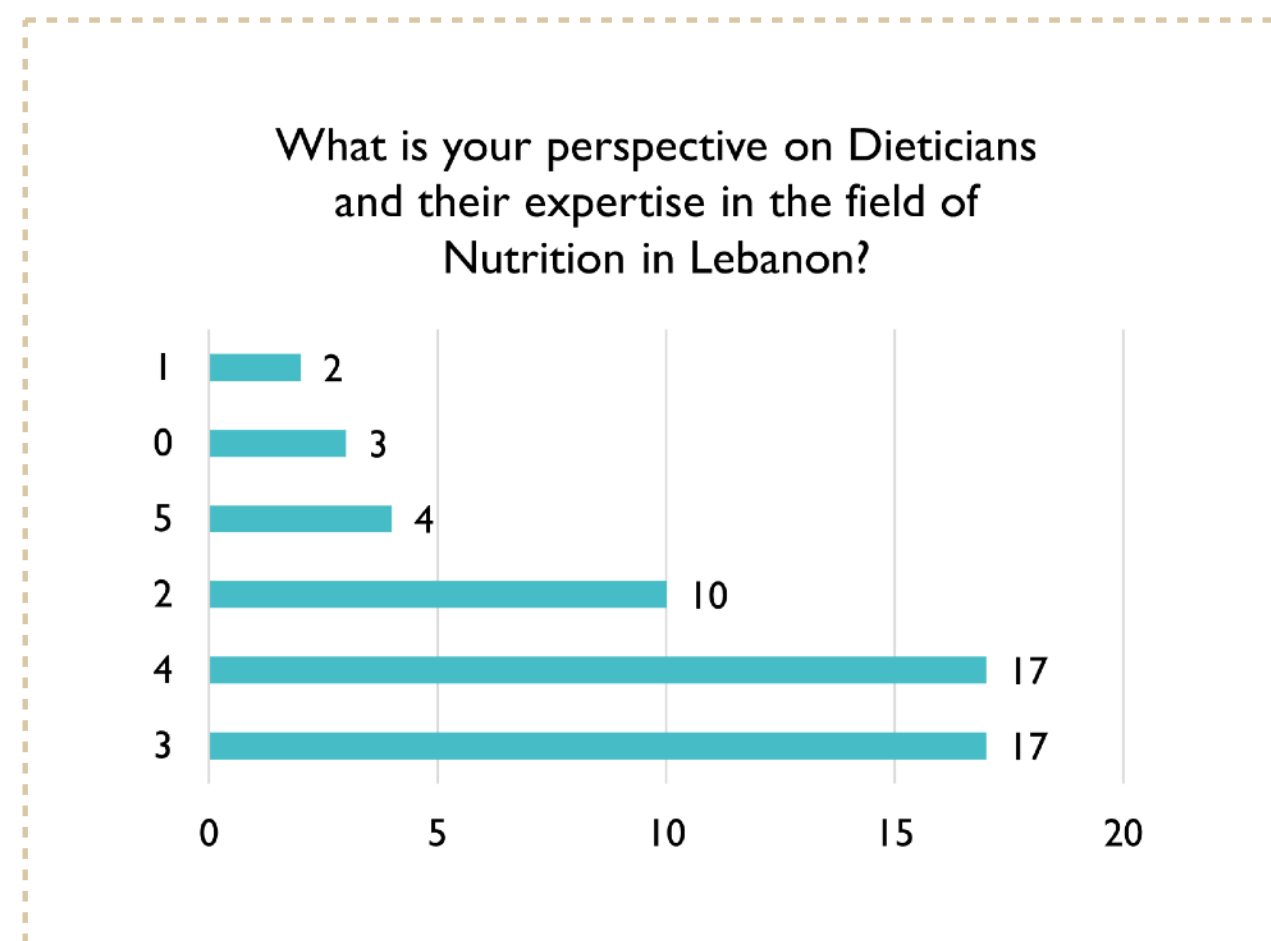
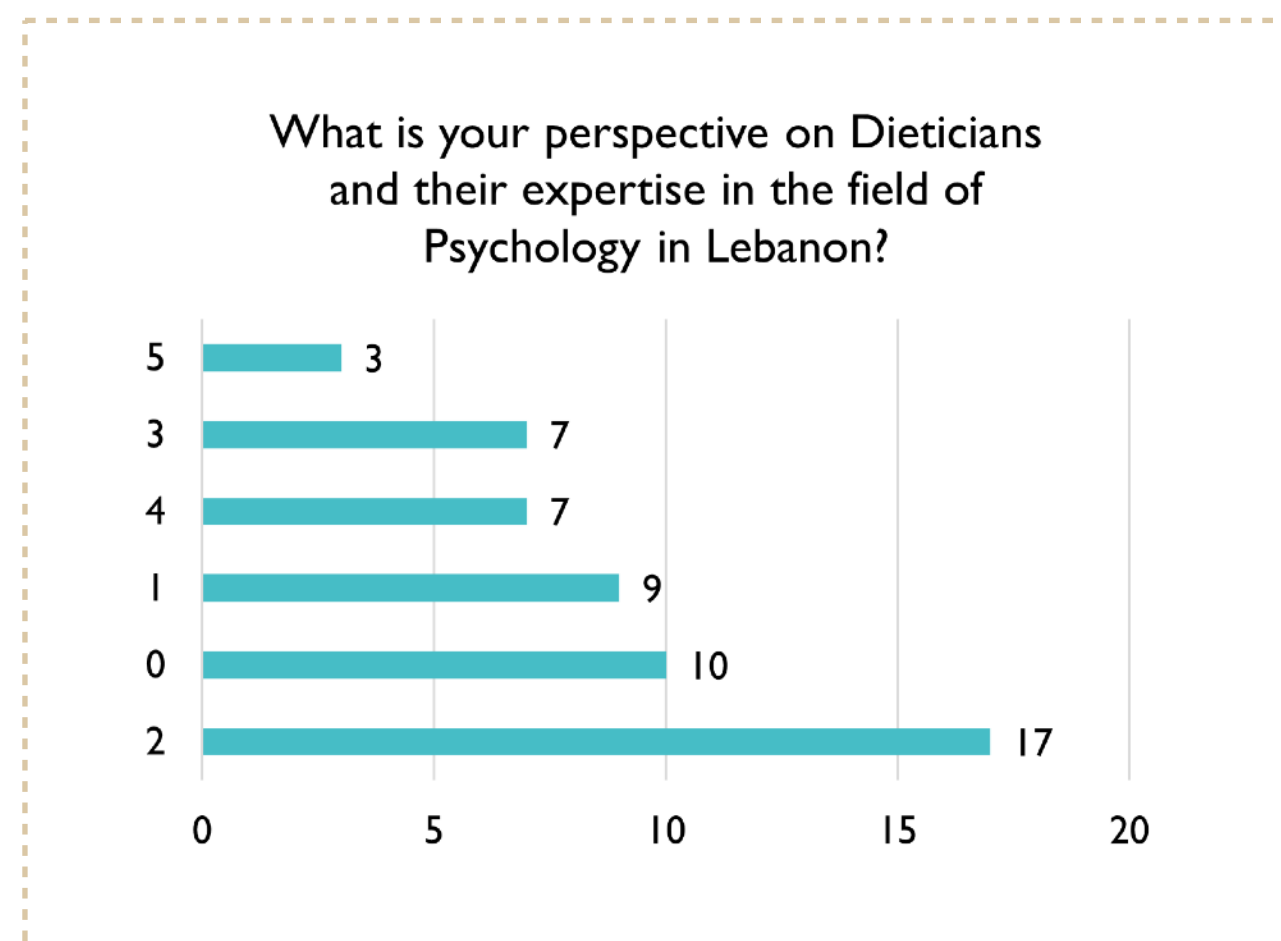
"I believe dieticians are doing a great job. Lebanese people in general they have the tendency to overeat especially in occasions like family gatherings. As for psychology Lebanese are improving in this field that is to more serious approaches"

"I've seen a lot of dieticians in Lebanon when I was younger (14-17), and they all gave me a very strict diet, telling me exactly what to eat and not actually teaching me how to eat or how to lead a healthy lifestyle. This led to more restrictions and then bingeing and gaining all the weight back. I don't think dieticians in Lebanon try to find the problem or roots behind the weight gain or obesity. Since then i've lost the weight by seeing a dietician in Europe and the first session is actually 95% your background, your lifestyle, asking questions about your mental health and what lead to this point in your life"



SECTION V

Perceptions



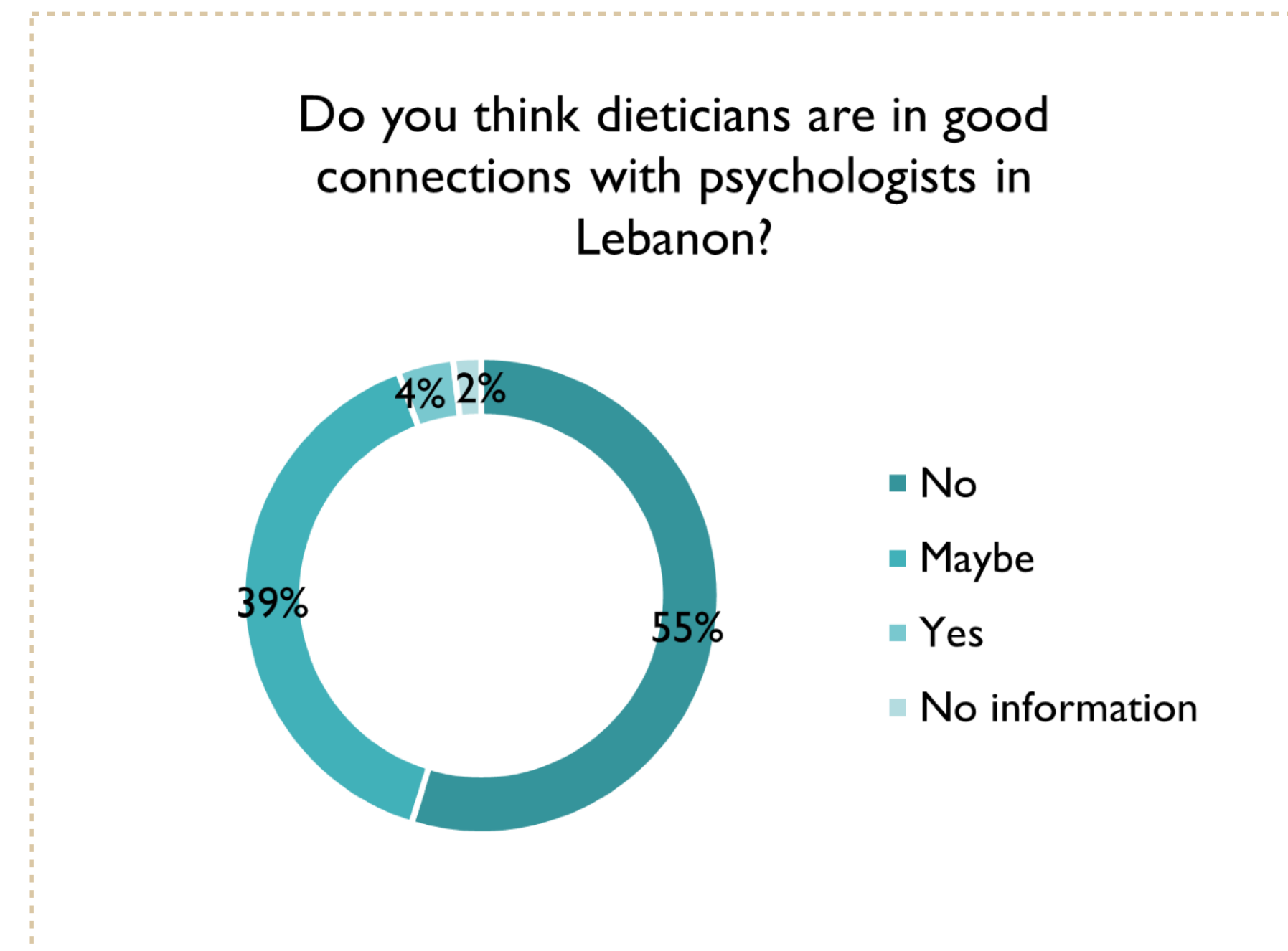
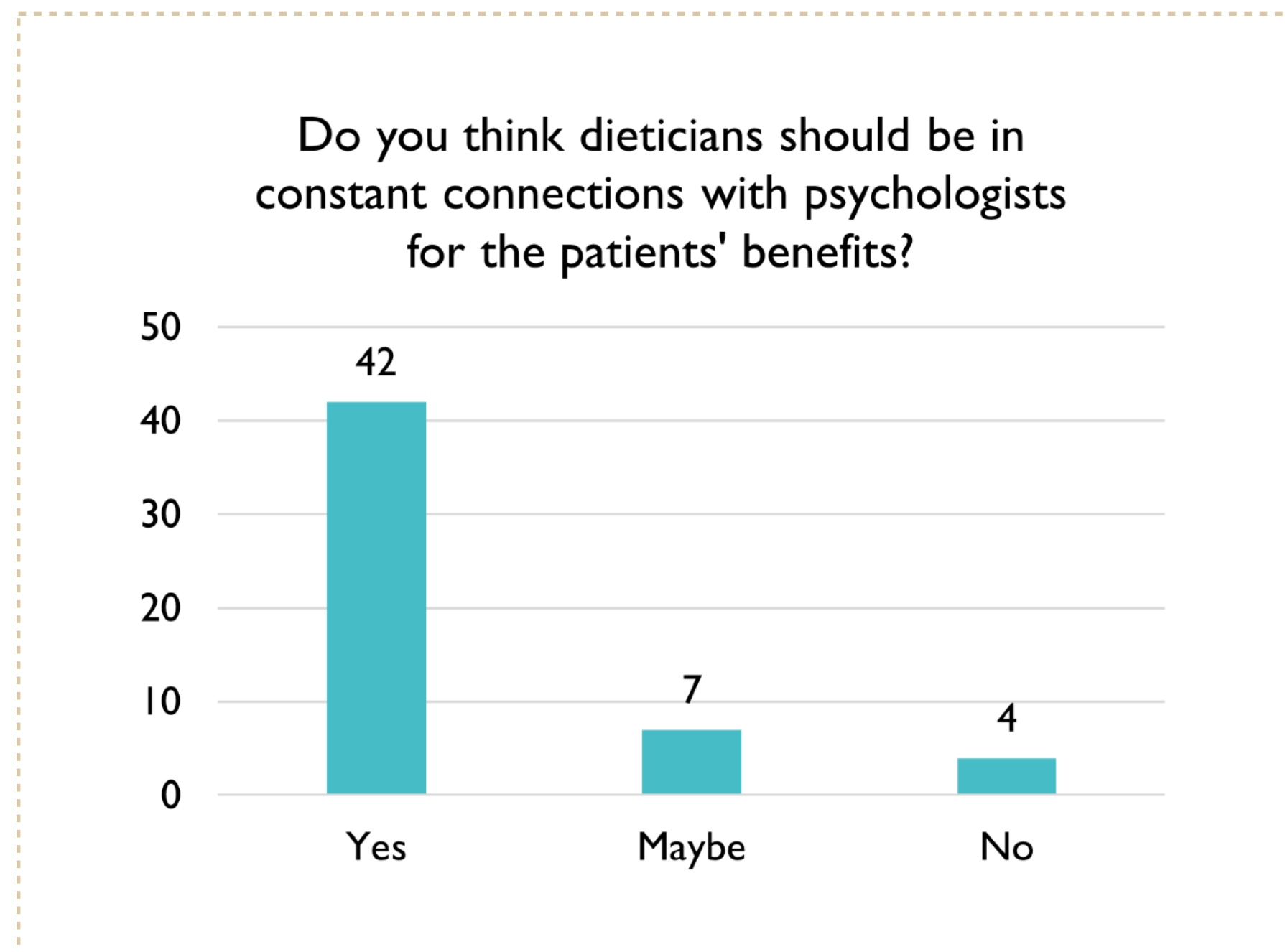
Do you think Dieticians in Lebanon are qualified to address psychological disorders?

**43%** Answered Maybe  
**36%** Answered No  
**11%** Answered Yes

SECTION V

Perceptions

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## INTERVIEWS INSIGHTS

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10

INTERVIEWS

(5 Dieticians & 5 Psychologists)

DIETICIANS  
INSIGHTS

01 DIETICIAN  
RACHELLE

- Eating disorder is a multi-disciplinary work, psychologists - psychiatrist - dietician is the best triangle and mix for a good treatment plan
- **There is an assessment done for the patient in the beginning that includes his background, eating patterns, etc. that results in what the dietician should know (if they are suffering from a disorder or not) and they advise to see a psychologist/ psychiatrist**
- All patients are referred to the dietician by a psychologist/ psychiatrist
- The approach of treatment changes once the dietician knows about the eating disorder, but the work of treatment goes 30/70% and in parallel between both dieticians and psychologists

02 DIETICIAN  
OLIVIA

- The hardest thing in the first month is that the patient continues with the treatment
- In Lebanon "there should be" a part where i need to do a medical background check and to try to cooperate with a psychologist
- **A dietician can know their medical background if the patient says or shows something, if not they can know from the women's period (it's not regular ) and the shape of body shows too**
- The system between psychologists and dieticians is a disaster, there is **no cooperation**, and the media is destroying it more and more (by trends)
- "i feel that we are all mentally sick"

03 DIETICIAN  
KAREN

- Steps after ED diagnosis: Refer to psychologist (in developed countries, not Lebanon)
- **Ideal scenario: psychologist in team or referral.** However psychologists are seen as too much or overkill in Lebanon. You need a psychologist to help. If there is a team dietitian talks to psych, if referral than parents talk to psych
- **Psychologists and dieticians should have parallel work (coordinated) in observing the patient (how they are feeling, weight, are they happy)**
- People are hesitant in going to a psychologist, they think they shouldn't go because they are not sick.

04 DIETICIAN  
SARAH

- Lebanese patients reject and do not accept getting help from psychologists, they think they are sick if they consult with a psychologist
- **Psychologists should engage clients before starting a diet, to figure out the causes of the ED (ex: bullying)**
- Social media/internet can affect a person. Seeing a psychologist should be normalised
- Treatment depends on each case, there are **gaps between patients and psychologists**

05 DIETICIAN  
REINE

- First step is to refer to a psychologist, can't work with patients if not psychologically treated
- **Usually she would give choices of psychologists from the centre. But she needs to convince patient to seek psychologists before referring them.**
- There is contact with psychologist, might supply the eating report to give the psychologist full details. Also, necessary contact is necessary from psych to dietitian to simplify the dietitian's work. Contact usually is through phone or visit
- **Gaps and problems include not liking psychologist or too costly, not wanting to accept patient has psychological issues. Also, problems might occur from psychologist side if they are not qualified enough to treat patients with eating disorders**

PSYCHOLOGISTS  
INSIGHTS

06 PSYCHOLOGIST  
GEORGES

- In psychology there is limits as we work on mental health, everything physiology we don't work on it (out of limits) because we didn't study it and we didn't work on it
- we look for the factor and pathology that caused the disorder before referring to the dietician, and sometimes we don't refer to dieticians since we can work on the factor as therapy
- **The contact happens with the dietician (the dietician is the psychologist's friend) through a phone call and usually we tell the patient and ask for consent to see a dietician and I don't have a dietician list to go through for contacting**

07 PSYCHOLOGIST  
CLAUDIA

- In Lebanon, there are a few anorexia cases but the trend is bulimia and there is a lot of binge eating due to stress (lockdown, covid, financial crisis, lack of water & electricity, lack of bread, oil, Beirut blast, explosions..etc)
- **It is always psychological behind the ED, unless it is a physical issue**
- the whole "circle" works when the patient is hospitalised or if there is a centre that is made for people that are suffering from ED
- **Gaps between dieticians & psychologists is there is no connection that makes them work together in parallel and the plan is not organised**

08 PSYCHOLOGIST  
CHRISTINA

- What happens is that: when we do an assessment we find out that the person is dealing with an eating disorder, and there are standardised questions we ask the patient as well
- Of-course we have collaborations with dieticians so we can't just work purely psychology without dieticians as they work on the quality of the food (we need their expertise in that field) but we work on the commitment and behaviour to stick to therapy and the thoughts that is leading to certain behaviours
- **we don't talk to dieticians for back-up but we do collaborations and the patient talks to the dietician directly, if the dietician had any warning signs she/he talks to us directly**

09 PSYCHOLOGIST  
CARLA

- A therapist cannot work alone in the treatment of an ED. A therapist requires the help of other professionals to ensure the wellbeing of the patient, which is always the end goal. A dietician is one of those professionals that therapists reach for when they are presented with a case of an ED
- **It is incredibly important to always have a multidisciplinary team ready for action, to prevent such relapses**
- Therapy can last from a few months to a few years. Eating disorders are not easy on the patient especially if they were hospitalised, therefore are not the easiest to overcome when it comes to mental illness. But the success rates are high

10 PSYCHOLOGIST  
JOANNA

- A psychologist will eventually need the help of a dietitian for treating eating disorders. There should be a communication between the two to treat ED
- Referrals are gained through experience, meetings and connections
- Joint effort with people with the same objective, people first not to take it as a business
- **Topic is stigmatised in Lebanese culture, no one truly understands ED. People go to dieticians first because of lack of psychological awareness. If Dietitian's ethics are good, they should refer to specialised therapists to diagnose and follow up patients**

## PERSONAS

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1

**THE PATIENT**

MARIA ABBOUD

2

**THE DIETICIAN**

OLIVIA TURK

3

**THE PSYCHOLOGIST**

ELIAS HAKIM





# Maria Abboud

## BIO

21 y.o

Lebanese

Living in Akkar (North of Lebanon)

family social class: low-medium

Maria is an only child of a very closed family that lives in a village far north of Lebanon. Her father works as an accountant and her mother is a stay-at-home wife. Maria is attending her second year in the university as to become a Veterinarian. She is a very ambitious girl that likes to try new stuff and loves adventures. She likes going out with her friends as well as staying home alone to watch series and movies, and to take care of her plants. Maria is very conscious about everything, including herself and her body and she always pay attention on what and when she eats.

## DIMENSIONS



*"I know what is wrong with me but i'm scared of letting people know, especially my parents"*

## GOALS

- Become a veterinary
- See progress of the growth of her plants
- To have a routine in her life
- Healthier lifestyle
- Get out of the country to continue with higher education
- Travel around the world

## NEEDS

- To train her voice more, she likes singing
- To spend more time with her father as he's always working
- To move out of her family's house to feel more independent

## FRUSTRATIONS

- Not being able to regulate her lifestyle concerning food and working-out
- Not being able to find a trusted person to share with her life steps
- Not being independent enough to seek for the help she wants and needs





# Olivia Turk

BIO  
32 y.o  
Lebanese  
Living in Nehme (South of Lebanon)  
family social class: medium

Olivia is a registered dietician that studied nutrition late in her twenties, she started her career in Nutrition since she really loves it and relates herself to it very much. She has studied psychology in eating as well during her years of degree because of her own interests in the subject. Olivia believes that every dietician should know at least a bit of psychology in order to treat the patients well and that it is the base of everything. She started her own clinic since 2 years and she is giving her full attention and time to it since.

## DIMENSIONS



*"I try to know as much as I can about psychology but I can't be half a specialist in psychology"*

## GOALS

- Become a well-known dietician in Lebanon
- Get out of the country to to treat abroad patients
- To have patients from around Lebanon
- To collaborate more with other specialists in the country
- Travel around the world
- Learn more about psychology and never ending her education levels

## NEEDS

- To train her voice more, she likes singing
- To spend more time with her father as he's always working
- To move out of her family's house to feel more independent

## FRUSTRATIONS

- Feeling that Lebanon is limiting her career to a certain point
- Not being able to give her 100% in online sessions
- Not being able to help those in real need of help



# Elias Hakim

BIO  
34 y.o  
Lebanese  
Living in Jounieh (Mount of Lebanon)  
family social class: high

Elias is a psychologist who likes to help young people with various stories. For him, those young people are important and has to be successful. Therefore, he concerns a lot about them. Knowing that there are still a lot of the Lebanese population who are not educated about mental health, makes him want to help those who are buried under the stigma. Elias is also very passionate in helping people that are suffering from Eating disorders and traumatic experiences that led to it so they can live a better life and a healthier lifestyle.

## DIMENSIONS



***"Mental illness is perceived as something to be ashamed of, something to be hidden and never talked about."***

## GOALS

- Become a well-known psychologist in Lebanon
- Get out of the country to to treat abroad patients
- To have patients from around Lebanon
- To collaborate more with other specialists in the country
- Specialise in traumatic experiences and eating disorders
- Raise awareness about psychology in Lebanon

## NEEDS

- To maintain his own mental and physical health
- To spend more time in giving mental health awareness
- To get to know more people and connections in the field

## FRUSTRATIONS

- Lebanon is limiting his career because of the stigma on psychology
- Not being able to give his 100% in online sessions
- Not being able to help those in real need of help





The city and society have **changed their outlook**, they have changed their perspective from which things are seen and the perspective on how to **deal with problems and issues faced**. The mental well-being is considered one of the most important health issues, the new generation have widened and opened the people's eyes and made it **clear that they need the psychological help**, that everybody needs it.

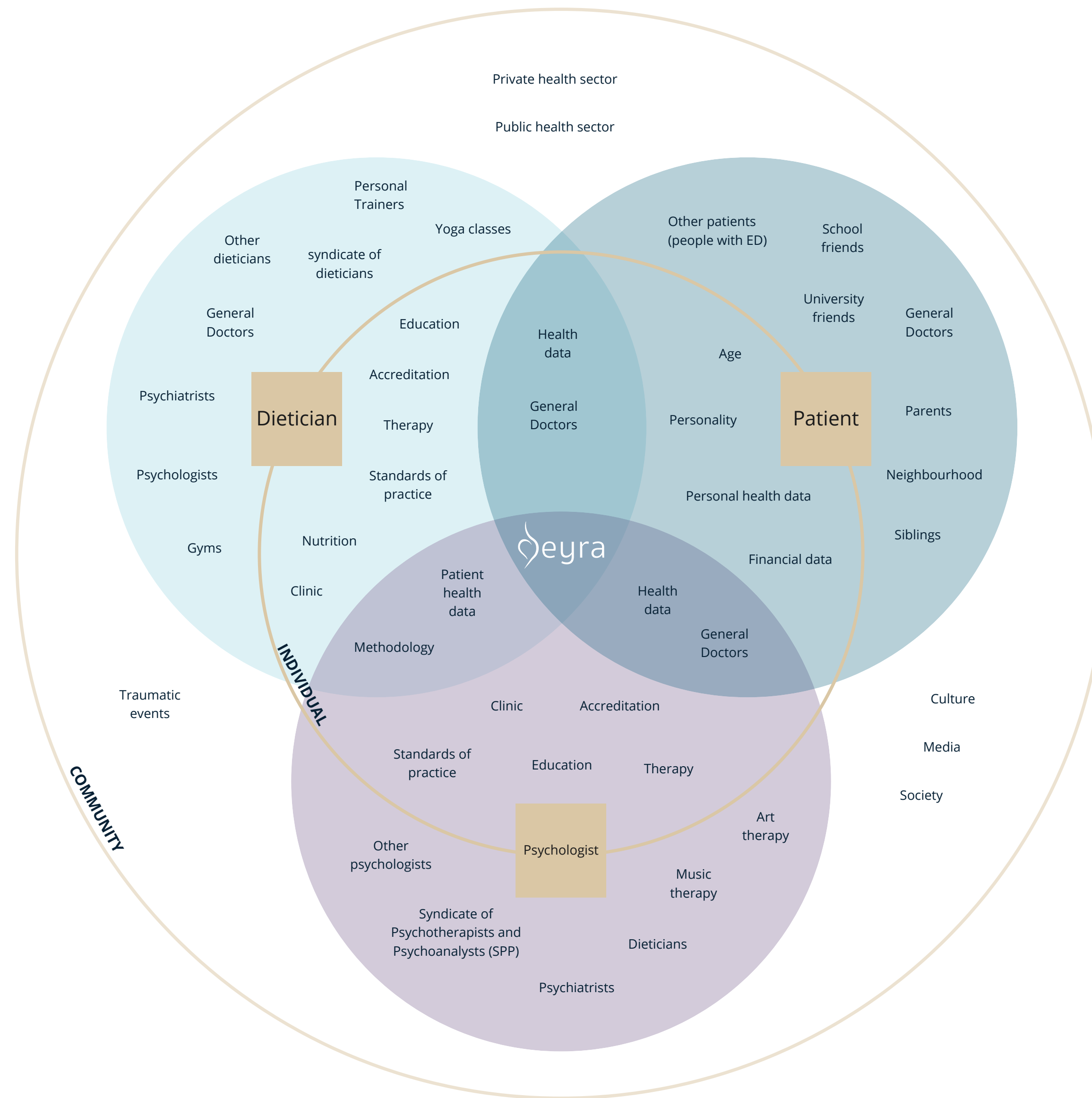
Following this purpose, a large part of their power is conferred to all those categories considered socially fragile, which can now act in their own good, **making decisions on the future development of the city**.

To make **treatment accessible to everyone**, many pillars on which the society lived in is based, from strict parents to fear of speaking, from economic crisis to self-esteem crisis, have been **simplified**. The steps taken into treatment.

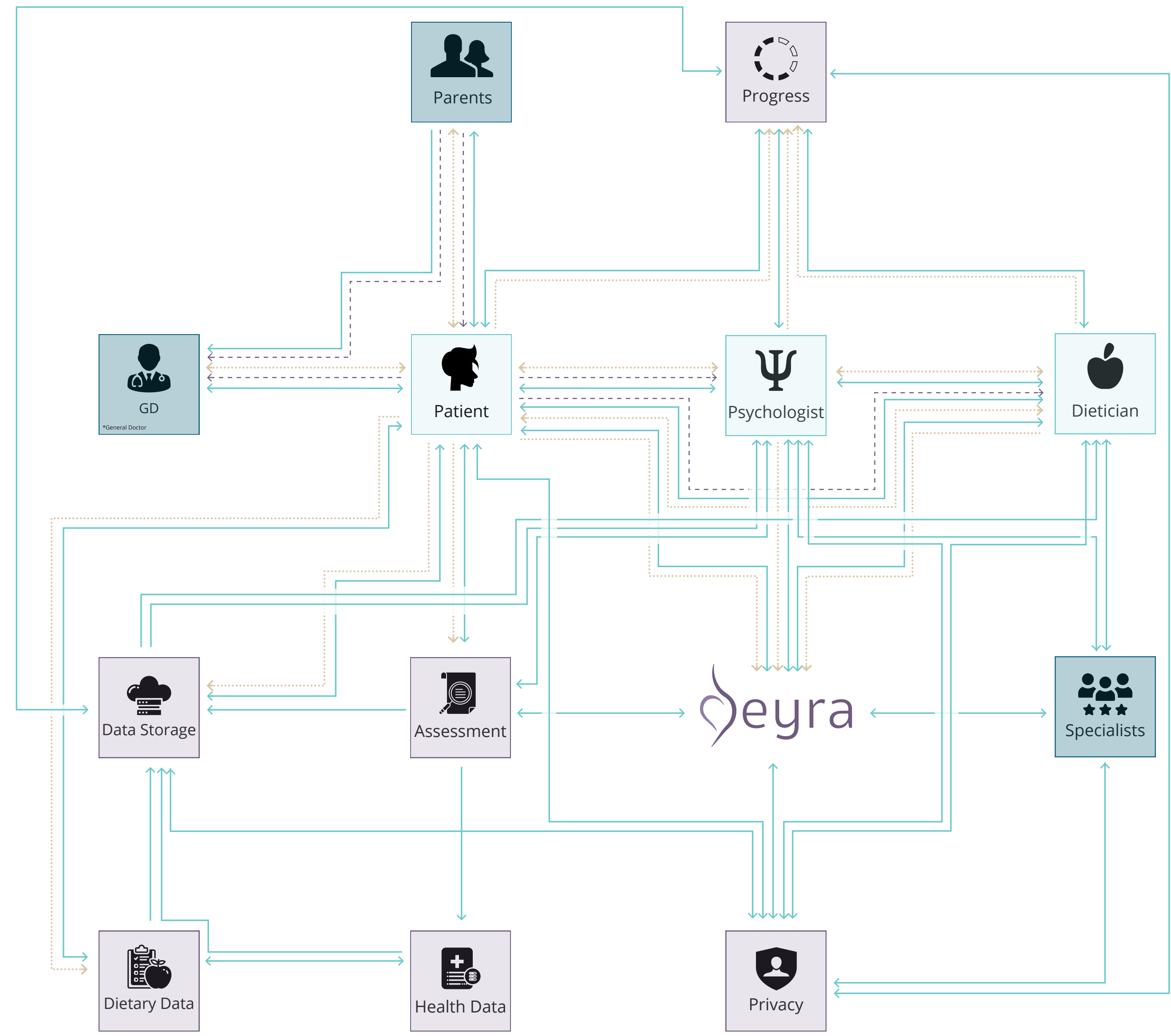
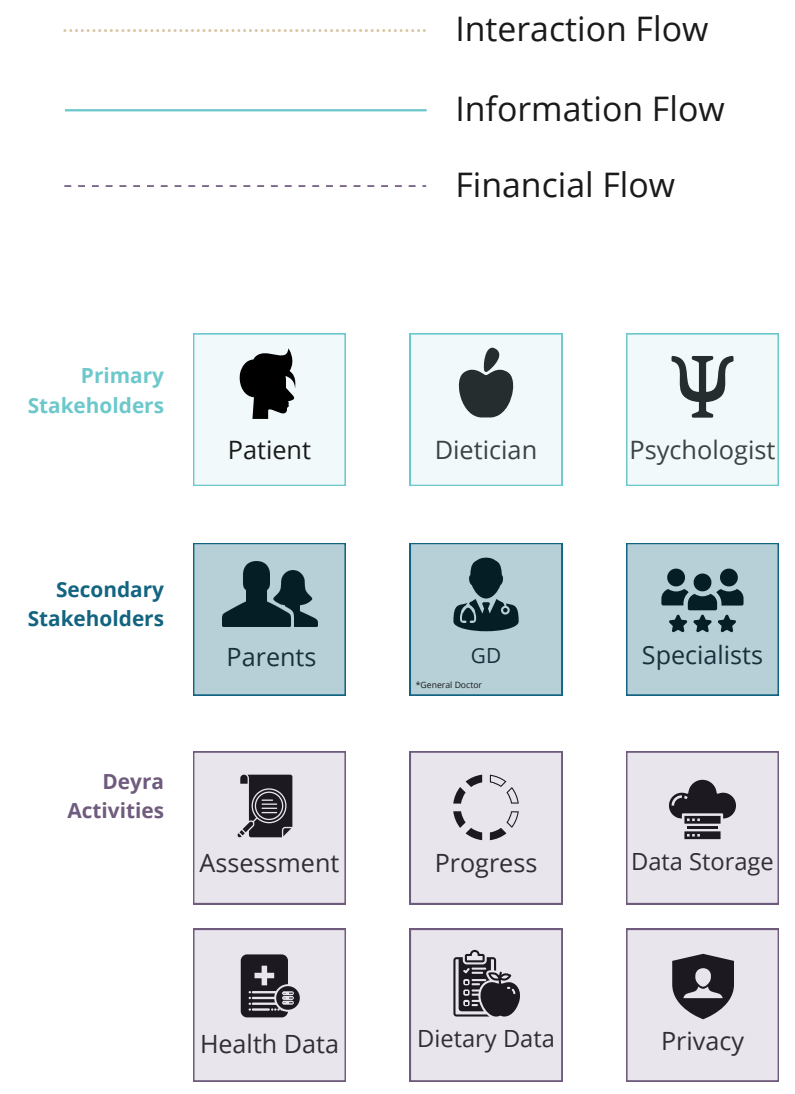
*The journey of healing is now easier than ever, available, and reachable by anyone, no matter the circumstances.*

# SYSTEM ANALYSIS

# ECOSYSTEM



# SYSTEM MAP



The page features abstract line art in the top-left and bottom-right corners. The lines are thin, light brown, and form irregular, organic shapes that resemble hand-drawn sketches or doodles. The rest of the page is plain white.

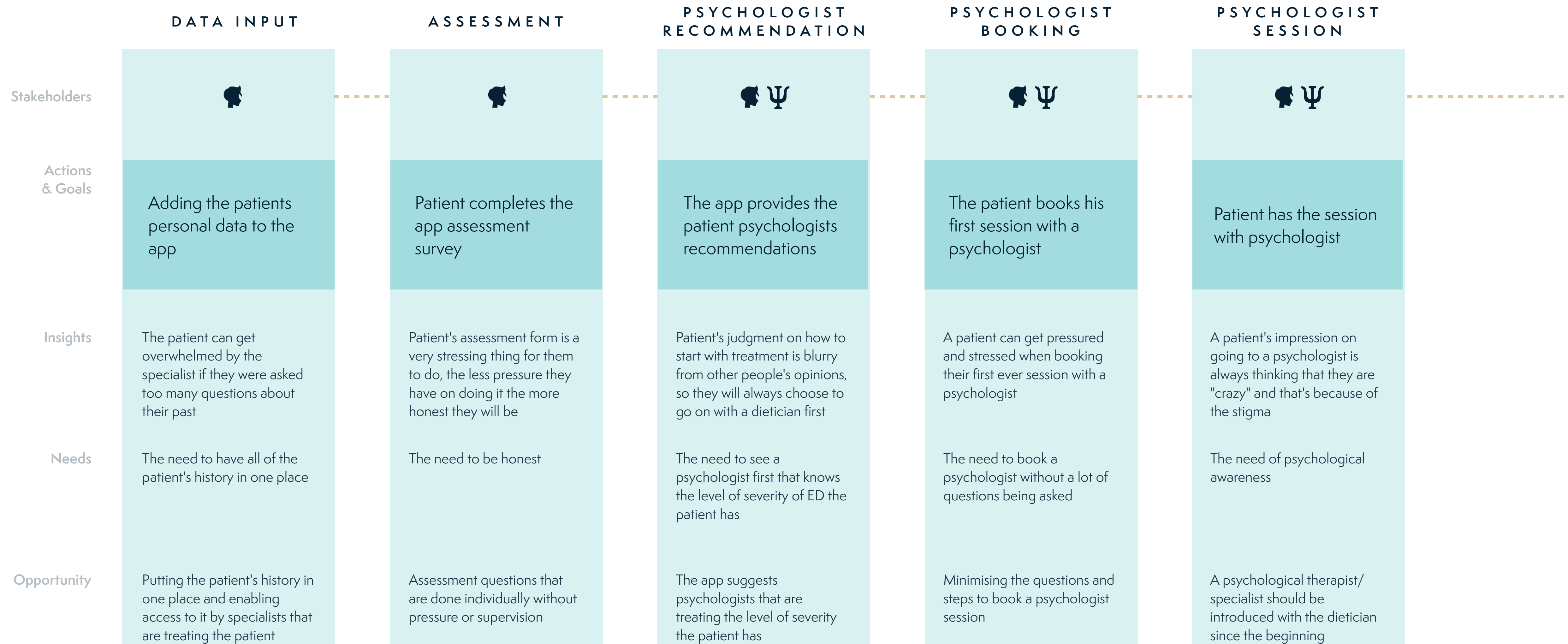
# DEYRA JOURNEY MAP



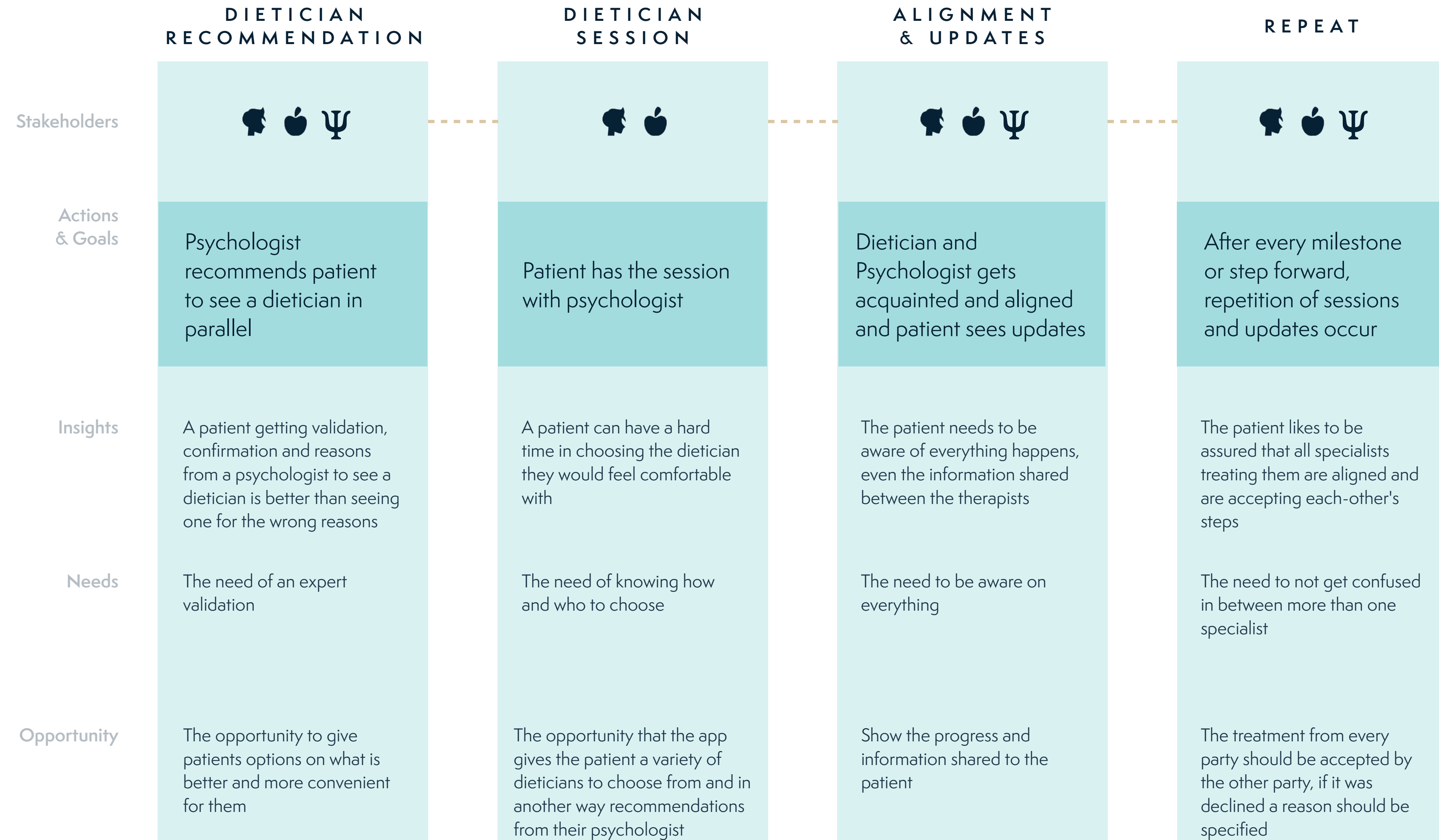
THE PROBLEM

	TRAUMATIC EVENTS	IMPACT	REALIZATION	DECISION MAKING	FINDS "DEYRA"
Stakeholders					
Actions & Goals	Remembering a traumatic event that happened to the patient	The patient is being criticised from surroundings	Failing more than once in dieting and seeks for help	Influenced by external factors and search for a dietician	Download Deyra application and starts treatment
Insights	Traumatic experiences cause more than just a memory in the brain that will last forever if not treated	Parents and who is around the patient can have a very negative impact on her/him	The patient usually search for their own symptoms before professional counselling	A first reaction is to talk to a dietician and not a psychologist because of the stigma	A patient that has strict parents and that does not understand him/her will seek for ways to get treatment that is not visible to the parents
Needs	There is a need of talking about the traumatic experience to someone that could help ease the pain	The need to be isolated a bit mentally more than just physical	There is a need to know what is wrong with the patient and a need to dig deeper	There is a need to heal the traumatic experience before the eating behaviour	The need to do the treatment in hiding mode and without anyone knowing
Opportunity	Talking to a psychologist or a group of people that went through the same trauma	Having a place without the negative impacts or make the impact positive in the eyes of the patient	Creating an assessment form that can detect an eating disorder from questions	Introducing a psychologist before a dietician or together	Creating a path where the patient can choose either to be physically present or not

THE DURING TREATMENT



THE DURING TREATMENT

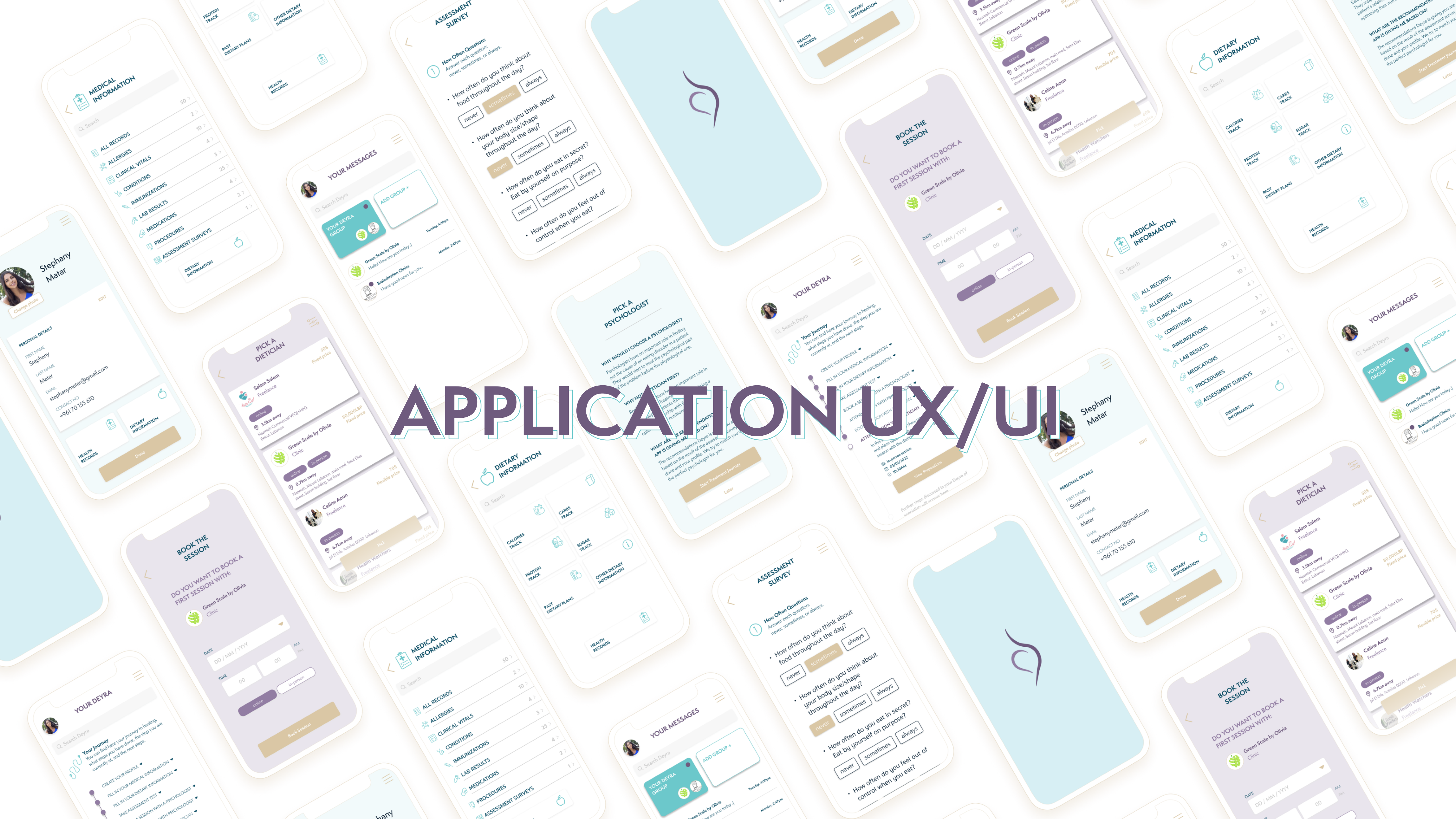


THE AFTER TREATMENT





# APPLICATION UX/UI





**PROFILE**

The user fills in their profile starting with their **personal details**

The user has more than one way of **signing in**, and he can **create an account** easily

The user fills in their **dietary & Medical information** or just uploads documents

**ASSESSMENT**

The application gives **indications and information** before the assessment begins

The user **chooses the answer easily** as the app offers multiple choices and yes/no answers

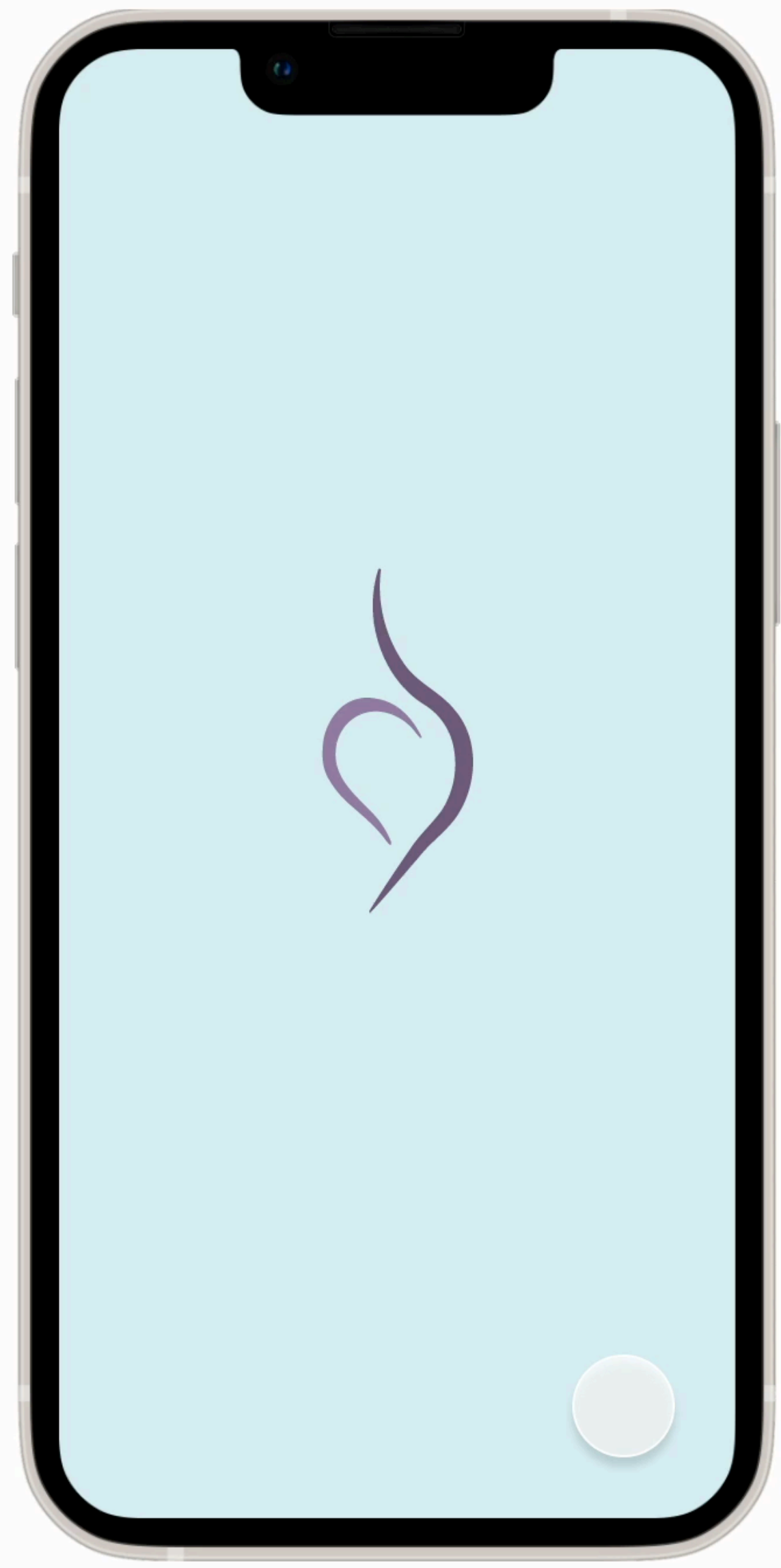
The app **indicates the success** of assessment filling & **reminds the user** with information

**PICK A PSYCHOLOGIST**

The user is **offered information** on why choosing a psychologist first is important

The user is offered a to **choose time and date** of the session, with a **confirmation message**

The user is offered to **contact or visit the psychologists' website** before booking a session



### PICK A DIETICIAN

The user is offered dietician **recommendations by the psychologist** in treatment

The user is offered a to **choose time and date** of the session, with a confirmation message

The user is offered to **contact or visit the dieticians' website** before booking a session

### HOMEPAGE/ TREATMENT PATH

The user can **see their track** instantly upon opening the app

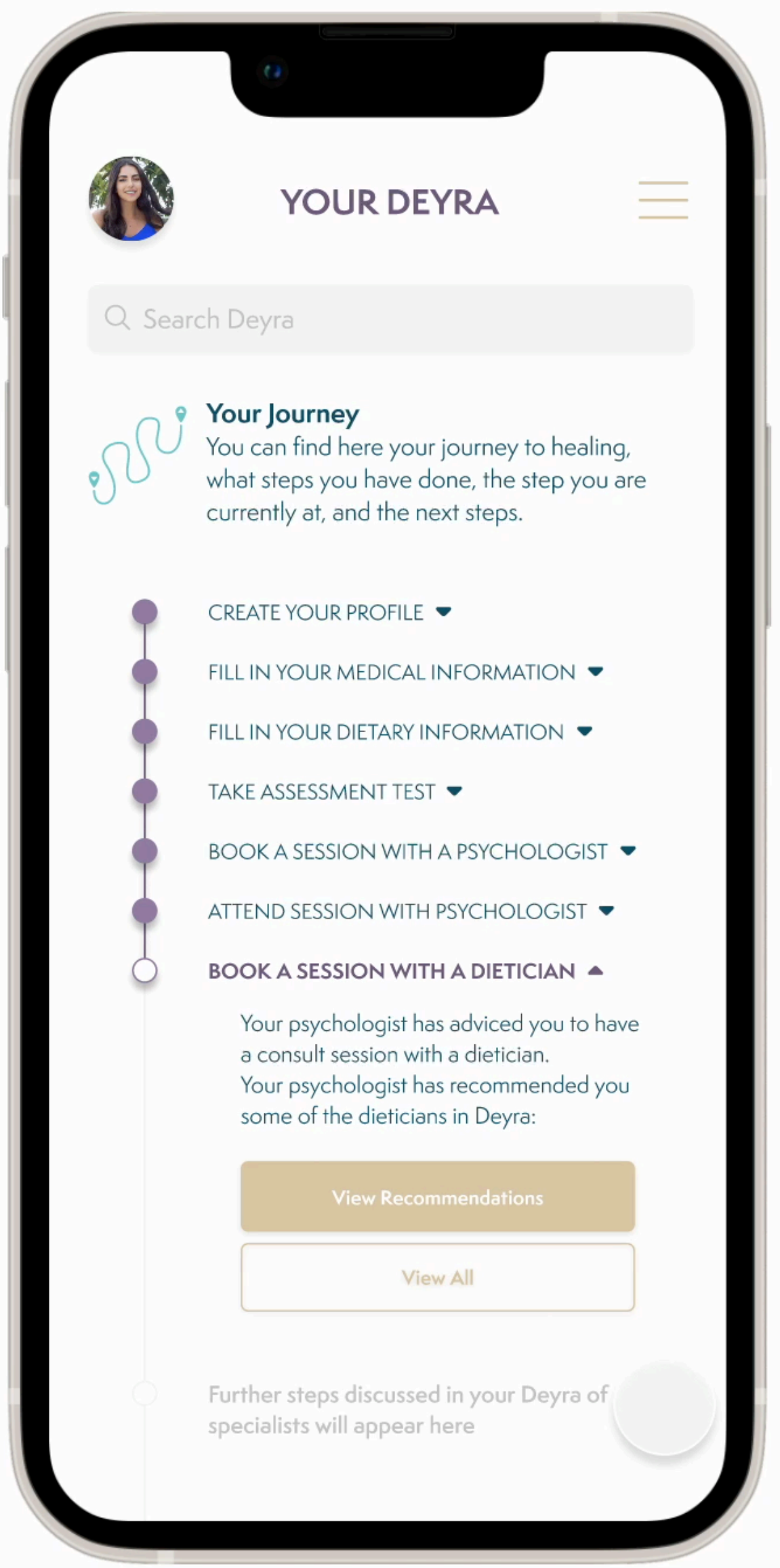
The user is **always reminded** by the app on the session's details

The The user can be **prepared for a session** before attending

### MENU/ MESSAGES

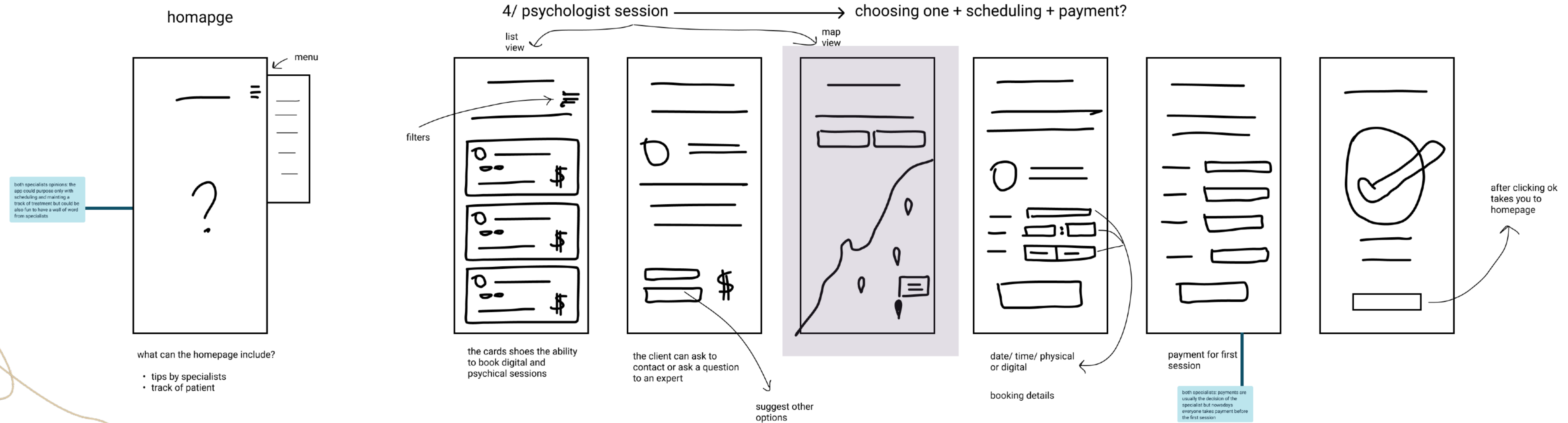
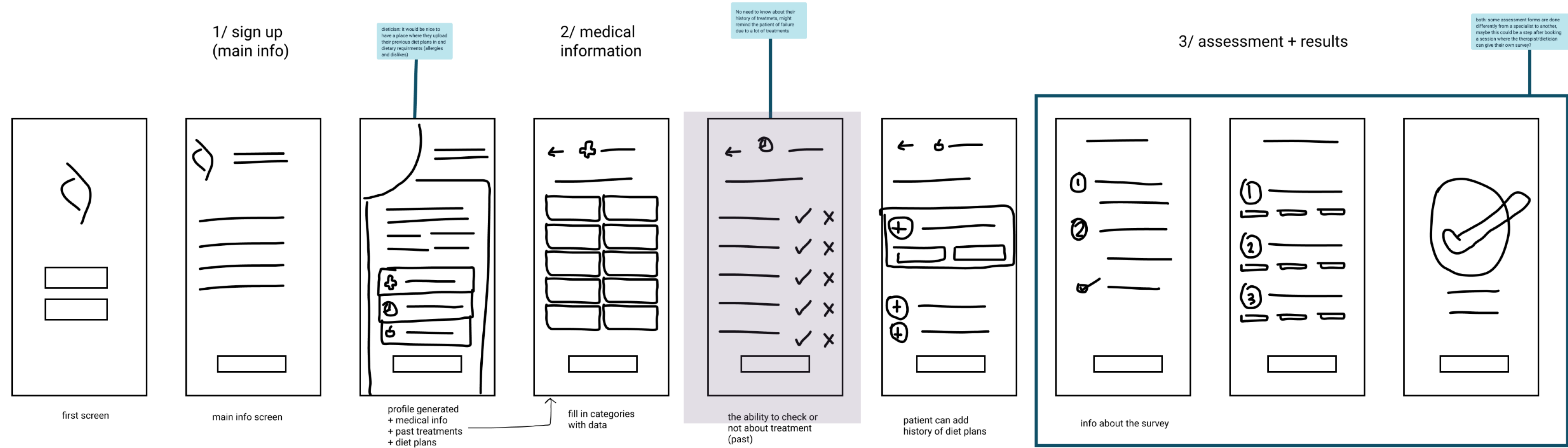
The user can **navigate through the application** easily and fast using the drop down menu

The user **send and receive messages** to either one of their specialists or both of them grouped, for easier communications





# TESTING



“The application has a very smooth path, and the way that makes you go through the therapy makes it easier for you to not overthink the steps and what to do next”

“I found it very user friendly, and everything I had as for my history in medical records in is one place”

“The application gives you some sort of independency where it gives you recommendations but at the same time lets you be your own person and choose from the rest of the list”

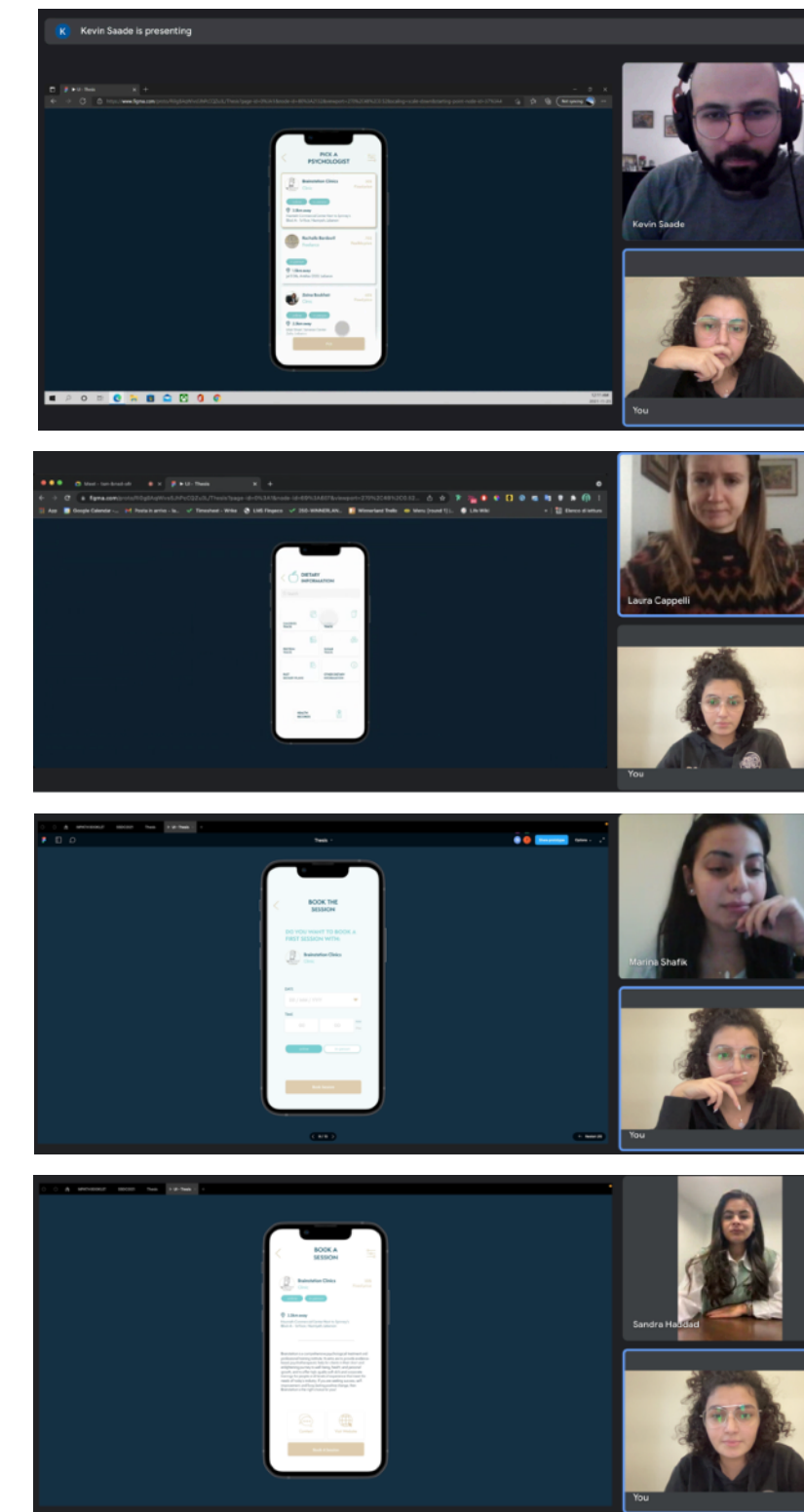
“I like the way the application recommends psychologists and dieticians based on the assessment done and my profile, I find that very helpful since I always struggle to find the perfect fit for me”

“I like it, but maybe It would be nice to contact my therapist and dietician each on their own”

The messages part was changed to make the user be able to contact all specialists included in the treatment journey together in a group or to contact them individually.

“Maybe the part of where psychologists recommend me dieticians could be a bit restrictive”

I have added a division in where the user/patient can either book a session with a recommendation or choose their own dietician from the list provided by the app, ascending order on the dietician that relates to the user more.





# THANK YOU

**NARDIN ADEL WAHIB SHAFIK**

MSc Product Service System Design

A. Y. 2020/2021

