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**Culture and Mental Health in Liberia:
A Primer**

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Contact for feedback and communication: Department of Mental Health and Substance Abuse at WHO (mhgap-info@who.int) or Sharon Abramowitz (saabramowitz@gmail.com).

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Preface

At the request of the Liberia Country Office of the World Health Organization (WHO), we have prepared a narrative review of the literature on mental health and psychosocial programs (MHPSS) in Liberia. This review focuses on relevant beliefs, help-seeking behavior, service utilization and both formal and informal resources for mental health. This report can provide some useful background for those unfamiliar with the local situation that hope to contribute to improving mental health services in the country.

In 2015, a team was assembled specifically for this task through the Health in Africa Working Group of the University of Florida. We would like to thank the many people who generously contributed their time and expertise: Patricia Omidian, Amara Fazal, Alexis Boulter, Michael Dehalt, Chelsea Lutz, and Heejin Ahn, who helped locate and review the literature, and draft, refine, and edit the text.

One year later, the WHO commissioned an update of the report to reflect the changes wrought by the Ebola epidemic and to capture relevant research published from 2014-2016, and to include new initiatives in Liberian mental health and psychosocial services. Special credit goes to Patricia Omidian (WHO Liberia) for commissioning the initial phases of this project and to Mark van Ommeren and Edith van 't Hof (WHO Geneva) for supporting the finalization of this document. A special thanks to Patricia Omidian, Ruth Kutalek, Cora Passanisi, and Darren L. Domah for their valuable insights from the field. Amanda Gbarmo-Ndorbor of the Ministry of Health as well as John Mahoney and R Kesavan (WHO Liberia) kindly reviewed the pre-final draft.

In addition to coordinating the project, I reviewed the literature and edited the drafts and final manuscript. Producing this report has required a communal effort and all of the contributors worked intensively in the hope of making a contribution to the ongoing relief efforts and the long-term challenge of strengthening mental health services in Liberia.

Sharon Abramowitz, Ph.D.
Boston, December 14, 2016

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Executive Summary

This primer to “Culture and Mental Health in Liberia” has been designed to provide to interested agencies and practitioners an accessible summary of the relevant literature on mental health and psychosocial support (MHPSS) in the Liberia context. It also helps establish a “history of the present,” or a recent history of international and Liberian national activities and challenges in the MHPSS domain in Liberia.

The report builds upon the framework for a literature review set forth in the WHO-UNHCR (2012) publication *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings*, which includes a template for desk reviews to summarize MHPSS information about an emergency-affected region or country.

Liberia is in the midst of profound social and cultural changes that are creating a complex environment for mental health and psychosocial needs and services. Since the end of the Liberian Civil War in 2003, a decade of post-conflict development has transpired which has seen an extraordinary investment in community-based mental health in some of the most resource-poor contexts in the world. It is impossible, to date, to know the impact of the recent West African Ebola epidemic’s powerful and tragic impact on Liberian lives, or how post-Ebola mental health and psychosocial support will change in the near future in the context of shifting trends. This report, however, should give interested agencies and practitioners a foundation for understanding the context.

This report reviews and summarizes the available literature on Liberian mental health and mental health services. During two study intervals from 2015-2016, searches were conducted of academic monographs, databases, and the expert technical literature for state-of-the art research relevant to mental health in Liberia across a range of subfields, including public health, psychology, psychiatry, epidemiology, humanitarian studies, anthropology, political science, economics, and regional and gender studies. No time limit or restriction of content was placed on the review. A wide range of topics were considered, from ethnic, social and cultural attitudes towards mental illness, to “post-Ebola syndrome.” The study was augmented through consultation with key informant interviews.

The first part of the review describes the general context with a focus on historical, geographical, demographical, economic, political, religious, gender and cultural factors essential to a basic understanding of Liberia and its people. The second part of the review focuses on mental health and psychosocial context. This includes a review of factors such as basic epidemiology of mental illness, common beliefs about mental illness, sources of distress, concepts of self, explanatory models, idioms of distress, help-seeking behavior, as well as the roles of different sectors in MHPSS and the formal mental health system. The third part of the review describes the humanitarian context, including experiences with past aid in the area of MHPSS.

There is a need for increased attention to mental health and psychosocial support (MHPSS) in Liberia. While Liberian mental health actors will know their country and cultural well, outsiders getting involved in Liberia’s mental health system need to have basic knowledge about the country, the people, and sociocultural aspects of mental health and psychosocial support in Liberia. Reading this primer will help ensure that new stakeholders in MHPSS will have a basic understanding of context to be more effective in their work.

1. INTRODUCTION

1.1. Background

Less than 1% of Liberians have access to appropriate mental health services. In 2014-2015, Liberia and its regional neighbors Sierra Leone and Guinea struggled to contain the largest epidemic outbreak of Ebola Virus Disease (EVD) in known human history. As of 26 May 2016, there have been 28,616 reported cases of Ebola, with an estimate of 11,310 fatalities. The tragic toll of the Ebola outbreak has weakened many of Liberia's post-conflict reconstruction gains in health and economic development achieved since the end of the Liberian war in 2003.

Prior to the West African Ebola epidemic, the Republic of Liberia was ranked 175 out of 189 countries in the 2014 UNDP *Human Development Index*, and struggled with extreme poverty, a lack of access to basic healthcare, governance and transparency issues, economic underdevelopment, widespread exposure to potentially traumatic events, a lack of infrastructure, and persistent societal violence. After years of governmental and NGO efforts to expand basic mental health and psychosocial services into primary health care in all fifteen of Liberia's counties, the Liberian health sector has been particularly hard hit; of the 372 reported cases among Liberian health workers, nearly half (n=180) have died of EVD—one of whom was a recently trained mental health clinician. The disruption in the healthcare sector undermined significant gains in training, staffing, and supporting mental health-trained health professionals. The loss of these clinicians is likely to undermine significant gains achieved in training, staffing, and supporting clinicians.

With the onset of new demands like post-Ebola syndrome (Kutalek 2014, Grady 2015), children orphaned due to Ebola, Ebola survivors' reintegration, and the losses and potential traumatic events experienced in local communities during the epidemic, the impact of Ebola on local mental health needs and services is likely to be significant. Governments, NGOs, and international organizations such as the World Health Organization are collaborating to "Build Back Better" mental health systems in Liberia (WHO 2013, 2016a) after the Ebola epidemic. The challenges are great, but commitment has been demonstrated by the government and international partners. Strengthening Liberia's health systems capacities while meeting the immediate challenges of a still incomplete post-conflict transition requires the creation of health systems capacity at each level of the mental health system, from psychosocial support in the

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