Supporting Psychosocial Health and Resilience in Liberia ($2.75 million)

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Project Lead
The Carter Center Mental Health Program in Liberia
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Implementation Partners: Montserrado and Margibi Counties
1 in 4 people affected by mental illness in their lifetime, 76% receive no treatment

14 year civil war led to over 250,000 deaths (UN), with peace reached in 2003

2014-2016 Ebola outbreak in Liberia: 10,678 cases and 4,810 deaths

In 2010, there was 1 psychiatrist in Liberia, no other trained mental health workforce

Community-based project in Montserrado and Margibi Counties, two counties heavily impacted by Ebola
To respond to the intermediate psychosocial and mental health impact of the Ebola Virus Disease (EVD) crisis and to build long-term psychosocial health and resilience at the individual and community levels in project target areas

Achieved through:

- the training and capacity building of new and existing cadres of mental health providers (i.e. mental health clinicians (MHCs), psychosocial counselors, social workers, and general community health volunteers (gCHVs);
- the implementation of psychosocial/mental health interventions at the individual/family and community levels; and
- supporting project management, and monitoring and evaluation, which will help to guide project implementation.
Project Components


2. Building long-term psychosocial health and resilience at the individual and community level.
Component 1: Support for the Intermediate Psychosocial/ Mental Health Impact of Ebola
Response to Ebola

First Project Advisory Committee (PAC) held in ETU type tent: last outbreak in Margibi still active
Response to Ebola

- Community Healing Dialogues in Ebola-affected communities (N=1800, 62% female)
- Training in self-care and stress relief with Ebola first responders
- Peer support groups
- Individual and group counseling
- Establishing recovery groups (AA/NA)
- mhGAP Trainings for health workers
- Identification referral and treatment of seriously mental ill
Response to Ebola

- 369 first responders to EVD trained on self-care and stress relief (project goal was 350)
- Ten recovery groups established, each with about 14 participants
- 1,347 people reached through individual and group counseling or peer support groups
- 22,540 patient encounters, 398 patients referred
- 200 religious and traditional leaders trained in anti-stigma and to identify and refer individuals with mental health needs
- 600 referrals from traditional (21%) and religious (78.6%) leaders to facilities
- 812 health workers trained in mental health care
Component 2: Building Long-Term Psychosocial Health
Building Long-Term Health

- Training, capacity building on resilience for select providers
- Development of new cadre of providers for children and adolescents (CMHCs)
- Deployment of CMHCs to schools and to selected communities.
- Identification, referral, and treatment of seriously mentally ill
- Partnership with the Harvard Program on Refugee Trauma and the Liberian Association of Psychosocial Services to provide training and capacity-building on women’s health
Building Long-Term Health

- 165 health care workers trained on resilience
- 83 accredited Child and Adolescent Mental Health Clinicians trained by World Bank Project
- Four school-based clinics serve population of 4,500 students for physical and mental health needs
- 180 teachers to be trained; 18 educator trainers
Teachers Trained in School Mental Health Program for Students’ Healthy Social Emotional Development

WHO EMRO Manual of School Mental Adapted for Liberia

24 Teachers, administrators, MHCs and social workers completed Training of Trainers to train 180 individuals
Building Long-Term Health

- 58 HCWs participate in monthly case reviews for quality assurance (40 mhGAP trained HCWs and 18 MHCs)
- 20 case supervision teams conduct regular supervision
- 120 individuals benefitted from sessions in 10 counseling groups
Building Long-Term Health

- 2,526 students accessed 4 school-based clinics (56% Female)
- 1,309 individuals received group/individual counseling or participated in peer support groups (57% Female)
- 5,239 individuals treated at facilities for mental health (54% Female)
Child and Adolescent MHCs

Clinician Distribution

- Cohort 1 - 21
- Cohort 2 - 21
- Cohort 3 - 22
- Cohort 4 - 19
- Cohort 5 - 18 (in training)

101 Total
Women’s Health Toolkit

6 Liberian staff (LAPS)

Train 30 trainers x 2 Counties (60 trainers total)

60 trainers each train 4 trainees (240 trainees total)

300 Total Participants
Women’s Health Toolkit

Follow-up Trainer Interviews

- 24 of 40 women taught their spouses/husbands about STIs, condom use, and family planning
- 26 of 40 women taught family members about personal hygiene
- 22 of 40 women discussed foot care
- 30 of 40 women taught their daughters how to use reusable sanitary pads
- 17 of 40 women used the bucket and tree analogy in responding to trauma-related events
<table>
<thead>
<tr>
<th>Results/Outcomes</th>
<th>GAINS</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
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</thead>
<tbody>
<tr>
<td>Women’s Health Toolkit to address the ongoing physical and mental health needs of women in Liberia.</td>
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<tr>
<td>Increase the health-related knowledge of women with no professional training and low educational levels by means of training of trainers</td>
<td>60</td>
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<tr>
<td>Liberian women with no professional training and low educational levels trained as trainers to teach other women in their community with health-related information</td>
<td>60</td>
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<td>Each of the 60 trainers trained 4 women in their respective communities</td>
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<td>240</td>
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<td>Trained women certificated and turned over to their respective communities</td>
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<td></td>
<td>300</td>
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<td>Conducted pre and post training evaluations with trainers and trainees</td>
<td>60</td>
<td>300</td>
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<td>Referrals made to MHCs and for other health services</td>
<td>8</td>
<td>20</td>
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<td>Self discovery of participant’s potential to train others</td>
<td>60</td>
<td>240</td>
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<tr>
<td>Variety of learning approaches (audio, visual, reading, simple Liberian English etc.)</td>
<td>60</td>
<td>300</td>
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<tr>
<td>Economic advantages for future savings (solar power supply, reusable pads etc.)</td>
<td>60</td>
<td>300</td>
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<tr>
<td>Indirect long term business improvement for women</td>
<td>60</td>
<td>300</td>
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Achievements

- Community Health Initiative trained 20 women to make reusable menstrual pads.
- Beneficiaries have returned to school, started income generating activities, and solved family disputes.
- Created "The Liberian Women’s Health Promotion Project: Scientific Manual"

Challenges

- Changes in government
- Tracing trainers/trainees for interviews
Additional Projects

MAP International Prescription Drug Shipment

CAMHCs participate in Development Disabilities training in Ibadan, Nigeria
<table>
<thead>
<tr>
<th>Results</th>
<th>Gains</th>
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<tbody>
<tr>
<td>1. Support for the Intermediate Psychosocial Impact of the Ebola</td>
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<tr>
<td>Designed and implemented a culturally effective self-care program for</td>
<td>198</td>
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<tr>
<td>EVD workers.</td>
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<tr>
<td>Trained and built capacity in skills to respond to the psychosocial</td>
<td>246</td>
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<tr>
<td>impact of EVD for specific cadres of health workers.</td>
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<tr>
<td>Implemented psychosocial interventions to respond to psychosocial</td>
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<tr>
<td>impact of EVD at the individual and community levels.</td>
<td>206</td>
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<tr>
<td>Identified, referred and treated individuals with serious mental</td>
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<tr>
<td>illness.</td>
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<td>Mid-level HCWs trained in mh-GAP-ig, anti-stigma, referrals</td>
<td>19</td>
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<tr>
<td>CHWs trained in mh-GAP-ig principles of care, anti-stigma, referrals</td>
<td>40</td>
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<tr>
<td>45 facilities all staff received facility-based anti-stigma training</td>
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<td>PSS workers trained in Psychological First Aid and Anti Stigma</td>
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<tr>
<td>SPHR Program Progress</td>
<td>Gains</td>
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<td>-------------------------------------------------------------------------------------</td>
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<td>Religious Leaders and Traditional Leaders trained in Anti-stigma, Acute Stress, Grief and Referrals</td>
<td>50</td>
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<tr>
<td></td>
<td>150</td>
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<td></td>
<td>200</td>
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<td>Facilitators trained in Peer Support Group facilitation</td>
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<td>64</td>
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<td>MHC &amp; SW supervisors received supervision training</td>
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<td>50</td>
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<tr>
<td><strong>2. Support to Build Long-Term Psychosocial Health and Resilience at the Individual and Community Level</strong></td>
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<tr>
<td>Trained and built capacity on resilience among select providers</td>
<td>165</td>
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<tr>
<td>Developed new cadre of child and adolescent mental health providers</td>
<td>21</td>
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<td></td>
<td>22</td>
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<td>Deployed of CMHCs to schools and to selected communities</td>
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<td></td>
<td>42</td>
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<td></td>
<td>64</td>
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<td>Identified, referred and treated seriously mentally ill</td>
<td>21</td>
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<td>64</td>
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Facility mhGAP Report

- Gathered notes in relevant & appropriate manner: 85% Yes, 13% No, 2% N/A
- Examination Rooms with confidentiality: 84% Yes, 14% No, 2% N/A
- mhGAP Used to manage MNS: 92% Yes, 7% No, 6% N/A
- mhGAP IG Kept with Access: 95% Yes, 5% No, 0% N/A
- mhGAP Master Chart: 86% Yes, 9% No, 4% N/A
- Mechanism for Patients Consultation: 92% Yes, 7% No, 0% N/A
- Drugs needed for MNS Condition: 42% Yes, 55% No, 2% N/A
- mhGAP Trained Non-specialist HCP: 95% Yes, 5% No, 0% N/A
Key Lessons Learned

- Tie service delivery outputs and outcomes to compensation
- Strong county leadership
- County Health Teams’ retreats address healing
- Supportive Supervision
- Case Consultations
- Financial support to CHD team
- Key policy developments and leadership
Government of Liberia 150 Day Health Sector Deliverables for MH:

- Send MDs for training in psychiatry
- Rehabilitate Grant Hospital
- Construct 2 wellness units
- Allocate $1.8 m for mental health

Payroll for MHCs/MH Gap-ig Staff
Implement MH Policy & Law
Availability of MH Medications
Integration of anti-stigma and service user development incorporated into government plans and policies across sectors e.g. National Disability Action Plan & Social Protection Platform
Dissemination of Results

THE PRACTICE OF CHILD MENTAL HEALTH NURSES

Kathleen R Delaney, Janice L. Cooper & Sylvia Nshemereuwire

Clinica Psichiatrica
QRs training – Eng
Implementation experiences. Standards in mental health facilities – an in depth case study in Greece using the WHO QualityRights toolkit. Human Rights and Capacity Building implementation in Liberia
Coordinate: Claudia Battiston, Morena Furlan, Katerina Nomidou
With: Janice Cooper, Josiah Monnia

Global Mental Health
Sashi Sashidhara (UK–India), Janice Cooper (Liberia), Asad Ramlawi (Palestine)
Break (15’)
Trieste, Parco di San Giovanni, 21-23 giugno/June 2018
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Thank you to the people of Japan