



Liberia

GENERAL INFORMATION

Liberia is a country with an approximate area of 111 thousand square kilometers (UNO, 2008). The population is 4,101,767 and the sex ratio (men per hundred women) is 101 (UNO, 2009). The proportion of the population under the age of 18 years is 49% and the proportion above age 60 is 3% (UNO, 2009). The literacy rate is 70% for men and 80% for women (UN Statistics, 2008). The life expectancy at birth is 53 years for males and 55 years for females (UNO, 2005-2010). The healthy life expectancy at birth is 47 years for males and 55 years for females (UNPD, 2010). The country is in the low income group (based on 2010 World Bank criteria). The total expenditure on health as a percentage of gross domestic product is 13.25% and the per capita government expenditure on health (PPP int. \$) is \$4.0 (WHO, 2006). Suicide rate information is not available. In Liberia, neuropsychiatric disorders are estimated to contribute to 4.7% of the global burden of disease (WHO, 2008).

GOVERNANCE

An officially approved mental health policy exists and was approved, or most recently revised, in 2009. Mental health is specifically mentioned in the general health policy.

A mental health plan exists and was approved or most recently revised in 2009. The mental health plan components include:

- Timelines for the implementation of the mental health plan.
- Shift of services and resources from mental hospitals to community mental health facilities.
- Integration of mental health services into primary care.

Dedicated mental health legislation does not exist and legal provisions concerning mental health are not covered in other laws (e.g., welfare, disability, general health legislation etc.).

Note: The Ministry of Health & Social Welfare formulates the policy and standard, but the institutionalization and implementation of the mental health plan and services, is the responsibility of the main medical institution in Liberia, the John F. Kennedy Hospital.

A situation analysis has been conducted to inform policy and strategic mental health plan revision.

FINANCING

Mental health and mental hospital expenditures by the government health department/ministry are not available.

Note: The above data cannot be obtained as the mental health budget is integrated into the national health budget.

Data collected in 2011

UN = information unavailable, NA = item not applicable

MENTAL HEALTH CARE DELIVERY

Primary Care

Prescription regulations authorize primary health care doctors to prescribe and/or to continue prescription of psychotherapeutic medicines but with restrictions. Similarly, the department of health authorizes primary health care nurses to prescribe and/or to continue prescription of psychotherapeutic medicines, with restrictions. However, official policy does not permit primary health care nurses to independently diagnose and treat mental disorders within the primary care system.

The majority of primary health care doctors and nurses have not received official in-service training on mental health within the last five years. Officially approved manuals on the management and treatment of mental disorders are not available in the majority of primary health care clinics. Official referral procedures for referring persons from primary care to secondary/tertiary care do not exist. Referral procedures from tertiary/secondary to primary care also do not exist.

Mental Health Services

Availability of mental health facilities

| | Total number of facilities/beds | Rate per 100,000 population | Number of facilities/beds reserved for children and adolescents only | Rate per 100,000 population |
|---|---------------------------------|-----------------------------|--|-----------------------------|
| Mental health outpatient facilities | 1 | 0.02 | 0 | 0.0 |
| Day treatment facilities | UN | UN | UN | UN |
| Psychiatric beds in general hospitals | UN | UN | UN | UN |
| Community residential facilities | UN | UN | UN | UN |
| Beds/places in community residential facilities | UN | UN | UN | UN |
| Mental hospitals | UN | UN | UN | UN |
| Beds in mental hospitals | UN | UN | UN | UN |

Access to care

| | Rates per 100,000 population) | Females (%) | Under age 18 (%) |
|--|-------------------------------|-------------|------------------|
| Persons treated in mental health outpatient facilities | UN | UN | UN |
| Persons treated in mental health day treatment facilities | UN | UN | UN |
| Admissions to psychiatric beds in general hospitals | UN | UN | UN |
| Persons staying in community residential facilities at the end | UN | UN | UN |

Data collected in 2011

UN = information unavailable, NA = item not applicable

| | | | |
|--------------------------------|----|----|----|
| of the year | | | |
| Admissions to mental hospitals | UN | UN | UN |

Long term care in mental hospitals (% of persons staying):

| | |
|-----------------------------------|----|
| Less than 1 year | UN |
| More than 1 and less than 5 years | UN |
| More than 5 years | UN |

Note: There is only one mental health hospital, however, there is an international NGO that provides mental health care in clinics in one county within Liberia. A large proportion of mental health services are provided by NGOs.

HUMAN RESOURCES

Workforce and training

| | Health professionals working in the mental health sector Rate per 100,000 | Training of health professions in educational institutions Rate per 100,000 |
|--|--|--|
| Psychiatrists | 0.02 | NA |
| Medical doctors, not specialized in psychiatry | 4.22 | NA |
| Nurses | 146.28 | 4.75 |
| Psychologists | UN | NA |
| Social workers | UN | UN |
| Occupational therapists | UN | NA |
| Other health workers | UN | NA |

Informal human resources (Family and User Associations)

| | User | Family |
|---|------|--------|
| Present in the country? | UN | No |
| Number of members | UN | NA |
| Participation in the formulation/implementation of policy/plan/legislation? | UN | NA |

Data collected in 2011

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MEDICINES

Expenditures for medicines for mental and behavioral disorders at country level

| Type of Medicines | Expenditures at country level per year and per 100,000 population (in USD) |
|---|--|
| All the psychotherapeutic medicines ¹ | UN |
| Medicines used for bipolar disorders ² | UN |
| Medicines for psychotic disorders ³ | UN |
| Medicines used for general anxiety ⁴ | UN |
| Medicines used for mood disorders ⁵ | UN |

INFORMATION SYSTEMS

| | Data on number of people/ activities are collected and reported | Data on age and gender are collected and reported | Data on patient's diagnosis are collected and reported |
|--|---|---|--|
| Persons with mental disorders treated in primary health care | No | No | No |
| Interventions (psychopharmacological and psychosocial) delivered in primary health care for people with mental disorders | No | No | No |
| Persons treated in mental health outpatient facilities | No | No | No |
| Contacts in mental health outpatient facilities | No | No | No |
| Persons treated in mental health day treatment facilities | No | No | No |
| Admissions in general hospitals with psychiatric beds | No | No | No |
| Admissions in mental hospitals | No | No | No |
| Days spent in mental hospitals | No | No | No |
| Admissions in community residential facilities | No | No | Yes |

Note: A specific report focusing mental health activities has been published by the Health Department or any other responsible government unit in the last three years.

¹ N03AG01, N05A, N05B, N05C, N06A

² N03AG01, N05A, N05B, N05C, N06A

³ N05A (excluding N05AN)

⁴ N05B & N05C

⁵ N06A

Data collected in 2011

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