



## 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.

## 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

UN = information unavailable, NA = item not applicable

## 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 <sup>1</sup>	UN
Medicines used for bipolar disorders <sup>2</sup>	UN
Medicines for psychotic disorders <sup>3</sup>	UN
Medicines used for general anxiety <sup>4</sup>	UN
Medicines used for mood disorders <sup>5</sup>	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.

<sup>1</sup> N03AG01, N05A, N05B, N05C, N06A

<sup>2</sup> N03AG01, N05A, N05B, N05C, N06A

<sup>3</sup> N05A (excluding N05AN)

<sup>4</sup> N05B & N05C

<sup>5</sup> N06A

Data collected in 2011

UN = information unavailable, NA = item not applicable