

THEME: MENTAL HEALTH ISSUES IN CBR PROGRAM OF SSBI IN LIBERIA

1.0 INTRODUCTION

This presentation comprises the following:

- Brief history of Liberia
- Major problems of mental health programme in Liberia
- Impact of long years of civil war and ex-soldiers/combatants
- How the Liberian society looks at persons with mental illness (such as depression, schizophrenia)
- Is the poverty reduction strategy of government considering mentally ill persons
- Intervention by SSBI CBR project
- Recommendations and the way forward

2.0 BRIEF HISTORY OF LIBERIA

Liberia is a small African republic, located on the west coast of the continent of Africa with a population of approximately 3.5 million people.

Liberia was founded in 1822 as a home for the resettling of free slaves from the United States of America, the West Indies and the Caribbean. After years of political leadership by an American philanthropic organization, the American Colonization Society (ACS), Liberia declared independence in 1847 with Joseph Jenkins Roberts, historically believed to be the son of an American President, the late Thomas Jefferson as first president.

With sixteen major tribes and a minority group, the Americo-Liberians (descendants of ex-slaves), Liberia has two major religious groups namely Christianity and Islam.

There are fifteen (15) political subdivisions in Liberia. They are divided into districts, chiefdoms and clans.

3.0 PROBLEMS OF MENTAL HEALTH PROGRAM IN LIBERIA

The issue of mental health program in Liberia is very critical and delicate since most Liberians have negative perception about mental illness in general and mental patients in particular.

Prior to the Liberian civil war, there was a mental rehabilitation center operating in Monrovia. Due to the population and landscape of the country, it was very difficult if not too intricate for thousands of mentally ill persons residing in other parts of the country to gain access to the only existing facility.

In almost every hamlet of the Liberian society, the story of mentally ill persons is that of neglect and uncompassionate treatment of cruelty. Mockery, insults and physical attacks are normal sights as far as the mentally ill are concerned.

The government seems unable to address the issue of mentally ill persons from a well practical, organized and responsible perspective.

Liberians naturally have little compassion for persons with mental deficiency and it is these same Liberians who operate from the wheel of political and economic authority to formulate and design those programs that would be beneficial to the welfare of the mentally ill.

This is a serious dilemma for mentally ill persons in Liberia. A dilemma deeply rooted in the lack of concern and political will to transform the sad lives of fellow citizens who face the ugly situation of depression, schizophrenia and sometimes suicide.

Social stigmatization of mental illness at times is propelled by legal endorsement in that, mental disability is a legal ground for divorce in Liberia. Many Community Based Organizations practice a culture of exclusion when it comes to people with mental illness since there is a lack of proficiency to deal with the problem at the community level.

The inclusion of former and minor mentally ill persons in CBR programmes proves strenuous and difficult, since the former feel they had been treated and no longer to be considered in the mental health programme of CBR; while the minor patients often refuse inclusion in CBR with the notion that they do not belong to CBR, because their cases are not major.

So, under these circumstances, CBR projects tend to have persons with severe cases of mental illness as beneficiaries. Access to medical service and referral support becomes a very serious problem especially, the coverage of the cost of medication.

There is no form of partnership or coordination between mental health professionals and community based programmes in Liberia and this makes it difficult for the identification of persons with minor mental illness.

According to sources at the Ministry of Health and Social Welfare, currently there are no state policies on the book considering mental health programme in Liberia.

Meetings are now being held at the ministry to formulate a national policy framework aimed at addressing the plight of mentally ill people in Liberia.

This clearly points to the kind of situation or predicament mental patients find themselves in.

4.0 IMPACT OF LONG YEARS OF CIVIL WAR AND EX-SOLDIERS/COMBATANTS

The Liberian fourteen (14) years civil nightmare saw the country descending into lawlessness with widespread looting, torture, summary executions, rape, hunger, health hazard and psychological depression among many. Millions were driven into distress and panic as rampaging military antagonists compete mercilessly for control of national power and wealth.

There was complete breakdown of basic social services, law and order with people eating wild leaves and root previously unknown to be edible in Liberia. People were slaughtered in cold blood right before the very eyes of love ones while unborn babies were knifed out of their live mothers' shackled bodies by combatants under the influence of drugs and alcohol.

Many non-combatants resorted to drugs and alcohol to smoke and drink away these sorrows. This sort of situation created psychological and mental trauma for victims (civilians) and perpetrators (ex-combatants).

With the war gone and once exposed to high level of drugs and alcohol addiction, terrific slaughtering of innocent preys and cannibalistic tendencies, the mental depression and trauma created on the minds of many people are visibly becoming rampant.

Everywhere, mentally ill persons are seen at street corners, public places and gatherings and the number is growing day by day. As part of programmes to end the war, a disarmament, demobilization, rehabilitation and reintegration of ex-combatants, DDDR, was launched by the United Nations Mission in Liberia UNMIL, the Government of Liberia and other partners.

The UN mission reported that the process was a success. "Many guns were destroyed; warring factions demobilized; thousands of combatants technically and vocationally rehabilitated and reintegrated in to society", while thousands more ex-combatants sold the opportunity to non-combatants.

Regrettably, the rehabilitation aspect of the DDDR did not take into consideration persons with mental problems; while many fire-armed robbery suspects turned out to be ex-combatants.

The implementation itself was marred by violent strikes and riots for better treatment and benefits. The much publicized success of the DDDR was therefore, an exaggeration.

5.0 HOW LIBERIAN SOCIETY LOOKS AT PERSONS WITH MENTAL ILLNESS (DEPRESSION, SCHIZOPHRENIA,)?

The Liberian society portrayed a rather paradoxical posture when it comes to the issue of mental illness. Many ordinary Liberians do not view mental illness from scientific perspective; but sees it as a result of spiritual considerations. Today, three factors are under consideration where mental illness is concerned:

- A spiritual curse or payback for wickedness done to innocent person(s) especially during the war such as summary executions, looting, extortion, rape and torture.
- A vengeance for thievery when victims are believed to send perpetrators mad with the help of witch doctors.
- Narcotics become also a major suspect for the nuttiness of many youths in Liberia. As a result of all these negative beliefs, public sympathy for mad persons in the Liberian society is rather elusive if there is any.

Mentally ill persons automatically are easily stigmatized and the impact of such stigma has long term impact on the moral and social interactions of the victims with others; even if they are healed. Nobody, especially acquaintances, takes them seriously again for the rest of their lives.

Discrimination against mental patients is very high in Liberia. People find it more difficult to associate with even former friends or relatives with mental instabilities.

It is observed in Liberia as common practice that within one or two months of mental illness, family members provide medical, spiritual, traditional treatment and thereafter, the possibility of abandonment or isolation becomes a considerable option.

As a result, most mentally depressed persons live in isolation, feed on garbage food and sleep in the open, marketplaces or makeshift unsealed business booths and in this process many of them usually fall prey to the sexual thirst of heartless rapists.

Many female mental patients are often found with pregnancies without any knowledge as to who the fathers of those babies are. At this stage the contribution of family members runs very low if not impossible.

6.0 IS THE POVERTY REDUCTION STRATEGY CONSIDERING MENTALLY ILL PERSONS?

Following the 2005 general and presidential elections in Liberia, the new government under President Ellen Johnson Sirleaf announced a six (6) year "Poverty Reduction Strategy" in a bid to empower and promote community based development initiatives in Liberia.

What is of significant interest is whether the poverty reduction strategy of the Government of Liberia considers the welfare of the mentally handicapped portion of its population?

Under the poverty reduction strategy the interest of the mentally disabled is not defined at least for now and this situation has a tremendous bearing on initiatives being undertaken by private sector institutions.

State welfare institutions do not engage in any form of rehabilitation scheme considering training, feeding, housing, clothing and medical care in the absence of a national policy.

The social banishment and stigmatization associated with mental illness also create difficulties for the integration of mentally ill persons into poverty reduction programmes at the community level.

7.0 INTERVENTION BY SSBI CBR PROJECT

SSBI is one of the local non-governmental organizations in Liberia which deals exclusively with Community Based Rehabilitation. SSBI started the first CBR program in Liberia in 1999.

Under this project, SSBI works with people with physical, visual and mental disabilities. Also in the CBR programme are persons with hearing and/or speech. The SSBI run CBR project is implemented in two of the 15 counties, Montserrado and Margibi counties

Some of the key activities are training for community volunteers, home program, awareness, counseling, education, medical intervention, income generation and appropriate technology.

Let it be noted that SSBI considers three kinds of mental disability-mental illness, mental retardation and epilepsy but for this presentation, we shall focus on SSBI intervention as it relates to mental illness.

Under the SSBI CBR project, persons with mental illness are first identified by community volunteers working in the area and recommended to the project for medical intervention. Under the SSBI introduced “cost sharing scheme” for all levels of intervention, the client and/or family member pays 50% or more for the cost of intervention while the project pays the balance.

In Montserrado County there is one major referral mental hospital, the Dr. Grant Mental hospital and in Margibi County, there is a mental health division in the C. H. Rennie hospital. Mentally ill clients under the SSBI CBR project are referred to the two hospitals for treatment.

Upon return from treatment, volunteers followed up to ensure that medication provided are taken accordingly. In order to promote community acceptance, volunteers used themselves as role model by walking hand in hand with mentally ill clients and encourage other community members to do the same. Mentally ill clients are encouraged to take regular bath and cut or plait their hair when

observed to be bushy. Counseling and sensitization/awareness are carried out by volunteers under the CBR program.

Family members of persons with mental illness benefit from loan for the purpose of providing their basic needs and up keep.

The impact of the SSBI Community Based Rehabilitation Project has been fantastic. Isolation and discrimination against mentally ill clients in the project areas is reduced at least at the minimum level.

For the first time many people were made to know that mentally ill people are not as dangerous as many believed and that it is a moral obligation to treat and care for them as fellow humans.

The stigma associated with mental disability is a great factor in the prevention of victims coming forward to seek medical or psychological assistance or organize themselves into community based groups.

8.0 RECOMMENDATIONS AND THE WAY FORWARD

With the negligible situation of the mental health program in Liberia on the part of state actors, the plight and future of people with mental disabilities look very bleak if nothing is done to remedy the situation. In this light, the SSBI CBR project wishes to outline the following recommendations:

- That the government and agencies working with mental deficiencies and related programmes must design mechanisms and policies, solicit and provide the needed financial and material resources so as to offset the unbearable plight of the mentally disabled population.
- That there must be a well organized massive awareness, training and medication campaign for the mentally disabled and community residents to deal with the grave issues of stigma, isolation, discrimination and treatment so as encourage acceptance at the community level.
- That international partners must assist local efforts to create and sustain access to mental treatment and referral support services under the CBR programme in the form of providing funding and medicines.
- That there must be some level of coordination and partnership between CBR programmes and mental health professionals so as to adequately impact the fight against mental disability and its related problems.
- That CBR programmes need to intervene in support of persons with mental disorders in areas where there is no mental health programme, provide counseling and training and help with the cost of medication and

other care since mentally ill persons are been left out of the poverty reduction scheme.

- That existing mental health services need to be redirected (after treatment) from the encampment approach to community based rehabilitation/reintegration approach.

I THANK YOU ALL