



BASIC PACKAGE FOR MENTAL HEALTH CARE SERVICE



MINISTRY OF HEALTH AND SOCIAL WELFARE
REPUBLIC OF LIBERIA

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I. Foreword

Liberia is recovering from 14 years of civil war that affected the mental and psychological wellbeing of its people. In response to this problem, the Ministry of Health & Social Welfare in collaboration with Non Governmental Organizations developed a Mental Health Policy and Strategic Plan to address the needs of mental health in Liberia.

This Basic Package for Mental Health Services was developed based on the National Mental Health Policy and the Strategic Plan to seek the mental health wellbeing of all people through quality affordable, accessible and available services. The Ministry has seen the need to upgrade the skills of health workers in the area of mental health.

The Basic Package for Mental Health Services include in-service training for health workers in mental health and upgrading pre-service curricula of mental health for schools of medicine and paramedical institutions based on current international standards.

We express thanks to those Non Governmental Organizations that contributed to the development of this Basic Package for Mental Health Services. This document will be distributed to County Health Teams and other partners implementing health care in Liberia to integrate mental health into the primary health care system; extending from clinics, health centers, county hospitals and tertiary facility(ies).

We highly appreciate this Basic Package for Mental Health Service which is the first of its kind which is developed specifically to address mental health problems.

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II. Acknowledgements

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Again, we very much appreciate the dedication of all the partners who have supported the development of the Basic Package for Mental Health Services. We look forward to working with these and other partners as we strive towards our common goal of improving the quality and equity of health care in Liberia.

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III. INTRODUCTION:

The Recent long and brutal conflict impacted disastrously on all aspects of human existence. The impact on the mental and psychosocial wellbeing cannot be overlooked. The effects of the war can be easily seen to have affected the physical, social and psychological wellbeing of the people.

Even without the impact of the war, the number of Liberians with mental health problems is alarming. Studies have shown that about 10% of the populations of the world suffer from a mild mental disorder while about 3% suffer from serious mental disorders.

There exist limited human and financial resources available to adequately address the diverse and myriad mental health needs of individuals in Liberia. There is an extremely low number of highly skilled professionals in the area of mental health in the country.

In 2006, recognizing the urgent need for mental health services, the Minister of Health and Social Welfare appointed a Task Force to address the situation. With support from several nongovernmental organizations, this evolved into a mental health policy committee, which was given the task of guiding and directing the formulation of a National mental health policy. The committee completed the policy and has developed a strategic plan through a collaborative and consultative process involving a diverse group of international and national nongovernmental organizations in the country. The National Mental Health Policy was presented and endorsed by the National Legislature and the Strategic Mental Health Plan was endorsed by the PCT, MOHSW.

A Technical Coordinating Committee was created to advise the Ministry of Health and Social Welfare on how to proceed with the implementation of the strategic plan, and any other issues related to mental health in Liberia. The mental health policy focuses strongly on training and integrating the mental health component of the Basic Package into the primary health care system, thereby improving the capacities of health workers at all levels of the health care delivery and mental health services at their level of competence.

A National Mental Health Coordinating Unit was established at the Ministry of Health and Social Welfare to monitor, supervise and direct the mental health program in Liberia. The Technical Coordinating Committee will provide advisory support to the Unit.

IV. Integrating Mental Health into the Primary Health Care System:

The foundation of Liberia's Health System is primary health care which promotes physical and mental health, preventive and curative care. Mental health treatment will be integrated into the primary health care system extending from the local level health clinics and health centers to the county hospitals and tertiary facilities.

V. Human Resource Development:

Most mental disorders can be effectively treated. The real problem is many people with mental disorders rarely see health workers. Even when they do, they tend to receive treatments that are not



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effective. The treatment of the vast majority of mental illnesses can be done with confidence by general health workers who have knowledge and skills in providing mental health care. In this regard, training of all cadres of health workers in the diagnosis and management of mental disorders at their level of functioning will be carried out.

The mental health in-service training modules have been developed, in country trainers will be trained to begin building the capacities of health workers in mental health care. Also, in collaboration with training institutions and various Boards, pre-service curricula of mental health for schools of medicine, nursing, midwifery, physician assistants and social workers will be upgraded and standardized consistent with current international standards to improve overall clinical experience and practice. Short-term, long term training and specialized training in mental health for health workers will be provided.

VI. Local Health Clinics and Health centers:

Local health clinics and centers will operate mental health services through the use of highly trained mental health outpatient team that can screen, diagnose, monitor psychotropic medications and provide treatment appropriate at their level of training. Those cases that cannot be treated will be referred to the county hospital. Community health workers/general community health volunteers have important tasks of screening communities, referring patients to the clinics.

VII. County Hospitals:

In-patient care for the mentally ill patients will be provided at the county hospitals. Each hospital will have space provided for mental health outpatient unit and in-patient wellness unit with 4-6 beds available for psychiatric admission. Each team will include nurses with some training in mental health, social workers.

At the health facilities, all mental health patients will have a medical history taken, review of symptoms, physical examination and diagnostic test to rule out other medical disorders. Discharge plans at all in-patient health facilities will be linked back to primary health care (bi-directional). This will include help for housing, shelter, food, security and work. Patients will not be discharged to the streets. There will be confidential communication between in-patient and out-patient caregivers.

VIII. Substance Abuse Emergency:

The wellness units at the county hospitals will provide treatment also for substance abuse emergencies, including overdose and withdrawal symptoms. Protocol shall be used for the identification of withdrawal symptoms and emergencies, monitoring of physical signs of withdrawal and the administration of substance abuse counseling and medications tapers to resolve the withdrawals. Referrals will be made to organizations/programs concerned with substance abuse.

Detoxification and Rehabilitation services will be provided for people with substance abuse dependence at the tertiary level.



IX. The JFK Mental Health Department:

The JFK Mental Health Department is currently the referral source for patients requiring hospitalization. In-patient care at this facility will only be utilized when treatment at the county hospital has been exhausted. This will include other tertiary Mental Health Hospitals.

X. Standardized structure Diagnostic Evaluation:

A Standardized structured diagnostic evaluation tool will be developed and distributed to all health facilities (clinics, health centers, wellness units) and the Mental Health Hospital (tertiary care). The Evaluation tool will reduce misdiagnosis of patients and ensure that appropriate treatment is provided. Each evaluation will collect similar information for patients' demographic history, family history and problems. All mental health facilities will send their data to the Health Management Information System Unit in collaboration with the Mental Health Coordination Unit to be included into the data collection system at the Central Office of the MOH&SW, for analysis, interpretation and feedback to the health facilities for planning purposes. This division will ensure training of relevant personnel thereby enabling proper utilization of forms and reporting information.

In collaboration with partners, the Mental Health Coordination unit, MOH&SW will distribute standardized treatment protocols for various types of mental disorders in health facilities. The essential drug list will be updated based on WHO's standards in collaboration with partners to enable the health facilities use drugs appropriate for the various mental conditions.

The National Drugs Service will update its psychotropic drug list and ensure the availability of psychotropic drugs at health facilities.

XI. Mental Health Staffing:

A county mental health team will provide mental health care in health clinics, health centers and wellness units in each county. Each county team will be formed by a mental health outpatient team, which would work in the health clinics, and the staff from the wellness unit, which will work in the county hospitals. This team will be led by a county mental health coordinator, who will be a psychiatric physician assistant (PPA) or psychiatric nurse.

The Coordinator will assess patients referred from primary care, stabilize patients when required, assist in psychosocial rehabilitation, offer counseling, make home visits, check the availability of medications in clinics, keep mental health statistics and write county reports. The County Mental Health Coordinators will regularly review initiation and medication changes with the County Health Officer to ensure quality of services.

A county health officer (CHO) will be the overall supervisor for the county mental health team. The CHO will be the operational manager of the county health team, serve as general health care, hospital director and chief medical officer of the county. The CHO will be trained in mental health as he/she is directly responsible for the quality of care rendered by the staff.

Each mental health outpatient and wellness unit team will be led by both the hospital director (the overall supervisor) and by a Psychiatric Physician Assistant (PA) or psychiatric nurse. Each team includes

nurses with some training in mental health, social workers and community health workers. The Psychiatric PA or psychiatric nurse will directly supervise nurses with psychiatric training, social workers and community mental health workers or volunteers who provide care at all settings.

The mental health outpatient team will rotate to different health clinics and centers. Clinic nurses will be given specific task and priority for each worker will be determined. Social Workers will be able to cope with problems associated with poverty, sexual abuse, domestic violence and other major social issues in local communities. Social Workers will be trained and placed in health clinics and centers. Community Health Workers and Community Health Volunteers will be trained to assist with the compliance with medications, monitoring of side effect, early signs of relapse, early detection of delirium and mental health education. They can support vulnerable people to prevent depressions, and provide First Aid Management of Violence and aggression.

Psychiatric nurse is to determine whether changes in medication are necessary. The nurse will consult with the PA, psychiatric nurse or the county health officer for complicated cases, children requiring psychotropic medications and for co-morbid medical disorders.

All staff will use a standardized structured diagnostic evaluation in all clinics and health centers, and all wellness units and mental hospitals. Once adopted for Liberia, this evaluation tool will help to reduce misdiagnosis of patients and ensure that appropriate treatment is provided.

Table 1. Staffing at the various health facilities for provision of Mental Health services

No.	Health Facilities	Category of staff	Number of staff
1.	Clinics	Registered Nurse with training mental health experience or Physician Assistant with training in mental health	1 staff
2.	Health Centers	Registered Nurse with training mental health experience or Physician Assistant with training in mental health	1 staff
3.	County Hospitals Wellness Units In-Patient (Phebe) *	Medical Doctor Registered Nurse on three shifts	1 staff 4 staff
4.	Tertiary Hospital: JFK In-Patient	Psychiatrist Registered Nurse Occupational or Recreational Therapist	1 staff 10 staff with 5 or 6 Nurses' Aides 2 staffs



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Out-Patient	Social Worker	3 Staffs
	Registered Nurse	2 staff
	Social Worker	1 staff

XII. Center of Excellence:

A Center of Excellence will be established in collaboration with licensing boards and clinical, learning and training institutions to provide guidelines standardization for and growth in the number of mental health workers; international evidence based practice in mental health, education, training, treatment research and setting of standards in mental health care and practice.

XIII. School-based Mental Health:

There is evidence that most children in need of mental health care do not receive it, or their parents do not seek help for them. All school-based interventions will be culturally and developmentally appropriate for school aged children. The Ministry of Health and Social Welfare, Ministries of Education and Youth and Sports will collaborate to develop mental health interventions. MOHSW will coordinate these efforts.

XIV. Children Mental Health Promotion and De-Stigmatization of Mental Illness:

The promotion of public mental health campaign will be encouraged. The Ministry of Health and Social Welfare will be responsible for developing the public health campaign programs. The Ministry of Youth and Sports, Ministry of Information, Culture and Tourism as well as other Ministries will carry out public health, alcohol and substance abuse prevention messages using their respective public message strategies. Faith based organizations and civil society organizations will be encouraged to deliver public mental health messages at churches, mosques and in communities.

XV. Mental Health in Primary Care:

The treatment of all children and adolescents with mental health conditions will be integrated into the primary health care system and the health service delivery structure. Treatment will be offered to all children including pre-school age and non-students. Services will be provided by the County Mental Health Team. The MOH&SW will train mental health professionals with expertise in children’s mental health. Awareness and behavioral change communication (BCC) will be offered to parents and caregivers.

The County Health Teams will provide – as a first level intervention – brief screening and short-term interventions based on a uniform standard of care developed by MOH&SW. The Basic Package of Health Services will provide opportunities for care and support to children and their families who need longer term rehabilitation and recovery services through the primary health care system. The care

coordination will include a social worker of the local health care team to provide support and coordination. In patient care at the county hospital will only be used if children and adolescents are a danger to themselves and others.

The mental health outpatient teams will liaise with schools, police, prisons, social services and other institutions in early identification and intervention of at-risk children. School nurses, counselors, police, traditional women and others working with children and adolescents, will also be involved in the early detection/identification.

XVI. Community Involvement:

Public awareness programs will be carried out in collaboration with partners using the electronic and print media to sensitize the communities and promote stigma reduction. Local communities will be encouraged and supported in designing and developing culturally specific, relevant and appropriate mental health messages through drama and folklores.

Families and the mentally ill patients will be educated about mental illness/mental health. Family caregivers at the community level will be trained in mental health issues by health workers on how to identify mental problems, how to manage conditions in the home (i.e.; epileptic seizure) and how to utilize available health and mental health resources. Support and advocacy groups working in communities will provide support to the mentally ill and disseminate messages on the promotion of mental health in collaboration with the Mental Health Coordination Unit and partners.

The mentally ill and their families will be engaged and consulted when designing programs to address their needs. Traditional healers (will be encouraged to give care to mentally ill), religious leaders and community leaders will be trained and involved with strategies to prevent and detect mental illness and make referral in collaboration with general health and mental health workers to the nearest health facilities.

XVII. Epileptic Disorders:

Seizure disorders such as epilepsy will be treated at the community based primary health system, in the health clinics and health centers.

County hospitals will provide medical and additional mental health evaluation and treatment. Patients with epilepsy or seizure disorders will be screened for common conditions that mimic seizures, such as migraine head aches, panic disorders, sleep disorders and periodic limb movement disorders. Patients will be screened for common mental disorders, such as depression, anxiety and psychosis.

In Liberia, there are cultural beliefs about epilepsy which cause shame and stigma associated with the disorders. Through health education, communities will become aware that epilepsy is not contagious so that the epileptic patients can be accepted and reintegrated into their communities to improve their quality of life.

Table 2. The table below denotes where Interventions and services will be provided:

Intervention and Services Provided	Clinics	Health Center	County Hospital	Tertiary Hospital
Dangers signs of acute mental illness. Acute Management and referral	Yes	Yes	Yes	Yes
Injury from domestic or other interpersonal violence. Provide care and initial counseling. Document injuries counsel attacker	Yes	Yes	Yes	Yes
Anxiety or depressive state. Counsel Refer to family or community resources	Yes	Yes	Yes	Yes
Psychosis, acute treatment	No	Yes	Yes	Yes
Psychosomatic: Recognize, counsel, refer as appropriate	Yes	Yes	Yes	Yes
Substance Abuse: Counsel and refer to support person	Yes	Yes	Yes	Yes
Substance abuse detoxification	No	No	No	Yes
Maintain registry of people on long-term medication for mental health condition or epilepsy. Arrange supply of psychotropic drugs.	Yes	Yes	Yes	Yes
Supervise and supply medications for persons on long-term medication for mental health condition or epilepsy.	Yes	Yes	Yes	Yes
Psychosocial counseling	Yes	Yes	Yes	Yes
Psychotherapeutic medication with Supervision by the Mobile Team	Yes	Yes	Yes	Yes
Medicines used in psychiatric disorders (maintenance)	Yes	Yes	Yes	Yes



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XVIII. ANNEX

3. Criteria/requirements for establishing the Wellness Unit at the County Hospital

In-patient

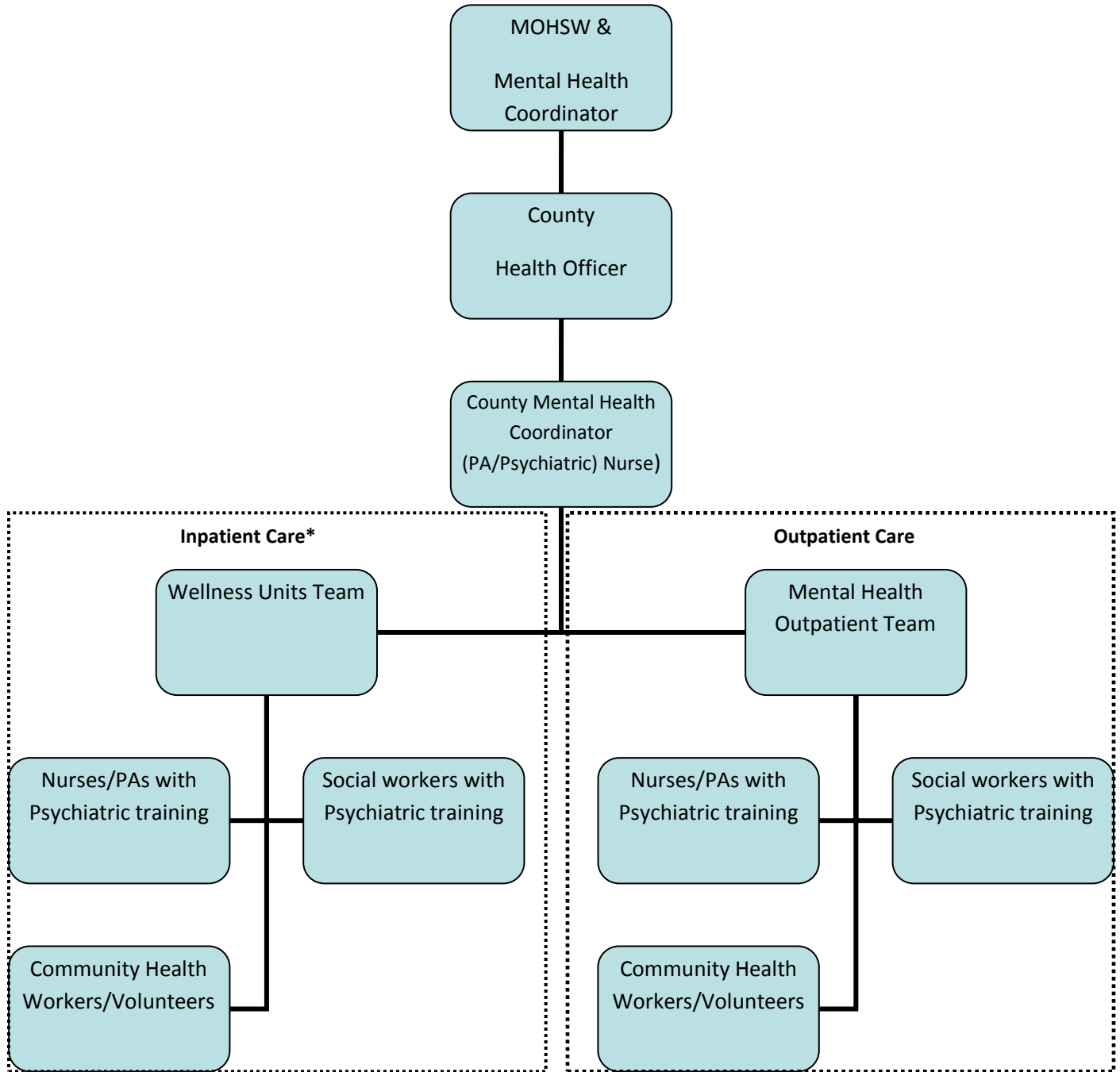
1. Adequate staff trained in mental health based on the Basic Package for Mental Health Service and Mental Health policy.
2. Psychotropic drugs per essential drugs list
3. Crisis room for assaultive or aggressive patient
4. 4-6 beds with beddings
5. Equipment (blood pressure machines, thermometers, syringes, needles, refrigerators to store drugs, gloves, bandages, cotton wools, alcohol etc). These equipment are available in the hospital.
6. Nurse's station that will contain patient charts, medications, equipment, scales for weighing, etc.

Out-patient

- Patients will be screened and diagnosed at the Outpatient Department. If there is an acute case, patient will be referred to the In-Patient Wellness Unit. Patients can also be referred from the clinics and health center levels to the Wellness Unit.

4. ORGANIZATIONAL FRAMEWORK

Figure 1: Organizational Chart



***Wellness Unit Team members will also provide some outpatient care in both the county hospitals and nearby health clinics and health centers.**