ABSTRACT

Liberia’s history of civil wars, weak health care system and experiences with Ebola Virus Disease (EVD) outbreaks created a perfect maelstrom for a mental health emergency. During the EVD outbreak, trained mental health clinicians and psychosocial workers formed the backbone of the mental health and psychological response.

Immediately after the outbreak, The Carter Center (TCC) Liberia Mental Health Program with funding from the World Bank sought to improve the health system’s ability to address mental health. Using WHO’s Building Back Better framework and principles and practices in the MHPSS in EVD Outbreaks: A Guide for Program Planners, TCC and the Ministry of Health, built up mental health services and supports in communities highly impacted by EVD. They developed a service delivery and anti-stigma program to improve outcomes for children, youth and families. The presentation outlines how key mental health service and policy actors used the momentum of a post-public health disaster setting to: i) improve mental health outcomes for Liberians, ii) develop and enhance community-based services, iii) increase service capacity, and, iv) reduce stigma and improve human rights for persons with lived mental health experience. Next steps are outlined. Policy, ethical and political considerations in mental health system building are explored.

SPEAKER

Janice Cooper, Ph.D., MPA, Senior Project Advisor Global Mental Health, The Carter Center, previously led its Liberia Mental Health Program (2010-18). Formerly, she led the Coalition for School-Based Primary Care, the Minnesota Children’s Mental Health Division, and Columbia University’s National Center for Children in Poverty. She was on the Institute of Medicine’s Committee on Clinical Trials During the 2014-15 Ebola Outbreak, and the Lancet Commission on Global Mental Health 2018.

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