Supporting Psychosocial Health and Resilience in Liberia

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Psychosocial and Mental Health Impact of EVD Crisis

• Individual-level impacts: heightened anxiety and stress and increased sadness and grief
  o Negative coping behaviors
  o Limited sense of agency or self-efficacy
  o Hopelessness about future

• Community-level impacts: stigmatization of survivors and families of victims and heightened fear and suspicion
  o Mistrust of formal institutions
  o Reduced social cohesion
  o Lack of collective efficacy
Project Overview

• Project Objective: Respond to the intermediate psychosocial and mental health impact of the EVD crisis and to build long-term psychosocial health and resilience

• Target Areas: 300 communities in Montserrado and Margibi counties

• Beneficiaries: Estimated to be approximately 19,000 and 50% of health centers in counties
Implementation Arrangements

• The Carter Center (TCC) will be the project implementing agency.
  o International non-governmental organization with a 30-year presence in Liberia
  o Trained over 150 mental health clinicians (MHCs) and implemented community-based projects
  o TCC Liberia will implement, manage, and evaluate project activities

• TCC will work closely with partners and stakeholders during implementation:
  o Government
    • National level: MOHSW and MOGCSP
    • Sub-national level: County Health and Social Welfare Teams
  o Professional associations
  o Community leaders
  o Beneficiaries

• The World Bank project team will oversee implementation and engage with other development partners.
Component 1

- Component 1: Supporting intermediate Psychosocial and Mental Health Impact of EVD Crisis

- Draws on lessons learned from previous psychosocial responses to EVD outbreaks in Democratic Republic of Congo and Uganda. Lessons emphasized:
  - Importance of preventing burnout and mental distress
  - Role of fear and stigma in perpetuating outbreaks and weakening social cohesion
  - Importance of training existing providers on psychological first aid

- Activities under Component 1 developed to be mindful of these lessons
Component 1: Interventions and Capacity Building

- Psychosocial interventions aimed at “first responders,” other individuals directly affected by the EVD crisis, and community as a whole.

- Individual-level interventions:
  - Individual and group counseling
  - Support groups

- Community-level interventions:
  - Community dialogues
  - Anti-stigma activities
  - Establishment of referral mechanism

- Capacity building and training to strengthen provider skills and knowledge
Component 2

• Component 2: Building Long-Term Psychosocial Health and Resilience at the Individual and Community Level

• Draws on current literature on resilience:
  o Resilience refers to good mental health and developmental outcomes at individual and community level despite exposure to significant adversity
  o Protective factors (i.e. positive relationships, avoided exposure to violence, supportive environment) build resilience

• Activities under Component 2 will strengthen and build these protective factors.
Component 2: Interventions and Capacity Building

- Individual- and community-level psychosocial interventions expanded to general community, with specific focus on women, victims of GBV, and children.
  - Implementation of women’s health toolkit

- Continued capacity building for existing providers.

- Training for a new cadre of Child Mental Health Clinicians (CMHCs):
  - Will focus on psychosocial issues specific to children and adolescents
  - To be deployed to 60 schools in targeted communities
Community-Based Approach

• Project will use a community-based approach to address mental health and psychosocial impact of EVD and to build long-term resilience at individual and community level.

• Follows global shift in approach from highly centralized mental health spending on operating costs of institutions to decentralized spending for community-based models of care.

• Mounting evidence from low- and middle-income countries shows that community-based approaches are:
  o Cost-effective
  o Efficient
  o Appropriate to context

• Approach is in line with MOHSW’s National Mental Health Policy and the Psychosocial Pillar of the EVD response.
Expected Outcomes

• Increased levels of competence, skills and confidence among providers

• Decreased depression post-traumatic stress disorder (PTSD), and disability among project beneficiaries

• Decreased stigma against Ebola-affected individual/households

• Increased levels of trust at the community level
Thank you!