



Mental Health Liberia Program



Using QRT to advance Rights of PWMHD

THE
CARTER CENTER



Josiah M. Monmia, B.A., MPH

Janice L. Cooper, PhD

Clara di Dio, MA

On Behalf of the QRT Team

Nothing to Disclose

What is *QualityRights* Project?

- Aims to support countries in assessing and improving the quality and human rights of their mental health and social care facilities.
 - It has been pilot tested in low, middle and high income countries
- Based on five themes drawn from CRPD (Convention on the Rights of Persons with Disabilities)
- Designed to be used in flexibility in a range of mental health inpatient and outpatient facilities



WHO QualityRights

Act, unite and empower
for mental health



**World Health
Organization**

Background: Mental Health and Liberia

- Mental Disabilities, including mental health conditions, affect millions of people in the world.
- It is estimated that in post conflict Liberia, more than 40% of citizens are living with one or more mental illnesses.
- Although there is a great need for mental health care improvements, many barriers exist that halts significant progress.
- WHO: integrating mental health services into primary care is the most viable way of ensuring that people have access to mental health care.

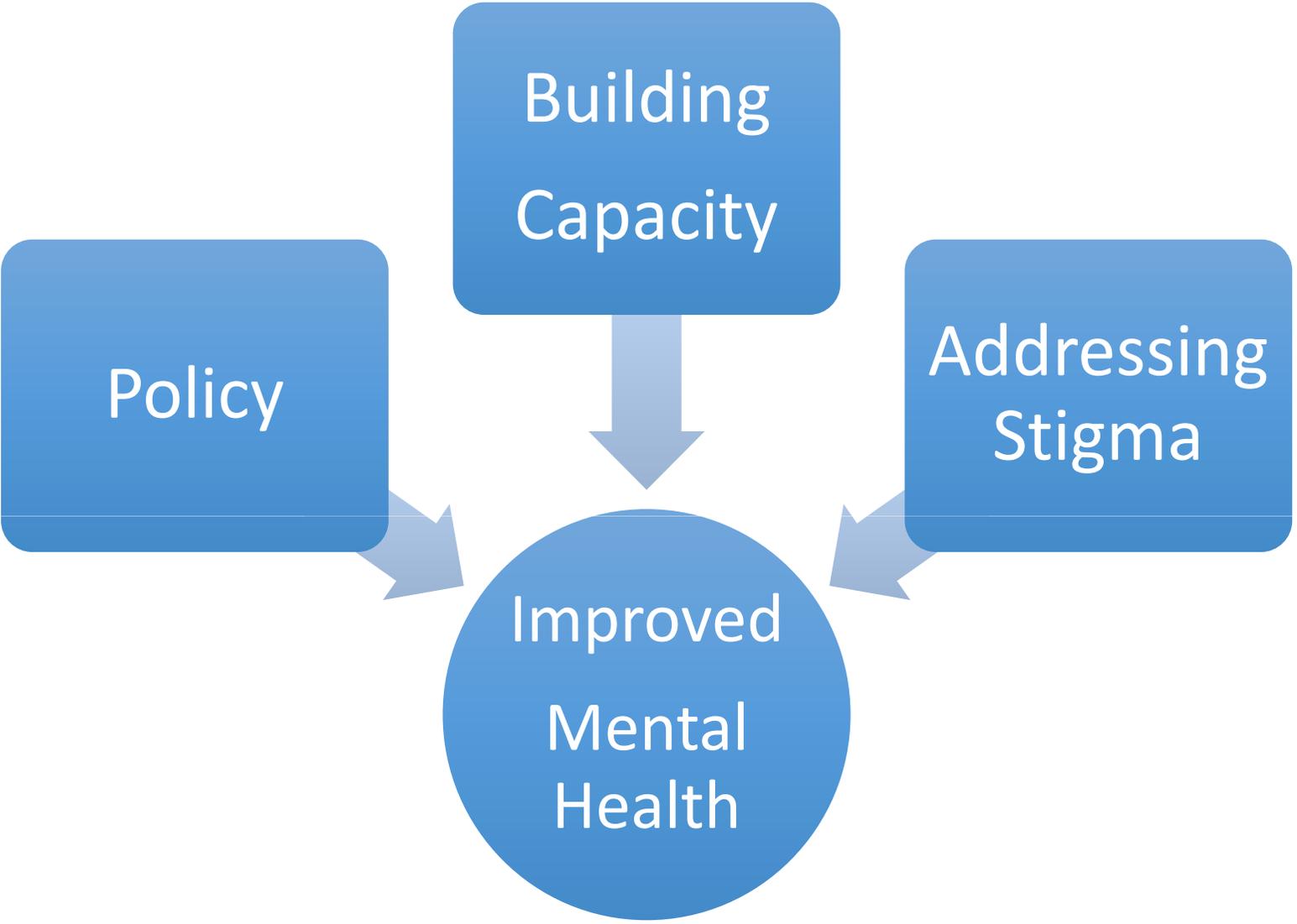
The Carter Center: Mental Health and Liberia

- **The Carter Center Mental Health Program seeks to:**
 - Provide a primary care workforce with greater capacity to include mental health care in primary care by training credentialed Mental Health Clinicians
 - Promote policies and legislation which recognize the rights and needs of persons with mental health conditions and their families
 - Reduce debilitating effects of stigma through education and promotion of events
- To date, 249 Mental Health Clinicians, and over 100 mid-level providers and community health workers have been trained.

THE
CARTER CENTER



All 249 MHCs trained in WHO QRT and CBR methods



Context: Liberia – Socio-Political

- Oldest African Republic
- 14 years of civil conflict (1989-96)
- One of the poorest countries in Africa
- Experienced devastating Ebola Conflict (2014-2016)
- 2018 Smooth transition of political power from Ellen Johnson-Sirleaf (2006-18) to President George Manneh Weah

About The Carter Center

- Formed by President and Mrs. Jimmy Carter in 1982
- Operates in 86 countries
- Health Portfolio includes NTDs, Mental Health, Health Care Training
- Peace Portfolio includes Access to Justice, Access to Information, China Program, Democracy Program, Human Rights, Conflict Resolution

Role of QRT in TCC MHP Work

- Programming that supports PWMHDs in Liberia
- Incubating Cultivation for Users Hope (MH Service User Organization)
- Support Service Delivery Availability
- Support Training of Teachers in WHO School Health Liberia Manual (280 teachers to be trained)
- Support for Inclusive Education – IEP and IFSP development
- Disability Alliance co-sponsor
- Role in policy making that address PWDs (SP platform, DS Plan)

QualityRights Objectives

What are the objectives?

1

Improve the quality of services and human rights conditions in inpatient and outpatient mental health facilities.

2

Build capacity among service users, families and health workers to understand and promote human rights and recovery from mental disabilities.

3

Develop a civil society movement of people with mental disabilities to provide mutual support, conduct advocacy and influence policy-making in line with international human rights standards.

4

Reform national policies and legislation in line with best practice and international human rights standards.

Study Goals and Objectives: Why Do This?

- Examine the differences between services provided to PWDs , specifically individuals with serious mental illness and epilepsy who seek services in primary care settings as opposed to specialty care settings.
- Identify any gaps in care of persons with mental disabilities in different levels of care where mental health services are delivered.
- Understand the knowledge, skills and attitudes of mental health clinicians and other facility staff about persons with disabilities

Population to be studied: Persons with mental health conditions and those at risk for mental health disorders and epilepsy who access primary and secondary care.

Methods

The assessment was conducted in August 2017. Quantitative interviews were conducted in eight facilities in seven counties in Liberia, using WHO Quality Rights Tool Kit. Before the assessment, Institutional Review Board approval and informed consent from each interviewee were obtained. The assessment used both quantitative and qualitative data collection techniques; triangulating both techniques was meant to enrich the quality of the assessment. Interviews were conducted with 206 patients and care givers, 166 health workers and 47 non-health workers.

The underlying focus of the data analysis was to examine differences between services provided to persons with disabilities (PWD), specifically individuals with serious mental illness and epilepsy who seek services in primary care settings as opposed to specialty care settings, identify gaps in care of PWD in different levels of care and understand the knowledge, skills and attitudes of mental health clinicians and other facility staff about persons with disabilities. Initially, the data to be analyzed was cleaned, inputted, synthesized and interpreted combining both qualitative and quantitative. After compiling the various data sets, cross-tabulations were constructed through the custom table mechanism in SPSS 21.0. The result from the analysis using SPSS capture simple statistics showing frequencies distribution, charts, tables and graphs. Similarly, qualitative interviews were conducted in 6 facilities in 5 different counties of Liberia. Thirteen interviews were coded in NVivo 12 Plus using a technique of combined deductive and inductive thematic analysis. Deductive codes were developed by the study team based on the key themes that the Quality Rights Toolkits (QRT) seeks to assess. Inductive codes were developed through review of the transcripts to identify additional themes within the interviews and finalize the codebook. This combined approach was chosen so that the study team could analyze the transcripts utilizing key themes from the QRT while also allowing other themes to emerge directly from the data.

Study Participants

- **“Health Care Facility Staff” group:**

1. Mental Health Clinicians (MHCs) trained through The Carter Center/MOHSW Post-Basic Training in Mental Health Program and other trained mental health workers
2. Nurses and Physician Assistants that have been trained in mental health global action plan (MH-GAP)
3. Nurses, physician assistants, community health workers, mid-wives, doctors
4. Indirect providers or ancillary workers (cleaners, clerical/admin, etc)

- **“Beneficiaries” group:**

1. Persons with mental disabilities, including mental health conditions, who have received services at one of the facilities
2. Caretakers of persons with mental disabilities who have accompanied family members who have received services at one of the facilities
3. All other users of services at selected facilities

Recruitment

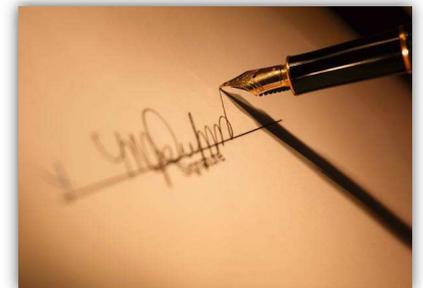
- Contact made with potential participants through discussions with facility staff who assisted committee members to identifying participants
- Based on the knowledge of these stakeholders, a convenience sample was employed at each facility
- No patient files or clinical records were used to seek identify potential participants



Informed Consent

- Each study participant enrolled gave consent to a member of the assessment committee after a talk on the purpose of the research verbally explained to them
- The consent process was completed in Liberian English
- When consenting the participants, committee members emphasized that there are no consequences for refusing to participate
- In cases where literacy is an issue, consent will be signified by an “x”
- Committee members stressed that there was no personal gain to be derived from participation in the study

Compensation: Interview and Questionnaire participants
Received wristbands, stress balls, valued at less than \$1 USD



Procedures

Tool	Mode of Administration	Time Required	Subjects	Consent
Questionnaire	Written and oral based on literacy of participants	1 Hour	“Facility staff”; “Beneficiaries”	Signed consent
Informant Interviews	Oral	1.5 hours	“Facility staff”; “Beneficiaries”	Signed consent
Observation Form	Visual observation	Will vary based on facility	n/a	Permission obtained from facility administrator

QRT Team

- Management Team
- Assessment Team
- Evaluation Team

Management Team

- Oversee key aspects of the project: Provide guidance to the committee who carried out the assessment, report the results and support the development of recommendations.
- Team consisted of multidisciplinary team who hold expertise in advocacy, human rights and the welfare of persons with mental illness
- Members attended and participated in two to three meetings throughout duration of the project.

Size of Team: approximately 10 members from various organizations

QRT Management Team

- Angie Tarr-Nyankoo, Director Mental Health: MOH
- Rebecca Stubblefield, Executive Director Handicap International**
- Reverend Fallah Boima, Deputy Executive Director, National Commission on Disabilities:
- Reverend Bill Jallah, President, Cultivation for Users Hope
- Quendi Appleton, SOS
- Senator Coleman, Chair, Senate Health Committee
- Devine Tokpah, Human Rights Director, Ministry of Justice
- Honorable Johnson Chea, former Chair House Health Committee
- Minister Lydia Sherman, Ministry Gender, Children, Social Protection (MOGSP)
- Dr. Harris, Grant Hospital and JFK Medical School

*HI Ceased activities in Liberia in late 2017, she remains on the committee

Assessment Team

- Matthew Nyanplu, Consultant, Former Staff AIFO Liberia
- Aaron Debah, Mental Health Clinician, Student: Intl Diploma in MH Law and Human Rights, Pune India
- Clara Didio, M.S., Consultant and former Program Deputy, AIFO
- Sehwah Sonkarley, Exec Director, Liberia Ctr Outcomes Research MH
- Tarnue Gbelee, MHC, Sinoe County Health Team, MH Supervisor
- Sarah Kollie, MH Service User, Member Cultivation for Users Hope
- Riches Jippey, Mental Health Program Associate, Carter Center
- Ruth Cooper, BSW, Social Work Lead, MoGSP
- Boikai Nyehn, National Union of the Disabled

Evaluation Team

- Clara di Dio, MA, Co-PI
- Janice Cooper, PhD, PI
- Josiah Monmia, MPH, M & E Specialist, The Carter Center
- Sarah Yoss, MPH, Program Associate

The research based on the QualityRights Toolkit and focuses on the following themes based on UNCRPD:

1. The right to an **adequate standard of living**
2. The right to the **enjoyment of the highest attainable standard of physical and mental health**
3. The right to **exercise legal capacity and to personal liberty and the security of person**
4. **Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse**
5. The **right to live independently and be included in the community**

Expected Benefits of Project

1. Improvement of the skills and capacity of health care workers with mental health expertise
2. Improvement in health services delivery experience of persons with mental conditions
3. Knowledge about the condition of human rights recognition of people with mental disabilities, including mental health conditions,
4. Data on needs and capacities of persons with mental disabilities, including mental health conditions, community resources, and how resources mobilized outside the community
5. Cultivation of partnerships/networking among all stakeholders including a referral system, communication and sharing of experiences, information, and expertise through the stakeholder's involvement in the research activities

Expected Benefits of Project

1. Improve of the skills and capacity of health care workers with mental health expertize by identifying gaps and addressing these
2. Improve health services delivery experiences of persons with mental conditions by identifying best practices, monitoring and addressing problems
3. Highlight and address the human rights conditions of people with mental disabilities, including mental health conditions
4. Foster planning and services based on data on needs and capacities of persons with mental disabilities, their conditions, community resources, and how resources mobilized outside the community
5. Cultivate partnerships/networking among all stakeholders including a referral system, communication and sharing of experiences, information, and expertise through the stakeholder's involvement in the research activities

Facilities included in Assessment

Hospital/Facility	County	Location
E. S Grant	Montserrado	Monrovia
JFK	Montserrado	Monrovia
CH Rennie Health Center	Margibi	Kakata
Dolos Town Health Center	Margibi	Dolos Town
Liberia Govt Hospital of Buchanan	Grand Bassa	Buchanan
Liberia Govt Hospital of Bomi	Bomi	Tubmanburg
Phebe Hospital	Bong	Gbargna
Phebe Wellness Center	Bong	Gbargna

Procedures

- Questionnaires (N=391)
- Key Informant Interviews (KII=17)
- Observations (N=6)
- Completed 416 in total

Risks and Safeguards

- **Risks**

- Physical
- Psychological
- Social
- Loss of confidentiality

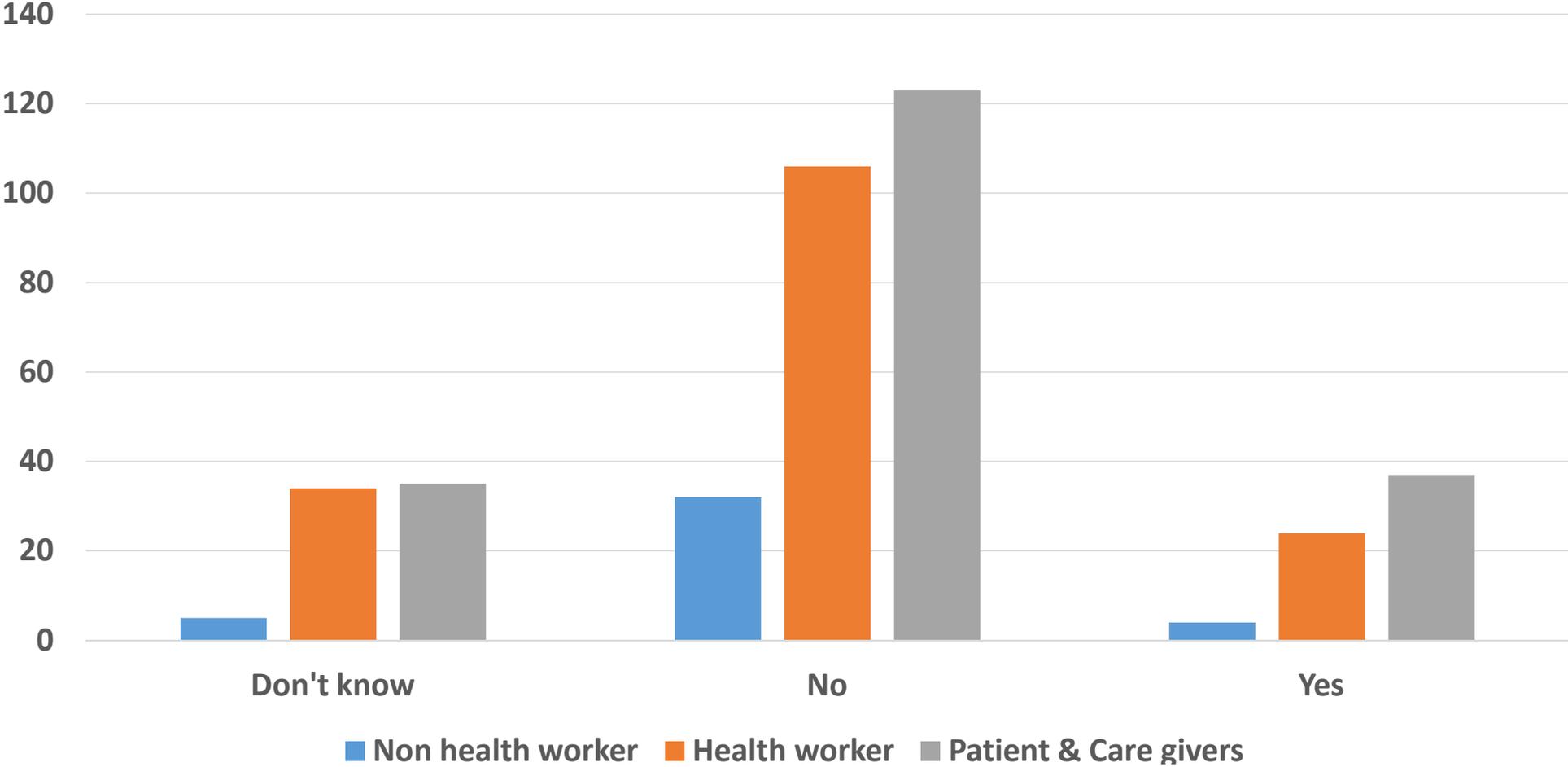
- **Safeguards**

- **Privacy:** interviews will take place in private locations
- **Confidentiality:** Names of participants will not be used. Notes and recordings will be destroyed once typed
- **Psychological:** Resource lists w/ contact info will be given to participants

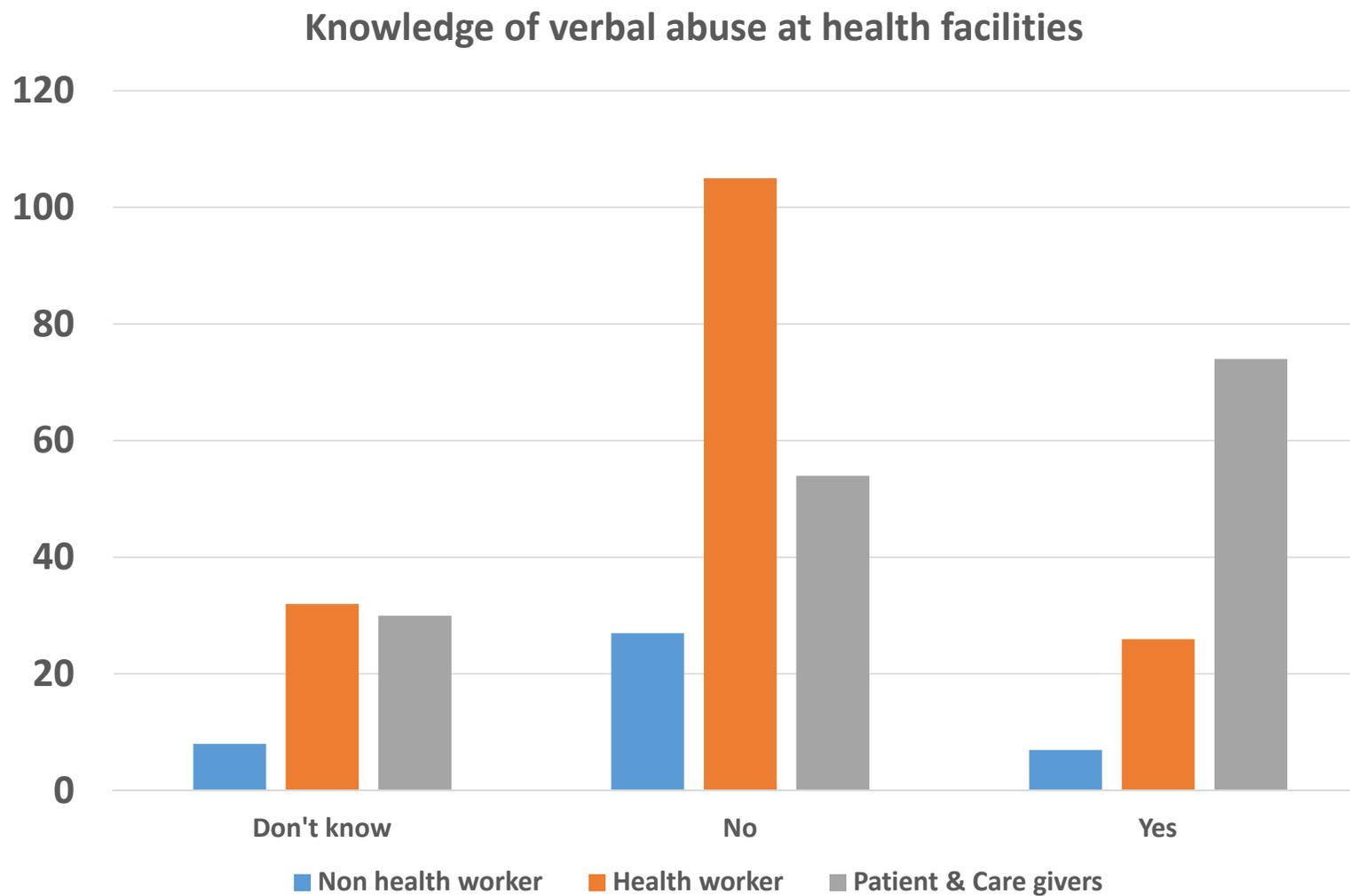
Preliminary Results

Human rights recognition/abuse

Konwledge of phisical abuse at health facilities

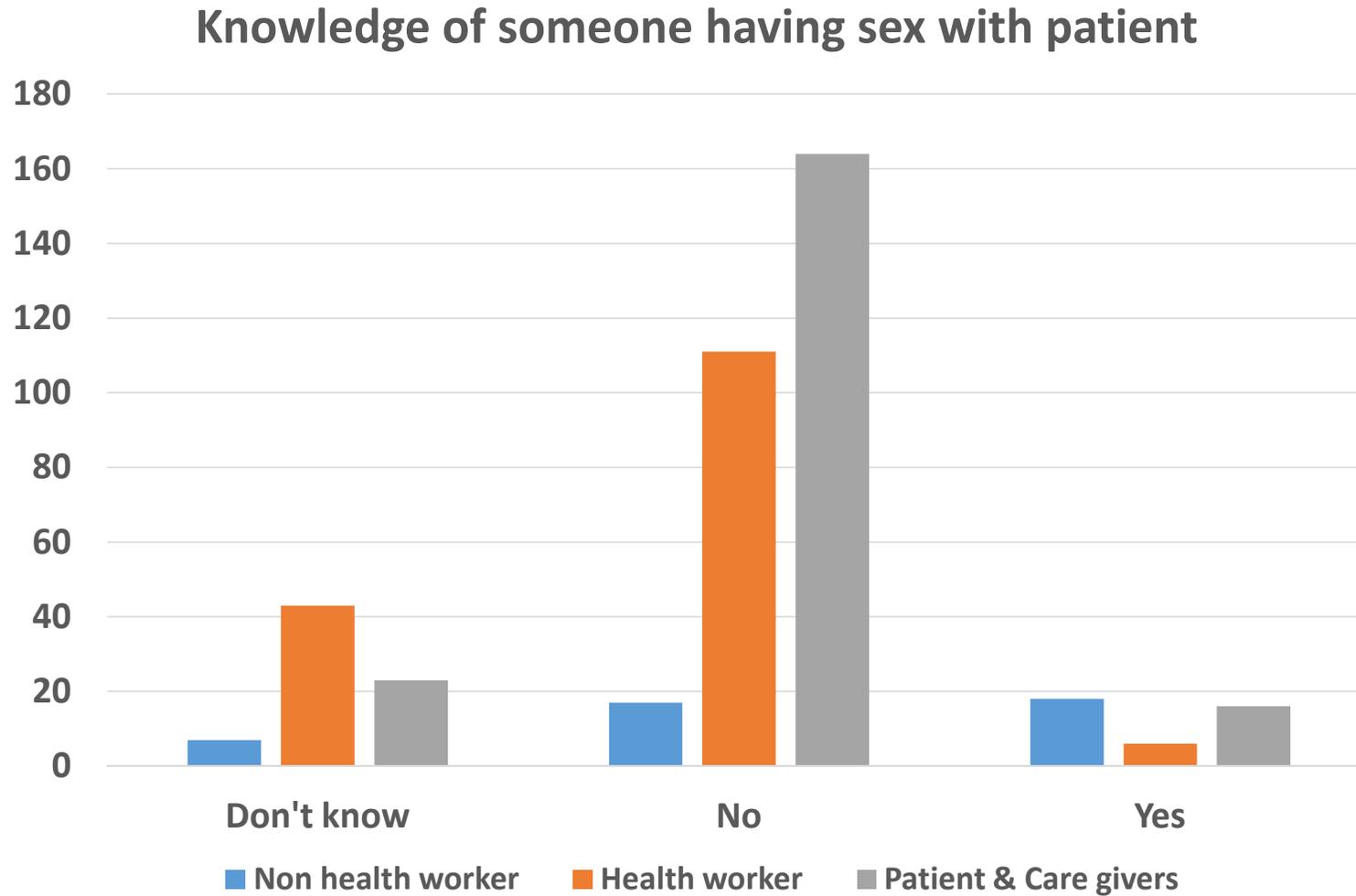


Preliminary Results Con't Human rights recognition/abuse Cont.

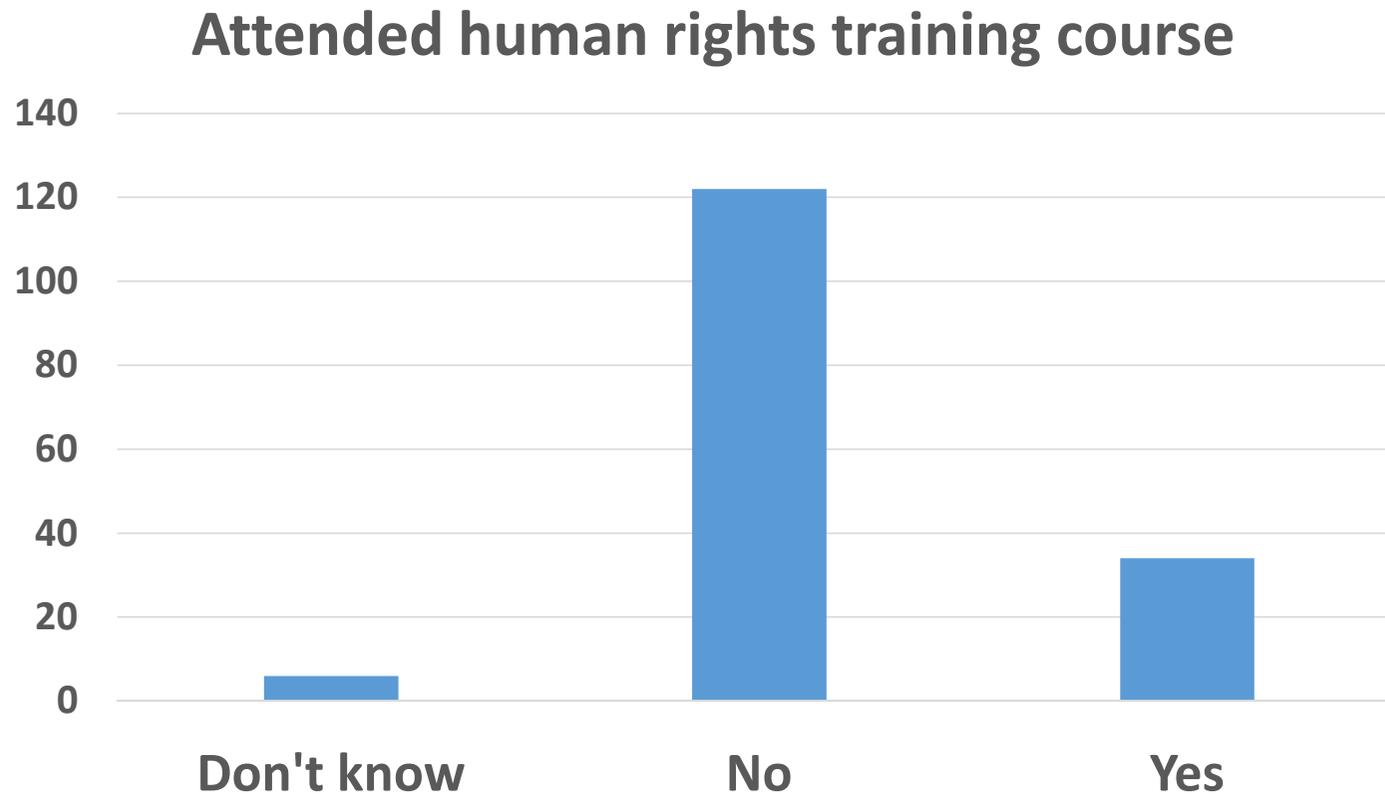


Preliminary Results Con't

Human rights recognition/abuse

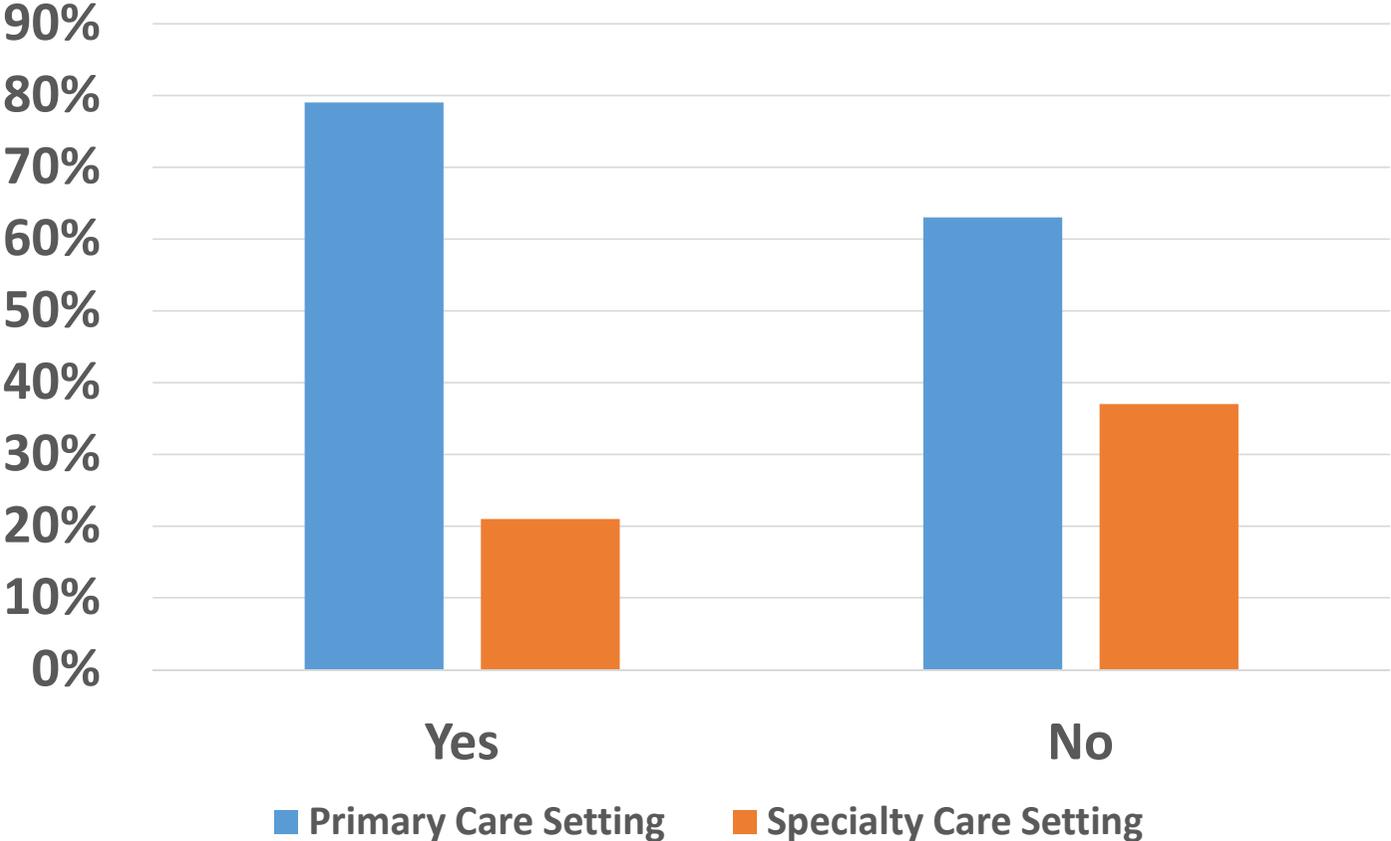


Knowledge, Skills and Attitudes of MH Clinicians about the rights of persons with disabilities



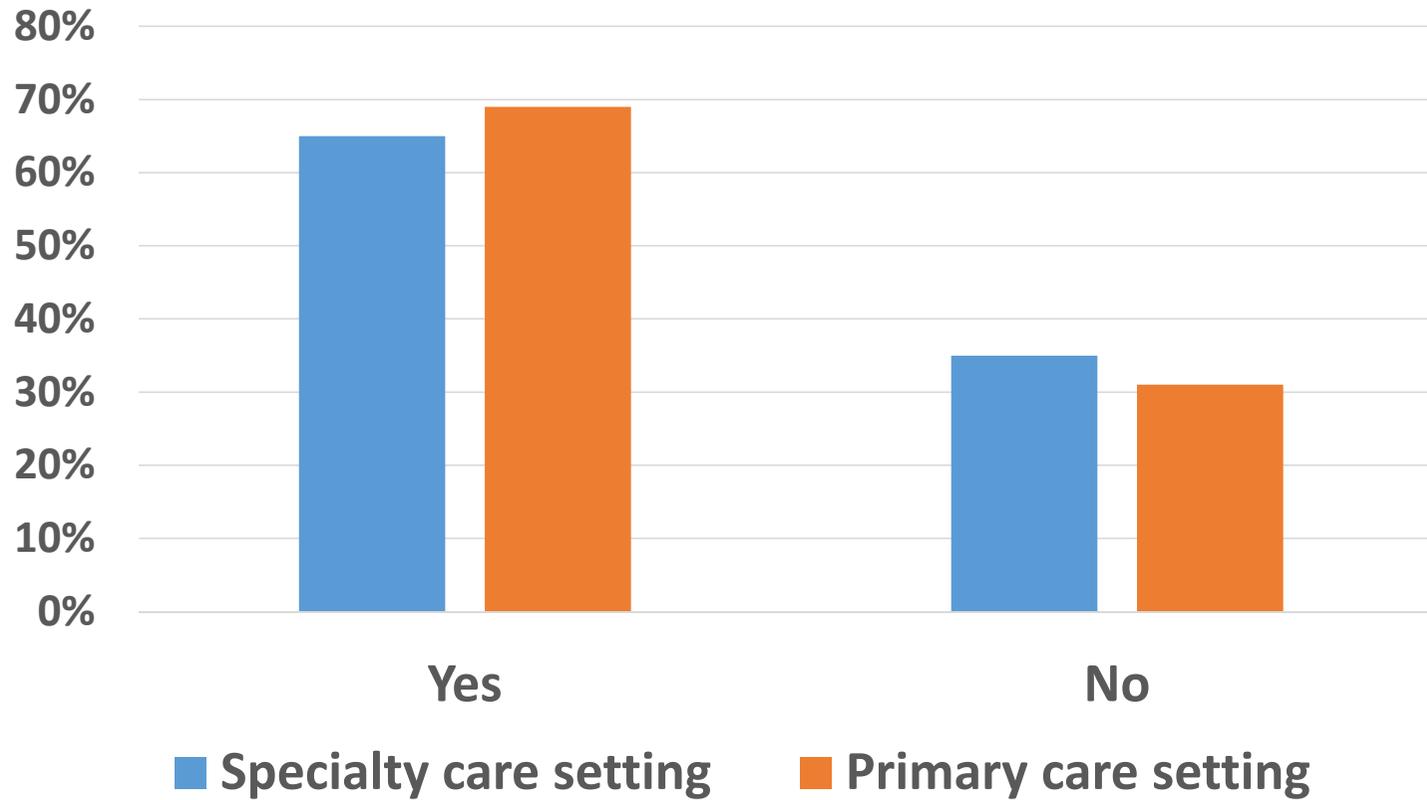
Gaps in care of persons with disabilities

Attended a specialized mental health course that licensed to prescribe psychotropic medications



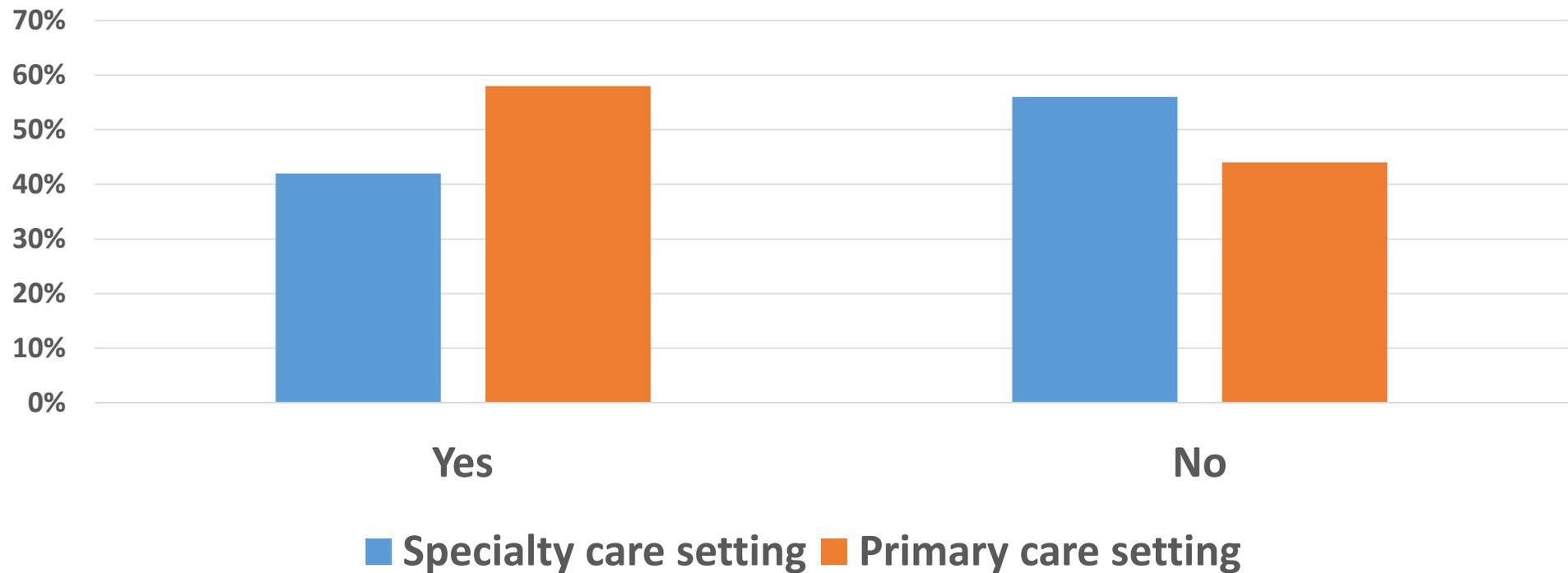
Infrastructure

Functionality of toilet and bathing facilities at health facilities



Infrastructure Cont.

Enough Space in the sleeping places at facilities



Some Key Points from Qualitative Interviews

- Admission at Grant (National Referral MH Hospital) contingent upon relative escort unless an emergency and brought by health authorities/police
- Referral for patients that could not be “managed” key concern and referred to Grant
- Lack of basic amenities like beddings and hospital clothing like “gowns”
- No ambulances to transport patients to higher level of care
- Grant hospital’s inability to manage co-morbid medical conditions
- All facilities, except Grant, report ability to manage co-occurring SGBV

Some Key Points from Qualitative Interviews

- Service providers from Grant Hospital more specific about the specific psychological and psychiatric interventions (besides medications) offered to patients/clients (eg CBT, DBT)
- Poor knowledge and skills among other health care workers not specialists in MH or MH-GAP trained
- *“If you leave the patient on the ward and other health practitioners who have no knowledge of mental health start to see some signs of mental illness within patients they will get afraid and start calling with misinformation.”*

Some Key Points from Qualitative Interviews

- Many interviewees discussed stigma from other patients where MH services were integrated with general health services
- *“Sometimes we have epilepsy patients sitting out there and those who come to the chest clinic, when the epilepsy patient fall you will see that people starts to run and do not want to be among them, so that department is usually isolated they usually call the place ‘the crazy people place’ so even if you give them a seat at that place they would refuse.”*
- Record keeping proved an area in need of improvement for all patients but particularly for PWMHD because of the stigma associated with diagnosis. According to one respondent:
- *“Well they are kept in the record room but right now it is not up to date because there are times that patients come and their charts can not immediately be found and have to be looking all around and a patient past history should be well kept but it is not like that.”*

Some Key Points from Qualitative Interviews

While lack of medication was a persistent problem, none of the respondents discussed use of medication as a form of coercion.

- All of the respondents stated that their facilities do not ever use medication as a threat or a means of discipline. As one of the participants from the Liberian Government Hospital at Bomi stated:

“No, that is very wrong, in fact even from school we have been told not to intimidate patients with medication, health workers do not do that.”

Some Key Points from Qualitative Interviews

Respondents from five health facilities stated that they often experience shortages in medication, which can either limit the scope of medications that they and their patients can choose from or, more often, they may be entirely without medication to treat a particular illness.

When medications are not available, the facilities can provide patients with a prescription to purchase at a pharmacy, but for many of the patients the cost of the medication is prohibitive. This shortage of medications presents a severe challenge to service delivery, and can be disheartening for patients and healthcare workers alike. One of the respondents from the Liberian Government Hospital in Buchanan stated:

“Usually the problem at the hospital is medication supplies because when a health worker has a patient under his/her care and the patient cannot receive the rightful medication it makes the patient not to improve in health and in terms makes the health worker tired and unencouraged to work.”

Limitation:

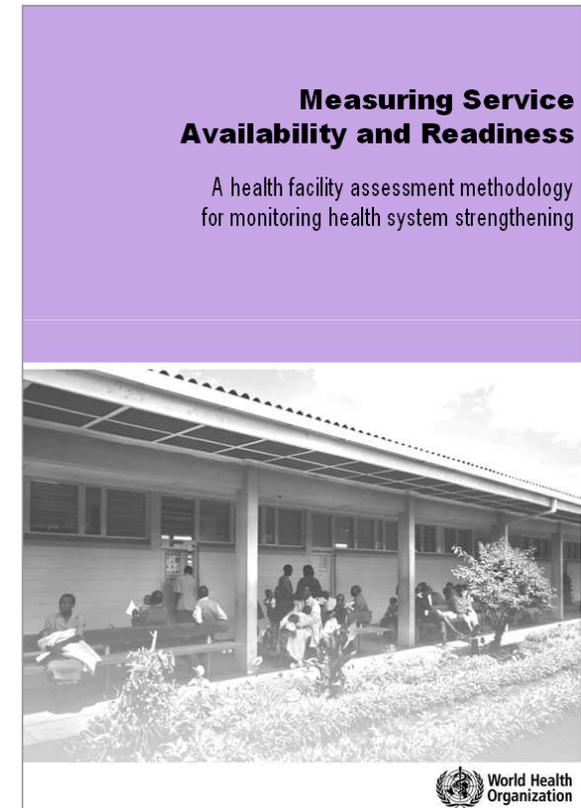
- This assessment has obvious limits; when arriving in the afternoons at facilities, a reduced number of patients were available for interview.
- The second limitation is related to limited sample of specialty settings compared to general settings.
- Corroding of data transcripts particularly in Bong.
- Data collection team was not granted access to conduct qualitative interviews at one of the facilities in the sample

Preliminary Recommendations

- Conduct UNCRPD and Community Based Rehabilitation (CBR) training for major policy groups in Liberia
 - Health System Coordination Committee (HSCC at MOH)
 - Technical Coordinating Committee on Mental Health
 - Mental Health Subcommittee of the Senate Committee on Health
 - Psychosocial Committee at the MOGCSP

Preliminary Recommendations

- Incorporate QRT related indicators in annual SARA (service accessibility and readiness assessment)
- Require QRT training for all facilities
- Develop post-training standard operating procedures (SOPS for all facilities)
- Develop a 5 year plan that mandates QRT training and scorecard part of accreditation requirements



Thank You!

Special thanks to:

Management Team

Assessment Team

UL PiRE Ethics Review Board

Our partners