Helping Address the Shortage of Psychotropic Medications in Liberia

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When asked about the most common diagnosis among her patients in one of the many rural counties of Liberia, Musu Kollie glances at a paper taped to the wall behind her. “510 cases of epilepsy, 240 depression, followed by psychosis,” she responds. A paper posted next to her patient notes with a turquoise and white geometric pattern is easily recognizable as the World Health Organization’s Mental Health Gap Intervention Guide (mhGAP): the ideal training manual for mental, neurological, and substance use disorders in non-specialized health settings. She shows us her ledger and stacks of neatly organized charts belonging to her 1,000+ patients. Everything is in its place. Musu sighs deeply, “I’m getting really tired and really frustrated.”

Musu’s exasperation is best summarized by an incident with a patient a couple weeks prior. The patient came to the health clinic asking for her “crazy medicine.” Musu was off-duty. The patient emphatically told the clinic staff that the medicine had helped for a long time; now that she could not get her medicine, her family and community were rejecting her. She wanted to know if any of the medicine arrived. Lacking mental health training, the staff who were present laughed at the words “crazy medicine.” Embarrassed and frustrated, the patient removed her clothes. No one knew what to do, so they called Musu. When Musu arrived she calmly convinced the patient to put her clothes on and sent her home.

Mhus is one of 360 Mental Health Clinicians (MHCs) trained by The Carter Center and accredited to prescribe medication to patients by the Liberian Ministry of Health. MHCs, the de facto psychiatrists of the country, are Liberian nurses, physician’s assistants, and midwives who provide community-based care. Since 2011, The Mount Sinai Program in Global Mental Health has been partnering with The Carter Center and the Ministry of Health to assist in the supervision and training of the MHCs. In recent years, the program has witnessed the severe shortage of psychotropics available to the MHCs, making their tough jobs almost impossible.

Thus launched the project we began working on for our Global Health Research Project this past summer — “Addressing the Psychotropic Medication Shortage in Liberia.” We sought to identify: what can be done?

Through numerous interviews over video conferencing with over 40 informants — across stakeholders in the Ministry of Health, MHCs, nonprofits, foundations, pharmaceutical manufacturers and distributors, finance experts, and other relevant professionals — we explored pathways that might address the shortage spanning across the governmental, charitable, and private sectors. Informants often introduced us to more informants, allowing for a “snowball sampling” methodology common in qualitative research. After examining various remedies, including medication donation from generic manufacturers and grant funding, we concluded that the most sustainable approach is a public-private partnership (PPP), partnering with a small U.S. distributor that specializes in the partner country’s region of the world.

Our team met weekly — virtually, of course — to discuss the progress on the service side, as well as any relevant developments on the research side. Though the summer has ended, we continue to meet every other week in pursuit of doing our part to help implement a pathway that works. The Ministry of Health and MHCs have been extremely clear: Liberia needs usable psychotropic medications ASAP.

After relaying the patient narrative to us over Zoom, Musu looks into the camera, meeting our eyes virtually. “I struggled with patients to help them to where they are today. Patients were doing their normal things, their normal activities, they were doing great. Now because there is no medication, they are all having relapse. So many relapse! They lose their jobs as a result and feel traumatized.” She pauses, adding, “It’s very serious.”
Since 2014, we have had the opportunity to teach about global mental health in Mount Sinai’s Graduate Program in Public Health. Dr. Jeff Kleinberg, himself a graduate of the public health program, and myself started MPH 0703 Global Mental Health that year, and I have been directing it ever since. Master of Public Health and Master in Biological Science students make up the bulk of the learners. And, they are joined each September by third year psychiatry residents in the Global Mental Health Track, who are acquiring classroom knowledge ahead of their year in the field as senior residents. We have been around long enough that many graduates of the residency track are lecturers in the course. Our classroom often is high up in Mount Sinai’s Annenberg building, with a panoramic view of Central Park, New York City, and the Western horizon. It’s like we have a bird’s eye view of the world while we learn about it.

The course is focused on a model that grew out our experience conducting global mental health efforts known as the Wheel of Global Mental Health. “The Wheel” describes the seven elements that go into establishing a mental health program in low resource settings. A majority of the elements have to do with the host community—its mental health needs, resources, and aspirations as well as the liaison with whom we work closely. The rest of the wheel describes “us,” the collaborator, and our aspirations and resources. It all revolves around a wheel because a change in any element inevitably changes the rest. The first half of the course goes lecture-by-lecture through each element around the wheel. The second half of the course spins the wheel and shows it in action through a range of in-depth case examples.

This Fall in the session on human resources, we talked about “task-shifting”, the idea of educating and utilizing less trained individuals like community health workers to provide some aspects of mental health care otherwise delivered by highly trained psychiatrists, psychologists, or social workers. We had a guest speaker, Heidi Sulman, CSW, MPH, MA from the Fishing Partnership Support Services (https://fishingpartnership.org/), an organization based in Massachusetts devoted to improving the health, safety, and security of commercial fishermen. Heidi talked about their use of Navigators, who are peers and others drawn from fishing communities, to link fishermen up with services, including substance use support and treatment. We learned about the high rates of opioid use disorders in this community and about how fishermen’s ability to access care for this or any other mental health or health-related is constrained by such issues as lack of health insurance, long times at sea, and their individualistic culture. Indeed, learning about the New England fishermen community really was a lesson about an entirely different culture.

Global mental health and global health are not always about communities that are far from where we live but instead can be about communities who differ from how we live.