Sociocultural and Historical Factors Impacting Assessment and Treatment of Mental Health and
Substance Abuse Issues in Liberia

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Abstract

Liberia emerged from fourteen years of civil war in 2003, but it is still plagued by major issues with widespread mental illness, substance abuse, and crime. Post-traumatic stress disorder is the most prevalent form of mental illness in the country and substance abuse remains the most significant community-based problem. This paper is a literature review that explores the potential causes and consequences of these problems; issues with assessment, diagnosis, and treatment of mental illness and substance abuse; cultural perceptions of mental illness and substance abuse; and the impact that these problems have on Liberian society as a whole. Examples of similar issues in the United States are used throughout the paper for the purpose of making comparisons. It is clear that the brutal and lengthy war is the most significant contributor to the above issues in Liberia and that the current state of the country’s infrastructure makes it difficult to combat these problems.

Keywords: Liberia, crime, mental illness, substance abuse, war
Substance abuse and mental illness are prevalent global problems and their consequences can be devastating. In addition, issues and experiences related to substance abuse and mental illness can vary greatly between countries. The perceived causes of such problems, assessment and diagnosis, treatment, consequences, and overall impact on society are different in each country. These differences are often a result of variations in cultural practices and beliefs, economic resources, clinical practices, and the general stability of a country’s infrastructure.

A prime example of this can be seen in the stark difference between the experiences of mentally ill individuals and substance abusers in Liberia as compared to like individuals in the United States. In the United States, 8.2 percent of the population over the age of 12 reported being current illicit drug users in 2003 (Sue, Sue & Sue, 2006; Substance Abuse and Mental Health Services Administration, 2004). Furthermore, “an estimated 26.2 percent of Americans ages 18 and older—about one in four adults—suffer from a diagnosable mental disorder in a given year” (National Institute of Mental Health, 2013; Kessler, Chiu, Demler & Walters, 2005). Not surprisingly, the prevalence rates for mental illness and substance abuse in Liberia are much higher than in the United States.

High rates of mental illness and substance abuse in Liberia can be attributed, in many cases, to the civil war that erupted there. Sadly, “populations who are unfortunate enough to have been in the path of severe, violent conflict are likely to bear a burden of psychopathology for decades thereafter” (Galea, Rockers, Saydee, Macauley, Varpilah, & Kruk, 2010). The conflict in Liberia became internationally known as a result of the ruthless warlords, “‘blood diamonds’ and ‘blood timber,’ widespread rape, displacement, child soldiering and dismemberment and cannibalism” (Abramowitz, 2010; Ellis, 1999; International Crisis Group, 2004; Moran & Pitcher, 2004; Renner, Prugh, & Worldwatch Institute, 2002; Sawyer, 2005). Between 1990 and
2003, ten percent of the population, about 200,000 people, perished during warfare (Abramowitz, 2010). As a result of their experiences during the war, many Liberians developed mental illnesses, alcoholism, and drug addiction (Liebling-Kalifani, H., Mwaka, V., Ojiambo-Ochieng, R., Were-Oguttu, J., Kinyanda, E., Kwekwe, D., . . . Danuweli, C., 2011).

Widespread mental illness, such as post-traumatic stress disorder, PTSD, and major depression, is clearly a result of witnessing the atrocities of war. PTSD in extremely common in Liberia. While the lifetime prevalence of PTSD in the adult population in the United States is eight percent (American Psychiatric Association, 2004), one study conducted in Liberia concluded that the prevalence rate of PTSD was an astonishing forty-four percent (Johnson, Asher, Rosborough, Raja, Panjabi, Beadling, & Lawry, 2008; Galea et al., 2010). In Nimba County, one of the most war-torn regions in the country, one study found the prevalence rate of PTSD was over forty-eight percent (Galea et al., 2010).

Liberians all over the country witnessed horrific violence. “[P]sychological torture experiences included witnessing people being buried alive, splitting open the stomachs of pregnant women, cutting off body parts such as ears, nose and lips, abduction, being forced to join fighting groups and being forced to kill” (Liebling-Kalifani et al., 2011). Since there has not been an active war within the United States in many years, these are not experiences that individuals who suffer from substance abuse in the United States share. In the United States, we typically attribute issues of substance abuse and mental illness to a combination of biological, psychological, and social factors. Much research has shown that genetics, environment, upbringing, education, socioeconomic status, and a variety of other factors all play a role in determining whether or not an individual develops mental illness or substance abuse issues.
However, certain events similar to the war in Liberia may have exacerbated, or even caused, mental illness and substance abuse among American citizens. On September 11, 2001, the United States suffered several terrorist attacks. In a study of patients in a substance abuse program in New York City after 9/11, the authors found that “thirty-one percent reported being so extremely affected and preoccupied that they had difficulty resuming their daily routines. These individuals were either survivors, experienced personal loss of a loved one, or the attack revived previous traumatic experiences and PTSD” (Dewart, Frank, & Schmeidler, 2006).

Another study reported that, through random phone interviews with employed, adult Americans across the nation, the authors found that respondents reported increased depressive symptoms and alcohol consumption following the events of 9/11 (Knudsen, Roman, Johnson, & Ducharme, 2005). September 11, 2001, was a tragedy in America. However, the actual attacks took place on the east coast, whereas the war in Liberia raged through all areas of the country and lasted for over a decade, giving some indication of the scope of the problems of mental illness and substance abuse there.

 Civilians are not the only ones who became victim to these problems. In one study of post-traumatic stress amongst former child soldiers in Uganda, the authors found that “[n]early all the children experienced several severe traumas. Moreover, the post-traumatic stress reactions of these children were severe and widespread: nearly all fell within the clinical range” on the measure they completed, the impact of event scale-revised, or IES-R (Derluyn, Broekaert, Schuyten, & De Temmerman, 2004).

 SubSTANCE abuse is also very common amongst former soldiers. “[C]hild soldiers used in recent African civil wars are also known to have been provided with marijuana and other drugs as part of efforts to desensitize them to violence and death (Beah, 2007; Johnson & Fendrich,
Adult soldiers also often used drugs to give them the ability to commit terribly violent crimes. Those who tried to overcome their addictions were often plagued by guilt and shame over the violence they were responsible for during the war, and went back to using drugs in order to alleviate their negative emotions. In addition, many Liberians have become addicted to substances that they use to numb physical and psychological pain they experience as a result of the civil conflict.

It is also important to note that PTSD is highly correlated with substance abuse. “Studies have found rates of PTSD and [substance use disorder] comorbidity as high as 25-59%” (Brown, Recupero, & Stout, 1995; Najavits, Weiss, & Shaw, 1997; Stewart, Conrod, Samoluk, Pihl, Donigier, 2000; Jason, Mileviciute, Aase, Stevens, DiGangi, Contreras, Ferrari, 2011). In Liberia, psychotropic drugs are difficult to obtain and too expensive for most citizens, so illicit drugs are often used to self-medicate in order to cope with trauma. Substance abuse, when combined with mental illness, can complicate the process of diagnosis and treatment.

Another factor that contributes to high levels of mental illness amongst Liberians is displacement. One study of adults in Columbia who had been displaced as a result of armed conflict found that a significant “proportion of survey respondents exceeded [cut-off scores] for clinically significant PTSD (88%), anxiety (59%), and depression (41%)” (Richards, Ospina-Duque, Barrera-Valencia, Escobar-Rincón, Ardila-Gutiérrez, Metzler, & Marmar, 2011). Being taken away from everything that is familiar is extremely distressing, especially when you have no belongings, and may not have surviving family members. After being displaced from their homes and either captured or becoming refugees, many Liberians lived in uncertainty for years, with no inkling of what the future held for them, placing them in a chronic state of distress.
Lack of education is yet another reason that mental illness and substance abuse are prevalent in Liberia. “[W]ar and terrorism cause disruption of schooling and vocational development for children” (Alkhatib, Regan, & Barrett, 2007), so they are unable to learn factual information about mental illness and substance abuse. In addition, lack of schooling means that children do not have the opportunity to form meaningful relationships with peers, which affects their emotional well-being. If children do not learn about mental illness and substance abuse, as they do in the United States, they do not learn what to do when they experience difficulties in these areas when they reach adulthood. Since they are not in school, they learn about mental illness and substance abuse from their parents and others in their communities and they absorb the common traditional beliefs.

As for substance abuse, in a recent article, the author quoted Liberia’s sole resident psychiatrist, Benjamin Harris, saying “[t]he biggest community-based problem is substance abuse. It has permeated the country. Just about anywhere heroin and other drugs can be purchased and used” (Cheng, 2009). Harris and his colleagues later conducted a study of eight hundred secondary school students in Monrovia, the capital of Liberia, regarding their substance use and sexual behaviors. Fifty-one percent of respondents reported using alcohol and nine percent reported using marijuana (Harris, Levey, Borba, Gray, Carney, & Henderson, 2012). Considering the traumatic experience of the war, these numbers may appear to be lower than one might expect. This might be attributable to the fact that many of the participants in the study were very young during the time that the war took place, and therefore, were not as cognizant of the meaning of the events that they witnessed. In addition, this was a self-report study, and given the fact that there is a very negative stigma towards the use of alcohol and drugs amongst the
general population in Liberia, many respondents may have been reluctant to accurately report substance use behaviors.

Despite the fact that most Liberians live in poverty, they are still able to obtain drugs. “Illicit drugs, and psychoactive substances not defined as drugs of abuse (e.g., khat, inhalants, and alcohol), are used by youth regardless of economic circumstance or religious prohibition” (Belfer, 2008). Drugs are easily accessible in Liberia, as Africa is one of the major areas of transit for heroin and cocaine (Raguin, Lepretre, Ba, Ndoye, Toufik, Brucker, & Girard, 2011).

With regard to clinical practices, mental health workers in Liberia rely on the DSM-IV-TR criteria to detect and diagnose mental illness and substance abuse, just as clinicians in the United States do. For the most part, the signs and symptoms of mental illness and substance abuse are similar in Liberia and the United States. However, one condition in particular, “open mole,” although very similar to post-traumatic stress disorder, does not always manifest in the ways that PTSD does traditionally. “Open Mole, or ‘hole in the head’ (sunken fontanelle), occur[s] in adults, along with symptoms of pain, dizziness, headache, confusion, social withdrawal and occasional fugue states” (Abramowitz, 2010). Despite the similarities between open mole and PTSD, the signs and symptoms are slightly different and an individual with open mole would not necessarily meet the criteria for PTSD. Hence, this is an example of a diagnosis that is unique to Liberians.

There are also some differences in what constitutes mental illness in both countries. For example, in the United States, epilepsy is seen as a medical condition, whereas epilepsy is treated as a form of mental illness in Liberia. “In resource-poor countries mental retardation and epilepsy dominate services of child mental health” (Belfer, 2008). Epilepsy is a problem amongst
both children and adults in Liberia, and often individuals with epilepsy do not seek treatment until they have suffered with it for years. The widespread prevalence of epilepsy in Liberia is likely related to the fact that malaria is a common problem. Results of a study in Mali, West Africa found that the incidence of sequelar epilepsy was significantly higher in the subjects who had suffered from cerebral malaria as compared to subjects who had not suffered from cerebral malaria (Ngoungou, Dulac, Poudiougou, Druet-Cabanac, Dicko, Traore, & Preux, 2006).

In addition, there are differences in the perceived causes of mental illness and substance abuse in the United States and Liberia. In Liberia, one of the perceived causes of mental illness, physical ailments and illnesses, negative life events, and numerous other difficulties, is related to a cultural belief. Many Liberians view the symptoms of mental illness as a result of being possessed or cursed by witchcraft. In the United States, research regarding mental illness is widely publicized and accessible to the general population. As a result of having access to accurate and up-to-date information about mental health issues, Americans are well-informed about the causes and symptoms of mental illnesses. New psychological research findings are constantly published in the news and many Americans learn about mental illness in school.

In contrast, the majority of Liberians do not have access to media outlets and technology. In addition, Liberians have relied on the services of “witch doctors” for medical care for many years, mainly because the healthcare system in Liberia is poor and many people live long distances from medical facilities and lack transportation. In fact, less than one percent of Liberians have access to adequate mental health services (Carter Center, 2013). Instead, they rely on village healers who do not have any formal medical training. In Ghana, one of the countries bordering Liberia, “[a]pproximately 75% of the population depends on traditional medicine for primary health care” (Abel & Busia, 2005) As Ghana is more economically stable
and developed than Liberia, it is likely that an even greater percentage of Liberians rely on traditional medicine for their healthcare needs. 

In an article featuring an interview with a traditional healer, he stated, “I believe that being out of source, mental or otherwise, is caused by three different things: (1) a hex is put on the individual by an evil person or spirit, (2) the individual or somebody in the family has violated a tribal taboo, or (3) the complaining person has been disturbed by poison, which, as you know, can [a]ffect the entire body” (Vontress, 1999). Due to these beliefs, Liberians are typically fearful of individuals showing symptoms of severe mental illness, as they believe that such individuals have been cursed (Carter Center, 2011).

Traditional healers rely on unconventional treatments for mental illness. The traditional African healer interviewed by Vontress said, “I may [ ] use herbs, bark, and roots to treat a condition. Often patients need a purgative or emetic to cleanse their bodies of evil spirits. Sometimes, I blow smoke into their body cavities to suffocate the spirits hiding inside” (Vontress, 1999). As a result of these beliefs, most mentally ill individuals are ostracized and mistreated, although efforts are being made to reduce stigma surrounding mental illness and to educate the population about the actual causes of psychological issues. Working to reduce the stigma of mental illness amongst Liberians may cause them to be more open to seeking help from professionals before their symptoms become so severe, making them easier to treat.

With regard to assessment and diagnosis in the field of psychology, they are quite complex. Every individual case is different, and diagnoses often vary between clinicians. In the United States, mental health workers receive a great deal of training and education before they are allowed to work with clients. However, in Liberia, the need for mental health clinicians is so
great and the education system is rather poor. Since schooling in Liberia became virtually nonexistent during the war, most children and adults who were receiving a formal education were unable to attend school due to the violence and destruction. Hence, there is a shortage of adequately trained personnel in the fields of medicine and psychology. Additionally, many Liberian doctors sought work in countries where they received better compensation.

In an effort to help with the growing mental health crisis in Liberia, the Carter Center, a non-profit organization founded by Jimmy and Rosalynn Carter, developed a training program to teach Liberian nurses, nurse educators, and physician’s assistants to work with mentally ill individuals and substance abusers (Rohe, 2011). Twenty-one graduates completed the program in 2011 and went on to work in the field and teach other students. Although the program was very intensive, it was only six months long (Rohe, 2011), limiting the amount of information students were able to learn.

Following graduation, the first Liberian mental health workers were employed in various hospitals and health clinics, mostly in Monrovia. However, because of the common beliefs about mental illness and lack of finances to afford care, individuals rarely seek help from medical and psychological professionals until their symptoms become extremely severe. As such, the mental health workers in Liberia only see patients with similar symptoms and diagnoses, most of which are not difficult to assess because the symptoms are very visible, such as schizophrenia, PTSD, acute stress disorder and epilepsy. Since these mental health workers do not have the same level of training and experience as clinicians in the United States have, it is unlikely that their diagnoses for issues they do not see often are as accurate as those of clinicians in the United States, where people seek help for a wider variety of psychological issues.
In addition to difficulties with accuracy, Liberian practitioners face many other hurdles with regard to diagnosis. Since many Liberians are hesitant to seek help from professionals, it makes assessing and treating them very difficult. For many other individuals, it is not feasible to travel to a facility where they can get treatment for mental illnesses or substance abuse. Liberia only has a few “main roads” that connect smaller villages to cities, and the roads are in very bad condition, making travel by foot and by car very hard. For these reasons, it is difficult to estimate the prevalence and incidence of mental illnesses or substance abuse with any degree of certainty. Such problems are minimal in the United States because the vast majority of Americans live in areas where mental health and substance abuse treatment facilities are accessible. In addition, the stigma surrounding mental illness and substance abuse is not as negative in the United States as it is in Liberia, because there is a more concrete understanding surrounding such problems.

Treatment of mental illness and substance abuse are also poles apart in Liberia and the United States. In the United States, mental health professionals have access to various medications and treatment modalities. In contrast, Liberian mental health workers rarely have the necessary medications to treat their patients. They struggle to obtain expired aspirin, let alone effective psychotropic drugs. Patients who are lucky enough to receive the medication that they need cannot be assured that they will receive a steady supply. Therapy is not very common; instead, mental health workers focus on educating patients about the causes, symptoms, and consequences of their mental illnesses or substance abuse. The reason for this is that most mental health workers are not trained to provide therapy. As students, they do not learn about different types of counseling theories, or have the opportunity to practice counseling. Treatment modalities such as cognitive behavioral therapy are very rare. Also, because of a broad lack of
accurate knowledge regarding mental illness substance abuse, educating patients is viewed as paramount and, in some ways, is viewed as a form of treatment in and of itself.

In an article about global issues related to child and adolescent mental disorders, the author points out two major problems: “1) the lack of capacity to gather consistent, meaningful epidemiological data is largely absent in developing countries; 2) the lack of an agreed framework for considering impairment” (Belfer, 2008). The lack of capacity to gather accurate data and lack of conformity with regard to assessment and diagnosis is not limited to child and adolescent mental health care, but to mental health care in general. In addition, mental health is not a high priority in Liberia, mostly because it is more important to spend the little resources the country has on treating illnesses that are potentially fatal. The most pressing healthcare issues in Liberia are HIV/AIDS, malaria, tuberculosis, and maternal and infant mortality.

Most healthcare facilities in Liberia do not even have the proper supplies or medications to address people’s mental health concerns. “In 2005, the World Health Organization (WHO) reported that 70% of African countries contributed less than 1% of their health expenditure to mental health” (Bhana, Petersen, Baillie, & Flisher, 2010). In comparison, in 2003, mental health care expenditure in the United States was one hundred billion dollars, which accounted for 6.2 percent of all health care expenditures (Substance Abuse and Mental Health Services Administration). In addition, Liberia has only a handful of facilities that treat mental illness and substance abuse. There is only one inpatient facility, Grant Hospital, which provides treatment to substance abusers and the mentally ill. Grant Hospital is very small, so only the most severe cases are admitted, usually individuals who are displaying severe psychotic symptoms. The vast majority of the patients who are admitted to Grant Hospital are simply stabilized before being released, often to return again a short time later.
This problem is much worse amongst the population of substance abusers, since they do not have adequate relapse prevention programs. When addicted individuals leave Grant and return to their villages, they are confronted with the same people, places, and things. They have nowhere to turn for help because fellowships like Alcoholics Anonymous and Narcotics Anonymous do not exist in Liberia. As a result, they almost always return to abusing drugs.

Lack of adequate treatment for substance abuse and mental illness creates numerous problems; the most obvious issue is that these problems will inevitably become worse for those afflicted. In addition, a great deal of evidence has shown that children of individuals with mental illnesses and substance abuse have a genetic predisposition for such problems. “Children of problem drinkers have also been shown to have an increased risk of problem drinking during adulthood, and that during childhood they also have an increased risk of depression, eating disorders, conduct disorders, and delinquency” (Cuijpers, 2005; van Steinhausen, 1995; von Knorring, 1991; West & Prinz, 1987). As a result, it is probable that the severity of the problems of mental illness and substance abuse in Liberia will become worse, having a more significant negative effect on the general population.

Mental illness and substance abuse have a negative impact on society and can have devastating consequences. One difficulty is that treatment of mental illnesses and substance abuse is extremely expensive, because it requires adequate treatment facilities, trained personnel, medication, medical equipment, and many other resources. As a result, mental illness and substance abuse put a financial burden on society. The United States has ample resources to finance mental health and substance abuse treatment, but Liberia is still suffering economically due to the war.
One of the most devastating and serious consequences of substance abuse is HIV. Although reliable data regarding the prevalence of HIV/AIDS does not yet exist for Liberia (Spiegel, Bennedsen, Claass, Bruns, Patterson, Yiweza, & Schilperoord, 2007), the estimated amount of people in Liberia infected HIV/AIDS between the ages of 15 and 49 was 1.7 percent in 2007 (Joint United Nations Programme on HIV/AIDS, & World Health Organization, 2008). The prevalence rate of HIV/AIDS in the United States for people between the ages of 15 and 49 was 0.6 percent in 2011 (Joint United Nations Programme on HIV/AIDS, 2012). Although this difference does not seem significant, it is important to consider the fact that most people in Liberia do not know where they can be tested for HIV for free or cannot access a facility at which they can be tested. In the United States, free HIV tests are easy to come by and home tests can even be purchased in pharmacies at a relatively low cost. Still, many people are unaware of the fact that they are infected with the virus. It is likely that the percentage of individuals who do not know they are HIV-positive is much higher in Liberia than it is in the United States.

Addiction to intravenous drugs is one of the primary causes of HIV transmission. In the United States, intravenous drug users are able to buy inexpensive clean needles at local pharmacies and can be treated for addiction at methadone clinics for no cost. This is not the case in Liberia, where drug users cannot afford clean needles and methadone clinics are not available. In addition to this, substance abuse in general affects an individual’s mental state, often causing confusion and lowered inhibition. As a result, using and abusing drugs and alcohol makes it more likely for individuals to engage in risky sexual behavior, increasing their risk for HIV infection. HIV infection is not only a serious consequence for substance abusers, it has a grave impact on society in general. One HIV-positive substance abuser can pass on the infection to numerous other people: sexual partners, other drug users, and his or her future children.
One of the major consequences of substance abuse and mental illnesses is criminal behavior, which is a problem both in the United States and in Liberia. In Liberia, war crimes impacted the country for over a decade. Although the war crimes are not entirely a result of substance abuse, drugs were used to desensitize soldiers and gave them the ability to commit crimes so violent they are almost incomprehensible. War crimes are addressed separately from other criminal behaviors for several reasons. Firstly, war crimes directly affected every Liberian civilian alive during the war. Secondly, the violent acts that occurred throughout the war resulted not only in widespread mental illness, but also in widespread physical disabilities, because many people suffered severe injuries or lost limbs. Thirdly, the devastation caused by the war affected not only Liberian people, but also the physical makeup of the country. Homes, villages, and government buildings were destroyed or damaged and Liberia’s entire infrastructure fell apart. People were unable to work, go to school, or even obtain food and medical care. Finally, most of the individuals responsible for war crimes, with the exception of well-known war lords like Charles Taylor, have not been prosecuted, due to an agreement that was made to promote reconciliation.

Since most of the war criminals have not been prosecuted, Liberians are faced with two more major troubles. Liberians who were victims of war crimes often see the perpetrators in their daily lives, and are unable to do anything. This is likely to cause any individuals with mental illnesses resulting from the war, such as PTSD, to have even greater difficulty overcoming their symptoms. The second problem is that efforts to promote reconciliation and forgiveness have resulted in an atmosphere that could foster conflict in the future. In an article promoting prosecution of war criminals, the author stated that “while a policy of forgive and forget may in the short-term appear to be one way of cementing the fragile peace, by leaving the military and
security forces unscathed and unrepentant, it undermines long-term stability and the foundation of the rule of law by increasing the likelihood of a resurgence of human rights abuses against innocent civilians” (Jalloh & Marong, 2005). As a result of the fact that war crimes have dramatically affected the entire country of Liberia, they have had the most drastic consequences of all criminal behavior.

Today, criminal behavior not related to the war continues to present problems in Liberia just as it does in America. In the United States, there are over two million people incarcerated in prisons, jails, and juvenile detention centers on any day of the year (Fadaei-Tehrani & Green, 2002). Recent data has shown that in the United States, “prevalence estimates suggest that 14.5% of men and 31% of women booked into jails have [serious mental illness]—rates 3 to 6 times those in the general population” (Prins, 2011; Steadman, Osher, Robbins, Case, & Samuels, 2009). While there is a common misconception that people with mental illness are violent, this is not necessarily the case. In a study regarding the impact of severe mental illness on violent crime in Sweden, the authors found that “the population-attributable risk fraction of patients was 5%, suggesting that patients with severe mental illness commit one in 20 violent crimes” (Fazel & Grann, 2006). However, there are some psychological issues that are more prevalent among offenders, such as antisocial personality disorder, which posits unlawful behavior as one of its criteria for diagnosis (American Psychological Association, 2000).

Rates of substance abuse amongst offenders are much higher than the rates of mental illness. In an article about addressing crime by treating substance abuse, the authors stated that substance abuse and addiction “have had a fundamental impact on the criminal behavior of eighty percent of inmates” in the United States (Belenko & Peugh, 1998). These rates may be even higher amongst violent criminals, given that alcohol is often associated with violent
behavior and substances in general can have a desensitizing effect on individuals who abuse them. Overall, it is clear that both mental illness and substance abuse can be causes of criminal behavior, which has an extremely harmful impact on society.

Criminal behavior effects society in more ways than creating an unsafe environment. In the United States, “[t]otal state expenditures for prisons totaled $22 billion in 1996, an increase of 83 percent from 1990. The average annual cost of federal prison is $23,500 ($68.38 per day); total federal prison expenditures totaled $2.5 billion in 1996, an increase of 160 percent from 1990” (Stephan, 1999; Fadaei-Tehrani & Green, 2002). In other words, crime is extremely costly to society. In countries like Liberia, where resources are lacking to begin with, spending money to feed and house criminals in prison is an added stress on society. In addition, the country is too poor to pay law enforcement personnel, afford technology commonly used to solve crimes, and improve the failing criminal justice system.

In West African countries, criminal behavior is a serious problem. This is not only because of high rates of substance abuse and mental illness, but because “the use of heroin has been increasing in almost all of the countries in the continent, particularly those hitherto recognized as drug trafficking transit zones,” including Liberia (Adelekan & Stimson, 1997). This is likely because “permeability of national institutions to corruption, the porosity of borders, the structural deficiencies in states’ control of their territories and enforcement of the rule of law are all among the factors that explain both the increased importance of West Africa in the map of transnational organized crime, and the rapid growth and development of West African transnational criminal networks” (Mazzitelli, 2007). Often, criminals in countries like Liberia use bribery to convince public officials and law enforcement to protect them from retribution for
unlawful behavior, and they engage in various areas of criminal activity in order to increase their wealth and avoid detection (Mazzitelli, 2007).

Crime in Liberia extends far beyond the drug trade. Like most countries in West Africa, common crimes include human trafficking, cyber criminality, economic infractions, arms trafficking (Sawadogo, 2012), petty theft, and domestic violence. The largest prison in Liberia also houses many individuals accused or convicted of murder and rape. However, because of the lack of technology, shortage of law enforcement personnel and reliable transportation, and the ineffectiveness of the criminal justice system, arrests for many crimes are a result of civilian accounts. As such, individuals are often charged with crimes in the absence of solid evidence, which makes it likely that many of the inmates in Liberian prisons are wrongfully accused. Not only does this mean that innocent people are confined in prison, it means that those who are guilty of crimes often do not get caught. In such cases, criminals are free to commit more offenses. In addition, “those released following wrongful conviction and imprisonment may have significant psychiatric and adjustment difficulties of the kind described in other groups of people who have suffered chronic psychological trauma” (Grounds, 2004).

Domestic violence is of particular concern in Liberia, because it is quite common. In an article about domestic violence in the West African country Togo, the author stated that previous evidence has suggested that “gender inequality, patriarchy, and cultural norms that support marital violence affect a woman’s chance of experiencing violence” (Moore, 2008). Domestic violence can be fueled by alcohol abuse, which is often associated with violent behavior. Rape is also fairly common in Liberia, and was a widespread occurrence throughout the war. Women who are raped in Liberia experience the same trauma as women in the United States, but they are faced with one additional challenge. In Liberia, abortion is illegal, so women who get pregnant
as a result of rape rarely have a choice as to whether or not they will give birth to their babies. In some cases, women will elect to get illegal abortions, but this is dangerous, because most places that offer illegal abortions are unsanitary and those performing the procedures do not necessarily have training. Thus, illegal abortions can result in infections and death.

The issue of crime related to substance abuse and mental illness in Liberia is further complicated by the prison system. In the United States, “mentally ill prisoners have a constitutional right to mental health treatment” (Alexander, 1989; Alexander, 2000). As a result, while criminals are incarcerated, they are able to receive treatment for the problems that may have contributed to their criminal behavior. If they are able to receive effective treatment, offenders are more likely to be successful when they are released from prison back into society. This is not the case in Liberia.

In Liberia, “Monrovia central prison, with a capacity of only 350, holds some 950 inmates” (Sharpe, 2012). Since the prison is so overcrowded, prisoners are forced to sleep in shifts. The conditions in the prison are inhumane and many of the inmates who are charged with crimes wait years before they even go to trial, mainly because the justice system in Liberia is barely operating. As a result of these conditions, prison violence and rapid spread of disease is not uncommon. In an article about overcrowded prisons in Lebanon, the author states that overcrowding affects “many aspects of prison life including hygiene preservation, accommodations, health, visitation, nutrition, and correspondence of prisoners” (Nashabe, 2003).

There are numerous individuals in Monrovia Central Prison who are severely mentally ill, and very few of them receive any type of treatment. In fact, the only way that inmates get treated is if they are seen displaying psychotic symptoms. Each week, a mental health worker is
given a short period of time to enter several inmates’ cells looking for prisoners that might be severely mentally ill. Other than her own observation and what she hears from inmates, she has no way of identifying which inmates require mental health services. Even the inmates who do not suffer from mental illness are bound to experience trauma and possibly develop psychological issues as a result of their experiences in prison.

In an article about prisoners in the United States, the authors argued that “[i]nmates entering a correctional facility are likely to be overwhelmed by the severely[] restrictive environment, loss of personal freedom, and need to adapt to new cultural norms” (Pomeroy, Kiam, Green, 2000). If this argument is made about prisoners in the United States, where incarcerated individuals are housed in much better conditions, one would assume that such issues are exacerbated in Monrovia Central Prison. Hence, some of the individuals who did not suffer from mental illness or substance abuse upon entering the prison may develop these problems, increasing the likelihood of recidivism upon release. This creates a vicious cycle, because mentally ill and substance abusing inmates rarely receive treatment, and incarcerated persons who are not mentally ill and do not have substance abuse issues may develop them while in prison. Hence, all inmates have a much greater likelihood of reoffending upon release.

In an article about the penitentiary system in Senegal, another West African country, the authors argue that while the country faces problems of recidivism, the ability to deal with the problem is “weakened by a lack of resources and by pressing economic, health, and social problems that divert the nation’s attention away from the correctional system. Consequently, their ability to introduce rehabilitation programs is severely restricted” (Anklesaria & King, 2003). Since mentally ill and substance abusing offenders incarcerated in Liberia rarely receive
treatment, it is doubtful that they would be able to successfully live in society upon release, and they are likely more apt to recidivate than their American counterparts who do receive treatment.

Although Liberia lacks resources to make monumental changes in all areas, the Liberian economy is one of the fastest growing economies in the world, mainly due to the fact that opening and running businesses in Liberia is inexpensive and highly profitable for foreigners who have the resources to do it. While Liberia is struggling now, it may not take an extensive period of time for the economy to pick up enough for steps to be taken towards improving mental healthcare, the criminal justice system, law enforcement agencies, and prisons.

Despite the fact that the mental health and criminal justice systems in the United States may not be perfect, they are far better than in Liberia. “West African countries have in common the lowest standards of living in the world” (Sawadogo, 2012). As a result of lack of economic resources and widespread damage caused by many years of civil war, Liberia is plagued by the problems of untreated mental illness and substance abuse. The lack of access to adequate care combined with the limited presence of mental health workers makes these issues difficult to address.

Without improvement in the ability to treat substance abuse and mental illness, Liberians will not be able to overcome trauma, and will face consequences such as increased crime rates, the spread of HIV, and the likelihood of mental illness and substance abuse occurring in future generations. As Liberia rebuilds, it is essential that the importance of mental healthcare and an adequate justice system be recognized, and attention should be focused on improving them. It would be extremely beneficial to introduce Alcoholics Anonymous and Narcotics Anonymous, as these programs would provide substance abusers with free treatment. In addition, efforts
should be made to improve the highway system, so Liberians who live in rural areas can access hospitals and mental healthcare facilities.

Attempts must be made to educate Liberians about the causes of mental illness and substance abuse, and the consequences of not seeking proper treatment. This could be done by distributing literature and recruiting volunteers to travel to rural areas and provide information to people in such communities. It is also important that healthcare workers are able to get access to adequate supplies of psychotropic drugs. Future efforts also must be made to employ more law enforcement officers and personnel in the criminal justice system. The presence of the United Nations and foreign aid may lighten the burden with regard to improving the country’s infrastructure. Although Liberia has a long way to go before these issues are addressed, it is clear that every effort is being made to rebuild; there is still hope.
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