Mental Health Awareness in Liberia Educational Sector: A Comparative Evaluation of India and Liberia

Musu W. Davis

MSc Applied Psychology, BSc Secondary Education, School of Behavioural Sciences, Apeejay Stya University

DOI: https://doi.org/10.47772/IJRISS.2026.100600475

Received: 08 June 2026; Accepted: 13 June 2026; Published: 26 June 2026

ABSTRACT

Mental health awareness in educational institutions is crucial for fostering student well-being and academic success. This comparative study examines the mental health awareness frameworks within the school systems of India and Liberia, highlighting key differences, challenges, and potential improvements. Liberia faces significant barriers in providing mental health education and services, including limited access to qualified health professionals, inadequate awareness programs, and minimal parental involvement. The aftermath of the Liberian civil war and the Ebola epidemic has further intensified mental health challenges, necessitating structured intervention strategies. In contrast, India has made substantial progress in integrating mental health awareness into its education system through government policies such as the National Education Policy (NEP) 2020 and initiatives like the *Ayushman Bharat School Health and Wellness Programme*. India's approach involves structured teacher training programs, increased student counselling services, and dedicated government-backed mental health awareness campaigns, creating a more inclusive and supportive learning environment.

The study identifies key gaps in Liberia's school mental health system and explores lessons that can be drawn from India's model. A structured approach involving policy development, teacher training, increased funding for mental health resources, and enhanced parental engagement is essential for addressing these gaps. By implementing similar strategies, Liberia can build a robust framework to support students' psychological well-being and academic performance. This research underscores the need for global collaboration in improving mental health education, advocating for policy changes, and enhancing school-based mental health initiatives to create a more resilient and well-supported student population in both nations.

Keywords: Mental Health and Mindfulness, Teachers Training, Students Awareness, Parental Involvement.

INTRODUCTION

The World Health Organization defines mental health as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, work productively, and is able to contribute to his or her community World Health Organization (2018). This holistic framework demonstrates that mental health is far more than the mere absence of psychological disorders. Instead, it serves as the foundation for individual resilience, collective productivity, and societal development.

When applied to developing post-conflict nations, this ideal baseline of mental well-being is frequently compromised by compounding systemic and historical shocks. Liberia, like many other developing nations recovering from prolonged instability, faces a compounding and urgent need for structured mental health services. According to statistical briefs from the World Health Organization (2018), approximately one in every five Liberians suffers from a mild to moderate mental health disorder. Despite this universal crisis, the country suffers from extremely limited mental health facilities, a severe shortage of trained psychiatric personnel, and minimal budgetary allocations dedicated to psychological welfare.

The root causes of this contemporary public health crisis are deeply embedded in Liberia's tumultuous modern history. The devastating impacts of the Liberian civil war, which raged for 14 years between 1989 and 2003, had a highly corrosive and enduring effect on the collective psyche of the population. Generations of citizens were exposed to extreme forms of trauma, including mass displacement, interpersonal violence, and the disintegration of traditional family structures. The psychological scars of the war left an enduring legacy of post-traumatic stress disorder (PTSD), depression, and substance abuse across the nation. Because the country lacked the public infrastructure required to process this generational trauma, the vulnerability of the population remained exceptionally high. The societal fabric was further tested just over a decade after the war's conclusion. The catastrophic outbreak of the Ebola epidemic, which took the lives of over 4,800 people in Liberia alone, caused widespread fear, acute panic, and severe anxiety across both urban and rural communities (Johnson, 2021). The highly contagious nature of the virus disrupted vital community-based coping mechanisms. Regular rituals, such as traditional burials and physical touch, were suddenly criminalized or rendered lethal.

This environment of persistent mortality forced individuals into deep social isolation, compounding the baseline trauma left behind by the civil war. Families lost multiple breadwinners, breading an economic desperation that heavily exacerbated public stress and burnout. The convergence of wartime trauma and epidemic-induced panic has created a complex web of psychiatric vulnerabilities that the current Liberian healthcare system is poorly equipped to manage. Stigma remains a powerful barrier to care; individuals exhibiting symptoms of mental illness are frequently marginalized or subjected to human rights violations due to a lack of community-level mental health literacy.

Consequently, addressing the mental health crisis in Liberia requires moving beyond a centralized clinical framework. It demands the integration of localized, community-based psychological interventions, specialized training for primary care providers, and robust policy initiatives that directly target the intersecting historical traumas of the population.

Research Problem

Building on these underpinned factors, it is evident that mental health awareness is largely undervalued in Liberia. The critical challenge is not just designing mental health programs, but actively creating awareness and successfully implementing them within educational settings. Because these support systems are not really applied effectively on the ground, students lack important coping mechanisms. This absence of a safety net leaves a dangerous gap. Without intervention, students are exposed to high levels of depression and anxiety. If left unaddressed during this critical developmental stage, these common mental health struggles can worsen, potentially leading to deep-seated, incurable psychological trauma that impacts their academic success and future well-being. Therefore, bridging the gap between simply having mental health programs and actually applying them is a pressing priority.

Research Questions

To address the existing problem, the study therefore asks these practical questions:

I. To what extent does the existing mental health programs and initiatives benefit school-going kids?
II. How competent are Liberian mental health professionals to address mental health issues among students?
III. How can the existing mental health initiatives be improved to reduce trauma and anxiety in Schools?
IV. What practical lessons can Liberia learn from India in addressing mental health in schools?
V. What specific practical health program is required to address students' mental health in Liberia?

RESEARCH METHODOLOGY

This study utilizes a narrative approach to critically analyze mental health within Liberian educational institutions. Employing both primary and secondary sources, the methodology integrates qualitative and desk-based research to provide a comprehensive, systemic discourse on the subject. Primary data was gathered through interviews and statistical reviews. Secondary research involved analyzing existing literature, reputable

journals, and policy reports from national and international organizations, such as "The Carter Center". All scholarly contributions have been properly acknowledged and cited.

REVIEW OF LITERATURE

The E.S. Grant Mental Health Hospital in Monrovia stands as the only dedicated psychiatric facility in Liberia (Carter Center, 2022). This lone institution bears the immense burden of providing specialized inpatient care for the entire nation. Because the hospital is located solely in the capital city, millions of citizens living in rural counties face severe geographic barriers to accessing any form of professional psychiatric treatment. This centralized system leaves a massive portion of the population completely isolated from clinical mental health resources.

The scale of this public health crisis is documented in official government frameworks. The Liberia National Health and Social Welfare Policy and Plan mentions the incredibly high prevalence of mental health disorders in the general population (Liberia Ministry of Health, 2016). The policy highlights that major depression, post-traumatic stress disorder (PTSD), and substance use disorders are widespread across the country. These conditions are heavily tied to historical wartime traumas and recent epidemic outbreaks. Despite the government explicitly recognizing these severe health challenges in its national plans, funding and infrastructure development for mental health have lagged far behind the actual medical needs of the public.

This systemic lack of care becomes even more critical when looking at the country's demographics. According to UNFPA Liberia, around 63% of Liberia's population is considered youth, meaning they are under 25 years old (UNFPA, 2020). Furthermore, a significant portion, specifically 32.8% of the population, falls directly within the vulnerable 10–24 age range. This data highlights the incredibly young demographic profile of the nation. A large portion of this young demographic consists of active students, which underlines the urgent, growing need for school-based mental health awareness and early intervention programs.

Within the Liberian school system, this mental health gap is severely pronounced and is characterized by three major systemic challenges:

Firstly, there is an extreme and limited access to qualified mental health professionals and special educators. The country suffers from a critical shortage of psychiatrists, clinical psychologists, and trained school counselors. Most schools do not have a single staff member who is qualified to recognize or treat psychological distress. This means that students dealing with severe trauma, learning disabilities, or emotional crises are left completely unnoticed and unsupported during their crucial developmental years.

Secondly, schools suffer from completely inadequate awareness programs for both teachers and students. Mental health education is virtually non-existent in the standard academic curriculum. Teachers are rarely trained to understand the psychological needs of their classrooms, often misinterpreting signs of trauma or depression as mere laziness or bad behavior. Without targeted awareness campaigns, students themselves lack the basic language to understand their own emotional struggles, which breeds a culture of silent suffering.

Furthermore, there is insufficient parental involvement in addressing student well-being. Deep-seated cultural stigmas often cause parents to view mental health struggles as spiritual failings or behavioral choices rather than medical conditions. This lack of understanding prevents open communication at home. Without structured programs to engage and educate parents, the critical link between home support and school support remains broken, leaving young students to navigate their psychological challenges entirely alone.

Access to Qualified Mental Health Professionals and Special Educators

In March 2018, the Carter Center graduated fourth batch of 19 clinicians specializing in child and adolescent mental health. This training was developed in partnership with the Liberia Ministry of Health, Ministry of Education, and Ministry of Gender, Children, and Social Protection (Carter Center, 2022). With this, the number of trained mental health practitioners under the Carter Center reached 249, with 83 specializing in the needs of

children and adolescents. However, these professionals constitute only a small percentage of the 5.2 million population of the country underscoring the urgent need for more mental health practitioners. Most of these professionals focus primarily on clinical settings, leaving a significant gap in training teaching professionals on mental health issues.

Unlike other countries, Liberia does not have a policy document that explicitly emphasizes the need for school mental health services and programs focused on students' well-being and development. A few existing policy documents include the National Mental Health Policy, the Mental Health Policy and Strategic Plan for Liberia (2016–2021), and the Liberia Inclusive Education Policy (2018) (Liberia Ministry of Education, 2018). While these policies promote inclusive education, they lack concrete implementation strategies for school-based mental health interventions.

Teacher training in Liberia primarily focuses on academic instruction, with little to no emphasis on mental health education. Institutions such as the Kakata Rural Teachers Training Institute (KRTTI), William V.S. Tubman University, and the Zorzor Rural Teacher's Training Institute (ZRTTI) provide teacher training programs, but mental health education remains largely absent from their curricula (Liberia Ministry of Education, 2018). As a result, many graduates from these institutions lack the skills to identify and support students with mental health challenges.

According to Tome et al. (2020), teachers play a vital role in responding to students with mental health difficulties. Health and education policies indicate higher levels of perceived responsibility among female teachers and lower levels among teachers at higher grade levels (Tome et al., 2020). Research suggests that schools are an optimal setting for universal depression prevention programs because they can reach large populations of youth (Calear & Christensen, 2010).

Awareness Services and Alternative Programs

In many cases, where there is no doctor, people rely on prevention. This principle applies to mental health as well. The lack of awareness services and programs fosters stigma, parental pressure, increased suicide attempts, and peer pressure (Barile, 2021).

Nancy Barile, an award-winning teacher, emphasized that mental health awareness is crucial for educators, who are often the first line of defense for students. She stated that teachers and students should be equipped to recognize signs of developing mental health problems, manage mental health crises, and prevent self-harm or suicide (Barile, 2021).

Prior to coming to India, I encountered a student in Liberia with Attention-Deficit/Hyperactivity Disorder (ADHD). He frequently disrupted classes, fidgeted, and refused to participate in mandatory school activities. At times, he engaged in fights with classmates. At the time, no teacher understood his condition, and he was eventually expelled from school. This highlights the urgent need for awareness programs in Liberia's school system. While international NGOs such as the Carter Center and the Liberia Center for Mental Health Research and Advocacy (LICORMH) have initiated awareness efforts, these interventions remain insufficient.

Parental Involvement in Mental Health Awareness in Schools

Parents play a crucial role in the mental health of their children. Dr. Sally Robinson (2023) asserts that parents should create a non-judgmental space where children can share their struggles. She highlights that children with learning disabilities may struggle in school but respond better to their parents at home (Robinson, 2023).

Moreover, parents are essential in providing encouragement, emotional support, and access to activities that promote healthy development. However, many parents lack awareness of mental health issues, leading to delays in identifying and addressing problems. For instance, depression in children often manifests through mood changes, altered sleep patterns, and behavioural shifts, yet parents may misinterpret these symptoms as mere fatigue or shyness (CareMe Health, 2024).

Comparative Analysis with India

Compared to Liberia, India has a more structured approach to mental health awareness and intervention in schools. Despite having a shortage of mental health professionals, only around 2,840 accredited clinical psychologists, India has made significant progress in integrating mental health education into its school system (Government of India, 2023).

India has launched several initiatives to train teachers in mental health awareness, equipping them with the skills to identify potential mental health issues, provide basic support, and refer cases to professionals. Programs such as the "Malaviya Mission Teacher Training Programme" offer online sessions on promoting positive mental health among students (Ministry of Education, 2023).

The National Education Policy (NEP) 2020 prioritizes mental health as a critical component of holistic student development (Behanan et al., 2024). This policy aims to integrate mental health into the curriculum and provide access to counseling services, fostering a supportive learning environment.

India has also implemented initiatives such as the *Ayushman Bharat School Health* and Wellness Programme, the *National District Mental Health Programme (DMHP*), and the *Rashtriya Kishor Swasthya Karyakram (RKSK),* all of which promote mental health awareness in schools (Ministry of Health, 2023). These initiatives help reduce stigma, improve student well-being, and create a more inclusive education system.

CONCLUSION

Comparing the school mental health awareness systems in India and Liberia reveals stark contrasts. India has made notable strides in incorporating mental health education into its school systems. The Indian government has launched national initiatives like *Manodarpan* to offer psychological support to students. Additionally, major educational boards like the CBSE now mandate school counselors and incorporate life-skills training directly into the core curriculum. These systemic changes have helped reduce stigma and made mental health conversations standard practice in many urban Indian classrooms.

In contrast, Liberia struggles to integrate mental health services within its educational framework. The country's history of prolonged civil conflict and devastating health crises, like Ebola, left public infrastructure fractured. Consequently, schools lack basic funding, let alone specialized resources for psychological care. Most Liberian schools operate without trained counselors, standardized wellness curricula, or screening tools to identify traumatized youth. This leaves a vast population of students dealing with severe stress without any formal support network.

To bridge this massive gap, Liberia must take deliberate, structured steps to rebuild its school health frameworks. Liberia must prioritize comprehensive teacher training on mental health. Educators are on the front lines of student interaction every day. Training programs should focus on teaching educators how to spot early signs of trauma, anxiety, and depression. Teachers do not need to become clinical psychologists. Instead, they must learn how to provide psychological first aid and create safe, supportive classrooms that foster emotional stability.

Furthermore, the Ministry of Education must develop structured, enforceable school-based mental health policies. These policies should move away from reactive punishment and toward proactive emotional support. Schools need clear protocols for handling student crises and managing behavioral issues caused by trauma. Even with a tight national budget, the government can partner with local non-governmental organizations (NGOs) to create low-cost mental health toolkits. These toolkits can include guided peer-support groups, mindfulness exercises, and basic emotional literacy lessons that require zero expensive technology.

Additionally, Liberia needs to implement widespread parental awareness programs. In many communities, mental health struggles are deeply misunderstood, often dismissed or attributed to spiritual issues. This cultural stigma prevents children from speaking out or seeking help. By organizing community workshops and school-led parent meetings, schools can educate families about psychological well-being. Teaching parents that mental

health is a vital part of overall physical health creates a continuous circle of support between the home and the classroom.

By studying India's approach, Liberia can find a viable blueprint for scalable, low-cost mental health integration. India's success shows that change begins when the government formally recognizes mental wellness as a pillar of academic success. Liberia does not need to duplicate India's model perfectly, but it can adopt the core philosophy: utilizing existing school networks to deliver vital psychological care. Prioritizing these educational reforms will allow Liberia to build a resilient, supportive environment that protects the mental well-being of its future generation.

REFERENCES

1. Barile, N. (2021). The role of educators in mental health awareness. Educational Review Journal, 32(4), 56-72.

2. Behanan, J., et al. (2024). The National Education Policy 2020 and its impact on student mental health. Indian Journal of Educational Policy, 15(1), 23-45.
3. Calear, A. L., & Christensen, H. (2010). Systematic review of school-based prevention and early intervention programs for depression. Journal of Adolescence, 33(3), 429-438.
4. CareMe Health. (2024). The role of family support in improving mental health. CareMe Journal of Mental Wellness, 18(2), 11-27.
5. Carter Center. (2022). Mental health program in Liberia. Retrieved from www.cartercenter.org
6. Liberia Ministry of Education. (2018). Inclusive Education Policy. Monrovia: Government of Liberia.
7. Robinson, S. (2023). Parental guidance in childhood mental health. Journal of Child Psychology, 40(1), 78-95.
8. Tome, G., et al. (2020). Teachers' training impact on mental health knowledge and skills. Journal of Educational Psychology, 25(2), 102-118.
9. World Health Organization. (2018). Mental health: Strengthening our response. Geneva: WHO.
10. Directorate Gen. of Health Servs., National Mental Health Programme, Ministry Health & Fam. Welfare, https://dghs.mohfw.gov.in/national-mental-health-programme.php, Last visited Jun. 11, 2026
11. UNFPA Liberia, Adolescent and Youth, UNFPA Liberia Adolescent and Youth, Last Visited Jun. 11, 2026 https://liberia.unfpa.org/en/topics/adolescents-and-youth