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College of Social and Behavioral Sciences

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Ekua Amonoo-Lartson

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2020

Abstract

Post-Conflict Mental Health Policy and Substance Use Among Liberian Adults

by

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MBA, Texas Southern University 1995

BSc, Southwest State University 1986

BSc, Prairie View A&M University, 1998

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

December 2020

Abstract

The objective of post-conflict countries after an extended period of war and trauma is to maintain peace and stability. However, the physical and psychological effects of substance use to cope with the devastation of war remains long after the crisis has ended. The purpose of this qualitative phenomenological study was to examine substance use among Liberian working-age adults, including their substance use habits, experiences with substance use, and access to mental health rehabilitative treatment. The access to medical care theoretical framework was used to guide the study. Data were collected from face-to-face semistructured interviews with 15 individuals regarding their experiences as substance users in Liberia. Data analysis included manual coding of interview transcripts to identify recurring themes. The findings revealed that although there is room for improvement with mental health services and treatment, the mental health services utilized by the substance users were instrumental to their rehabilitation and recovery. Suggestions for improvement of substance use treatment programs included establishing life skills and vocational training as part of rehabilitation to have former substance users reintegrate into society with meaningful occupational skills that will prevent relapse of substance use behavior. Findings may be used to improve clinical and patient education services and address mental health policies to manage patients effectively leading to positive social change.

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Dedication

I dedicate this project to my family who has supported me throughout the period of pursuing my academic goal. You are all responsible for my motivation and have been my inspiration to pursue and complete my PhD. To my parents, thank you for instilling in me the ambition and determination to pursue my studies. To my siblings, Wokie, Ekem, and Vassey, thank you for being the reason to stay determined during my course of study despite my frustrations along the way. To my son, David, I look forward to spending more time and guiding you through life's successes and challenges. You keep me energized with the motivation to keep moving forward with my life goals.

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Chapter 1: Introduction to the Study

Liberia's history of civil wars followed by the Ebola health crisis gained global attention, but the effects of this country's civil and health instability have led to mental health concerns such as post-traumatic stress disorder (PTSD) and illicit drug use. Abramowitz (2016) pointed out that mental health accessibility is available to less than 1% of Liberian citizens. According to Leveley (2014), the Liberian war termination process involved four phases: disarmament, demobilization, reintegration, and rehabilitation (DDRR). Disarmament involved collecting the guns and ammunition from ex-combatants. Demobilization was implemented by providing the ex-combatants with financial stipends and preparing them for job training that would be conducted in the reintegration and rehabilitation phase of DDRR. The demobilization stage was a drastic time for the DDRR process because participants of the demobilization program had misinformation about how payments would be disbursed, causing tension and disruption during this phase.

Paes (2005) stated that the United Nations Military in Liberia (UNMIL) underestimated the number of former fighters who would register for the demobilization program. The initial estimate that UNMIL projected was 38,000 combatants; however, an alternate assessment by the International Crisis Group indicated between 48,000 and 58,000. Paes explains that the actual number of combatants that ended the DD phase of the DDRR program in 2004 was 103,019 combatants, a much larger figure than the original number estimated by UNMIL. This miscalculation resulted in long waiting times that delayed the demobilization program start. Lack of organization and resources led to

camp disruption and violence. The reintegration and rehabilitation programs consisted of career development programs such as university or vocational training programs and masonry or tailoring. DDRR was implemented with difficulty in Liberia. Medeiros (2007) explained that unlike Sierra Leone, which was able to complete the entire process of DDRR, Liberia had funding limitations due to the disparity that existed between the anticipated number of soldiers who would be going through the DDRR process and the actual number of combatants who completed the process. Paes further elaborated that according to UNMIL staff accounts, of the $13.5 million funding allocated for the DDRR program, $10.2 million had already been exhausted after the first two phases, which left insufficient resources to implement the remaining phases of the DDRR. The DD component of Liberia's DDRR initiative was funded by UNMIL, whereas the RR section was financed by the United Nations Development Programme and other humanitarian organizations such as the United States Agency for International Development and the United Nations Children's Fund. The joint financial support of these humanitarian organizations and the coordination of collaborative resources managed the RR portion of the DDRR program.

Bragg (2006) noted that the projected number of soldiers who registered in the DDRR process was by far lower than the 2,000 war fighters who showed up for DDRR training on the initial day of its implementation in December 2003. The increased number of ex-combatants who showed up for registration made it difficult for the organizers of DDRR programs to accommodate the much larger number of ex-combatants. Bragg additionally emphasized that the DDRR formal program of 1997 attended to less than one

third of the 15,000 child soldiers during demobilization, with approximately 89% of child soldiers unaccounted for by the end of the demobilization process. Medeiros (2007) further elaborated that the lack of funding made it a challenge to effectively reintegrate combatants as productive members of the Liberian community and led fighters to seek mercenary jobs with other countries involved in war conflict. According to Wollie (2016), even though the DDRR postwar initiative successfully trained ex-combatants in formal education and vocational programs, there was still a significant portion of former war fighters who remained unemployed, resulting in ex-combatants engaging in former destructive behavior such as substance use. Paes (2005) stated that at the time of disarmament and demobilization in Liberia, 45% of disarmament and demobilization participants migrated to Monrovia, the capital city, causing overcrowding without any added opportunity for jobs. Okulate and Jones (2006) reported that substance use was frequently practiced by soldiers during periods of less fighting activity when they were idle.

Chapter 1 of this study includes a description of the prevalence of substance abuse among adults ages 25 to 54 in post-conflict Liberia. Background information is then presented on Liberia to provide some account of Liberia’s history of conflict followed by the problem statement, purpose of the study, research questions, and the theoretical framework.

According to the UTNE Reader (2010), a survey of 1,600 Liberian households revealed that approximately 44% of the Liberian population met diagnostic criteria for PTSD and 40% had symptoms of depression. The prevalence of mental illness in post-

conflict Liberia has been the subject of studies. Petruzzi et al. (2018) examined substance use among school-age Liberian children and explained risk factors leading to substance use. Jack et al. (2013) stated that in low- and middle-income countries (LMICs) where there is increased violence and conflict, mental health disorders and substance use have been a problematic concern because there are limited treatment resources in LMICs. Jack et al. additionally stated that five main concepts determine the existence of substance use and violence in certain circumstances:

1. Substance use prior to conflict.
2. Prevalence of mental disorders.
3. Lack of employment or financial security.
4. Disruption of social norms, infrastructure.
5. Changes in drug availability.

The post-conflict characteristics of Liberia include all five factors that conceptualize the relationship between opiate use and conflict due to violence. Holdeman (2009) argued that increased violence must be recognized as a public health priority that has significant mental health implications. According to Piachaud (2008), more research is needed on cultural aspects of mental health as opposed to the globalization approach that is mainly based on Western ideas and biomedical treatment. Piachaud also observed that warfare over the last decade has been market driven with unsuccessful global interventions.

As a health care professional working in Liberia, my personal experience as a healthcare provider and recipient of health services has been more optimal than I

anticipated, although it would be fair to say that my health experience as a nurse may have given me an advantage when seeking medical care and treatment. Kesselly et al. (2018) reported that the ratio of health workers to 10,000 people is 1.9., which is under the World Health Organization's (WHO's) recommended ratio of 2.0 per 10,000. Kesselly et al. also found that the sustainable development goal index of Liberia is 33, placing Liberia in ninth position when ranked among the 15 West African subregion countries. Other scholarly information indicated that only 18% of Liberian health entities have health care workers trained to provide mental health care (Gwaikolo et al., 2017). The facts indicate the mental health limitations of the Liberian health care system, but with ongoing health research, evidence-based interventions could be developed to attend to the mental health concerns of Liberia.

Problem Statement

The substance use problem among the Liberian population has been exacerbated due to the lack of adequate mental health treatment and rehabilitation programs to address the mental health concerns that are present with post-conflict countries. Hanna (2017) explained that there is a definite public health concern with substance use in post-conflict settings; however, the connection between substance use and conflict circumstances remains unclear. Ertl et al. (2016) stated that even though there is significant research that has established a link between PTSD and increased alcohol consumption, there is a dearth of evidence-based knowledge about alcohol use disorders and mental illness among civilian individuals who are in war-affected countries. The Index Mundi (2018) online demographic age structure profile for Liberia indicated that a

little over 30% of the Liberian population in 2017 was between the ages of 25 and 54 years. Many of the combatants in the civil war were adolescents, which means that they are now in the prime working age group. The study of this demographic age group increased the likelihood that participants would have a lived experience with the aftermath of war and its impact on their mental health and coping strategies such as such as substance use.

The purpose of the current study was to investigate the status of mental illness among substance users within the prime working age group and their perceptions of their overall mental well-being. According to a WHO (2017) report, “there are very few studies of substance use among Liberian populations” (p. 22). The dearth of knowledge about substance use in Liberia poses a major challenge to mental health in Liberia. Kobach et al. (2017) elaborated that there are two main challenges that exist with demobilizing ex-combatants in middle- and low-income countries: (a) not enough trained personnel to provide mental health services and (b) not being able to implement psychotherapeutic interventions that are suited for ex-combatants or military personnel, which has in some post-conflict societies led to volatile outcomes such as violence and instability during the reintegration process.

Lai (2014) demonstrated how current literature has focused on substance use in relation to PTSD. I hoped to obtain data from substance users about their behaviors and how this information may be used to address policies in Liberia, together with program development and evaluation of the mental health system. According to Blignault et al. (2009), there is limited awareness in post-war countries on the establishment and

implementation of the mental health system. Johnson et al. (2008) also illustrated that a detailed investigation of Liberia's health system that considers the effects of civil unrest and sexual violence is necessary to provide adequate health services to Liberians. Acharya et al. (2017) stressed that there is no mental health model that incorporates middle- and low-income stakeholders to provide mental health services. In the case of Liberia, more emphasis is needed to increase awareness of mental health problems, such as substance abuse, and reduce the stigma associated with mental illness. Quiah (2012) noted that factors like poverty, family conflict with lack of support for mentally ill individuals, anxiety, depression, and the need for mental illness interventions that tackle mental illness as a chronic problem with ongoing prompt and appropriate treatment must be addressed to maximize recovery and optimal functioning of the mentally ill individual.

Purpose of the Study

The purpose of this study was to examine the substance abuse behavior among Liberian adults by using semistructured interviews to obtain information about the circumstances that led to their substance use, and what social support the substance users have received in terms of mental health since they started using substances. My aim was to provide information that could be used to develop mental health policies to provide relevant mental health services more accurately, and to raise awareness about access to mental health care for the rehabilitation and recovery of individuals with mental and substance abuse problems.

Research Questions

RQ1: What perceived circumstances of substance users in Liberia have led to the increased prevalence of substance misuse?

RQ2: What experiences have substance users in Liberia encountered with obtaining support from family?

RQ3: What experiences have substance users in Liberia encountered with community mental health services?

RQ4: How has the prevalence of substance use changed since the post-conflict period in Liberia?

Theoretical Framework

The access to medical care theoretical framework by Aday and Andersen (1974) was applied in this study. This framework was selected because it uses a collaborative approach of analyzing factors that define, provide, and measure access to health care. The access to medical care framework was applied to examine the characteristics of the at-risk population, such as age, sex, racial background, and sociocultural variables in addition to factors that health policy can manipulate to improve access to care, such as income and availability of health insurance. Aday and Andersen developed the framework for medical access from public policy objectives that determine the characteristics of the health delivery system and at-risk populations that utilize the health services. The current mental health policy of Liberia was applied to the access of medical care framework, and characteristics of the at-risk population were examined based on the research participants' responses that were obtained during the semistructured interviews.

The access to medical care framework consists of the following factors that are affected by each other and guide the accessibility and operation of the health care system:

- Health policy involves strategies that coordinate the funding, training, and staffing of health care systems to improve accessibility.
- Characteristics of a health care delivery system are aspects of care that provide direct care interventions to consumers. The characteristics of the health care system consist of a dual input of resources, such as labor and capital, and organization or coordination of how and what resources are used.
- Characteristics of population at risk are factors that determine one's health status, how they access the health system, and what gain is achieved from the health system to maintain optimal health. Characteristics of the population at risk include predisposed factors that are demographic such as age, religion, race, and sex. Enabling factors are factors that provide an advantage to accessing care, such as having insurance coverage and earned income. Need factors are the necessities required to maintain wellness and are based on illness or state of health of the individual.
- Utilization of health care relates to the frequency and consistency that health care services are used. Utilization of health care is sought for preventive health services that consist of health services to stay healthy and prevent illness. Custodial services are considered personal care measures that maintain comfort but do not address the primary cause of illness.

- Consumer satisfaction is the perception that health care consumers have about the health care system based on their experience with obtaining health care services. These key points of the access to the medical care framework illustrate how tangible and intangible characteristics of the population at risk shape health policy.

Nature of the Study

A qualitative phenomenological approach was used to collect, analyze, and interpret data from the study. The phenomenological method was selected because this research design would enable me to listen to the lived experiences of adult substance users in Liberia and understand from their perspective their substance use behaviors and what circumstances led to their substance abuse. The personal accounts of the research participants also provided information to promote rehabilitation and recovery as part of mental health services in Liberia. Norlyk and Harder (2010) stated that the concept of phenomenology is more of a philosophical approach to research than a scientific approach. This characteristic of phenomenology causes the researcher to make an even greater effort to implement generalizability that enables this type of study to be duplicated. Nolyk and Harder illustrated that the philosophical aspect of phenomenology can cause shortfalls with overcoming generalizability an applied to research is necessary to ensure the type of phenomenological study is interpreted and analyzed with consistency throughout the study.

For my study, semistructured interviews with substance users were conducted. A journal was maintained to document memos and field notes. An interview protocol was

established for each research participant. The interview protocol also included informed consent and ethical considerations that protected the vulnerable population of substance users. The National Public Institute of Health in Liberia and the Ministry of Health and Social Welfare were the two government entities referenced for guidance and assistance with maintaining health guidelines for my research in Liberia, particularly regarding COVID-19 restrictions and safety measures when interacting with research participants.

Definitions

Access to medical care framework: A theoretical framework that focuses on how to improve access to health services using public policy objectives as a starting point to define at-risk population groups and what health services will be provided to the at-risk population group (Aday & Andersen, 1974; see Appendix B).

Disarmament/demobilization/reintegration/rehabilitation: A four-phase process of maintaining peace in a society after war that involves the collaboration of national and international stakeholders (Daboh et al., 2010). The United Nations General Assembly (2006) stated that the DDRR program consists of the disarmament phase in which arms are collected from military and civilian members of the post-conflict community. Demobilization is the process of dismissing the military from their armed duty and providing short-term comfort and security measures such as food, shelter, and education to stabilize socioeconomic status.

Global health: The WHO (2017) defined global health as an examination of the world's health status based on scientific scholarly investigation.

Globalization: The strategy to prevent and/or minimize public health threats that involve cross-border or intercountry exposure of disease and illness. (WHO, n.d.)

Low-middle income countries: Low-income countries have a gross national index (GNI) of $1,025 or less. Lower-middle income countries have a GNI between $1,026 and $4,035. GNI for middle-income countries is between $4,036 and $12,475 Upper-middle income countries have a GNI $12,476 and above (World Bank Blogs, 2019).

Mental illness: Emotional imbalance with a range of behaviors that affect social functioning and thinking and is associated with distress and trauma (American Psychiatric Association, 2019; WHO, 2017).

Post-conflict: A country that has emerged from civil unrest due to the collaboration of state and international peacekeeping efforts, but still has no sustained socioeconomic stability (Brahimi, 2007; IGI Global Disseminator of Knowledge, 2019).

Substance abuse: The use of substances that cause emotional and physical damage to individuals after repeated use. Examples include alcohol, narcotics, psychoactive medications, and illicit drugs (WHO, 2017).

World Health Organization (WHO) health-related framework: This concept considers health as a measure of individual and population health outcomes to sustain health (Begley et al., 2002).

Assumptions

I assumed that participants would answer all interview questions truthfully. Also, I assumed that the interviewees would participate in the study for the entire duration of

the study even though participants had the option to withdraw from the study due to their individual choice or other unavoidable circumstances.

Scope and Delimitations

The qualitative phenomenological approach was used for this scholarly investigation and involved participants between the ages of 25 and 54 years. The objective of the study was to explore substance users and their mental health experience in terms of accessing and seeking treatment. Information on other mental illness symptoms reported during the interview process was included as a descriptive aspect of the substance use lived experience, and the clinical management of the symptoms was not included as part of the narrative. The primary scope of the study was substance use, such as alcohol and drug use habits, among the purposeful sample of participants between the ages of 25 and 54 years.

Limitations

The phenomenological method was selected as the research method used to collect and analyze data. Pascal et. al (2010) emphasized that by gaining insight into a person’s lived experience, a researcher can better comprehend and learn from another individual. The account of life circumstances allows the data to be presented from the research participants’ viewpoint without bias from the researcher. To limit bias and maintain integrity of the data, I asked participants to review interview transcripts. Member checking involved a combination of activities such as research participant review of interview transcripts and interpretation of data to confirm validity. Birt et al. (2016) stated that member checking is also widely used in health and education research.

Significance

Findings from the study may provide new information that may benefit individuals and communities affected by substance abuse. In addition, the findings may be used to improve the professional practice of health professionals to sustain mental health programs that will mobilize social change and motivate Liberian community stakeholders to support and deliver mental health services and treatment that is relevant and accessible to individuals with mental illness. DeKock et al. (2017) observed that research that centers on substance use must have a more holistic approach that is able to recount the subjective experiences of individual and community stakeholders, and analyze how these environmental factors can be incorporated into health policy that will bring about optimal social change. The goal of the current study was to gain information that would bring about needed social change by providing solutions on a personal and collective level for substance users in Liberia.

Summary

Johnson et al. (2008) pointed out that the civil war in Liberia resulted in tens of thousands of casualties and caused many mental health and traumatic consequences for those who survived. Another aspect of the mental health consequences of the war is that the experience of trauma differs individually and collectively, and mental health policy development and implementation must consider the daily stressors such as worsening poverty, overcrowding, and social isolation that are characteristic of conflict and post-conflict societies, together with the trauma factors associated with war. (Miller & Rasmussen, 2010).

Chapter 2: Literature Review

The literature review for this study consisted of peer-reviewed articles that addressed post-conflict circumstances in countries that have endured ongoing conflict and have reorganized pertinent community services to restructure health care services and bring stability to countries that have been faced with war and other socioeconomic disruptive circumstances. Chapter 2 covers the review of literature starting out with an introduction that addresses how the literature presents various viewpoints about substance abuse in post-conflict countries. Literature sources are listed with key search terms that were used to obtain information about the subject matter. The iterative search process is described and the theoretical foundation for literature analysis is explained. Chapter 2 includes a review of the literature related to the study problem.

Lastly, the literature review material is grouped into theme categories and a summary is provided to conclude Chapter 2.

Literature Search Strategy

The search for literature was done primarily with the presearch selection criteria of only using peer-reviewed articles. I used databases such as PsycINFO, EBSCO, CINAHL, MEDLINE, SAGE PREMIER, and PROQUEST to search for articles that focused on chemical dependency and mental illness in countries that have gone through a period of war and conflict. Key words and phrases included *chemical substance use in post conflict Liberia*, *consequences of war and chemical dependency*, *mental illness and post-war conflict countries*, *mental health in primary care setting*, *basic health care*

packages in low and middle-income countries, and *mental health and psychosocial consequences of armed conflict*. The literature centered on the use of chemical substances in war-torn countries and how substance use treatment is lacking along with other mental health services.

The iterative process involved Finlay's (2012) concepts of phenomenology, which includes investigating and exploring the lived experiences of research participants, providing assistance for research participants to verbalize the lived experience and stay connected to experience felt, and obtaining the implied and actual meaning perceived by the lived experience using frames of reference that are unique to each research participant.

Theoretical Foundation

The access to health care model (see Appendix B) demonstrates the reciprocal relationship between the utilization of health services affected by the type, location, purpose, and time needed to access services and the customer satisfaction derived as a result of convenience, cost, quality, information obtained about the health product or service, and courtesy and empathy of health care providers. The characteristics of the health delivery system affect what characteristics of the at-risk population have been determined and how these factors have been addressed. Mainardi (2007) highlighted how utilization is an important aspect of conceptualizing accessibility in obtaining health services. Haerawati (2016) observed the significance of equity of access to health care as a global concern with a wide disparity between developed and low-income countries. Equity of health access, according to Haerawati, is increased when population location

and demographics together with community concerns are considered in structuring health programs.

Literature Review

Mental Illness Interventions and Approaches to Treatment

Eytan et al. (2014) conducted a study that involved a random selection of populations in Rwanda and Kosovo and mentioned that there have been over 240 civil conflicts worldwide with more than 25 million mortalities and 40 million displaced war victims within this time period. Eytan et al. also reported that traumatic psychological problems, such as PTSD, and depression have gained research exposure; however, researchers have not compared characteristics of various comorbidities with regard to mental illness and what sociocultural factors influence psychological effects of trauma as experienced by war victims.

Murray et al. (2014) reviewed evidence-based interventions, explaining that even though there has been some effort to establish mental health package services in low- and middle-income countries, there is limited research and evidence-based knowledge on how to train nonspecialized staff to practice evidence-based mental health interventions. Murray et al. also recommended a multivariate treatment approach to mental illness, using the common elements treatment approach to identify and implement mental health interventions.

Challenges with Mental Health Service Delivery

Liberia, the country of focus for my study, has experienced its share of calamities after more than a decade of war activity. The Ebola health crisis that followed the civil

war period further depleted the scarce health and social service resources of Liberia. Gwaikolo et al. (2017) explained that the 14-year period of continuous war with the subsequent chaotic health disaster caused by the Ebola outbreak generated mental health problems for the perpetrators of violence as well as individuals who were affected by trauma. From their mixed-methods study, Gwaikolo et al. added that although there are functional mental health programs, like the Mental Health Gap Action Programme, there is a lack of research on barriers to obtaining mental health services.

Kruk et al. (2009) examined how Liberia's national health plan includes the basic packages of health services to deliver core health benefits such as maternal/childcare; family planning; adolescent health; control of infectious diseases such as HIV, tuberculosis, and sexually transmitted diseases; emergency care; and mental health. From the discrete choice experiment, Kruk et al. identified that the health care preferences of Liberians are completed thorough a health assessment and the availability of medications, although the basic packages of health service did not integrate mental health care to be a part of the primary care health service, making it difficult to access mental health services. There are community resource initiatives such as training individuals and family groups to cope with life's stressors by using the media to promote awareness and integrating mental health into mainstream health care delivery services (Ghosh et al., 2004). Based on observations over a 3-month training period, Ghosh et al. (2004) revealed that mental health interventions must not be pursued from an individualized disease approach, but rather addressed from a community-oriented standpoint that considers needs of the entire population. Liberia's extensive period of fighting and the

health catastrophe of Ebola has resulted in a lack of human resources to develop and sustain an effective health system.

In their case study, Burina and Burina (2016) identified roadblocks to incorporating mental health and psychosocial support services with an already established health care package. Challenges discovered, included funding limitations, tension of overworked health care workers due to stress, applying treatment in response to physical symptoms instead of deciphering psychological distress associated with physical symptoms, and lack of training and evaluation of training programs. These challenges are what Liberia is currently confronted with. To stabilize conflict, it is necessary to understand that violence is experienced in multiple ways in accordance with culture and tradition, in addition to environmental factors that are specific to the country that has emerged from crisis (Burina & Burina, 2016).

The current study begins with a broad view of how global armed conflict consequences result in adverse effects that include mental health problems, then shifts to a more specific view within Liberia. The Liberian analysis involves reviewing and reporting information from the study participants and determining how substance use among Liberian adults can be eliminated with more effective and relevant substance use and mental health treatment.

Short-Term Versus Long-Term Mental Health Consequences of War

In their qualitative study, Jewkes et al. (2017) found that a significant portion of research related to violence perpetrated by war deals with short-term impact. Jewkes et al. implemented a household survey conducted in Papua New Guinea and found 32% of

women with high levels of depression, 34.4% of men who abused alcohol, 24.6% of men who had PTSD, and 37.8% of women who stated that they had some form of mental illness. These survey results relate to the war trauma that current study participants experienced during 14 years of civil war.

In their multiple research review of 28 studies, Fischer (2011) detected that most research that focused on mental health and psychosocial consequences of armed conflict suffered by adolescents was conducted in developed countries. The scholarly investigative methods consisted of community surveys and longitudinal investigations of the refugees displaced by conflict and examining primary health care status of countries affected by armed conflict regarding community mental health interventions. Fischer further emphasized that only 12% of evidence-based data exists for countries with limited resources, which indicated the need for more research in low- and middle-income countries. The terms *low-income countries* and *middle-income countries* surfaced multiple times during my initial literature search. Articles retrieved addressed armed conflict and war, so I re-searched these key terms to seek definitions for each and clarify how LMICs form a crucial aspect of armed conflict and the devastating effects of its prevalence. According to Fantom and Serajuddin (2016), the World Bank's classification of countries established in 1989 contains four categories: (a) low-income countries, (b) lower-middle income countries, (c) upper middle-income countries, and (d) high-income countries. The gross national income figure is adjusted annually based on a 3-year average to adjust for price inflation.

Tol et al. (2013) noted in their multiple research study review that there is still a lag in research that concentrates on long-term mental health consequences of armed conflict, and recommended more longitudinal multifaceted studies that have a larger sample size to better determine the long-term implications of mental health fragility that is associated with the experience of war trauma. The qualitative case study analysis of psychosocial interventions by Pedersen et al. (2015) emphasized four main factors about war trauma. First, trauma is a significant consequence of war; however, the way it is perceived and processed among various cultures and communities differs, and interventions must be structured to accommodate these varied characteristics. Second, there is lack of clarity with determining distress from a psychological disorder by health professionals that in turn affects diagnosis and treatment. Third, because of unreliable diagnosis and treatment, interventions are not always evidence based. Lastly, the multidisciplinary research focus must confer with practicing health care workers and health researchers to examine the cultural inferences and ethical codes of conduct with each discipline so that research is relevant and there is more effective research and policy formulation.

War and armed conflict events continue to proliferate globally. In their thematic analysis of mental health intervention studies, Jordans et al. (2016) noted that 39% of armed conflict areas were in Africa. Levy and Sidel (2009) accounted for how the limited research on long-term consequences of war focuses mainly on the experiences of ex-combatants. Levy and Sidel found that interventions to manage the chaotic experiences of war, such as PTSD and depression, need to include early detection and ongoing

treatment. Cross-sectional studies illustrated the trauma that occurs because of war, but what continues to be disregarded and misunderstood is that the volatile and difficult conditions continue well after war is over even when post-conflict victims have been resettled, particularly due to the uncertain status of welfare despite efforts to restore peace and stability (Ben Farhat et al., 2018). The Liberian war led to many fatal casualties and loss of many lives.

Woodard et al. (2017) report that an estimated 250,000 people were killed during the Liberian war and nearly a million people ended up resettling in refugee camps across the West African subregion. Review of current literature demonstrated that more research is needed to investigate the long-term mental health impact of war-afflicted communities (Bogic et al., 2015).

Rebuilding and Reformation of Post-Conflict Countries and Mental Health Impact

To facilitate the rebuilding and reformation of post-conflict countries, the global organization of DDR programs has been a predominant strategy for UN-led peacekeeping operations. In a historical analysis of Haiti's DDR process, Schuberth (2017) explained that DDRR strategies must be planned and executed together with political input from the local stakeholders and international donors to promote long-term peace within a community that has endured longstanding conflict, especially when DDRR takes place in a nonconventional urban setting. The UN peace keeping strategy of DDRR was implemented in Liberia to bring peace and stability to the country.

The use of in-depth qualitative study focus groups by Petruzzi et al. (2018) highlighted mental health problems such as substance abuse among the Liberian

population. The most prevalent substance used with a median age of 16.6 years was alcohol followed by marijuana use. Substance use problems prevail in communities that have been exposed to conflict due to risk factors such as male gender, experience with war-related violence displacement, and presence of coexisting mental illness with the risk factors.

In a qualitative focus group study, Ezard et al. (2011) explained that these factors occur because of sociocultural and political triggers that remain unclear in terms of how these characteristics influence substance use. The main objective of my study was to be an accurate, unbiased, and reliable research tool to retrieve information from participants and convey what experiences they have had with substance use and what perceptions exist about their substance use, support from family and community, and the overall state of their mental well-being and accessibility to treatment.

The current study focused on scholarly literature that addressed behavioral concerns of the Liberian population. In their cross-sectional study, McCouch (2006) stated that current literature has concentrated on mental health consequences of previous war activity and has not addressed specific behaviors that occur after conflict. McCouch emphasized that post-conflict behavior is necessary to determine how war experiences affect future stability and long-term tranquility of a post-conflict society. The analysis of post-conflict also facilitates the development of professional practice interventions that lead to mental health recovery and addresses the post-conflict obstacles of mental health treatment such as increased unemployment and poverty.

The review of literature by Miller and Rasmussen (2009) reported that the response of individuals and community stakeholders is necessary to incorporate life sustaining activities such as family support and life skills training as a way of providing coping measures to manage distress and destruction following long periods of war within a community. Miller and Rasmussen generated evidence-based data that affirmed the necessity to consider the effects of daily stressors when formulating mental health policy and not just focus on apparent consequences of war such as trauma. Miller and Rasmussen additionally explained that proponents of trauma-based care place emphasis on the direct effect of war trauma on mental health whereas psychosocial factors within the post-conflict environment cause stressors such as poverty and unemployment contribute to mental illness.

According to Patel et al. (2013), a holistic mental framework is needed due to the prevalence of mental illness in low-income and middle-income countries that co-occurs with chronic medical problems, making it necessary to have mental health treatment within the primary health care setting. Patel et al. further elaborate that integrating mental healthcare with medical care also motivates individuals with mental illness and their families to seek treatment since the health care setting offers comprehensive services that not only focus on mental health, but medical care as well, making recipients of mental health less anxious about the stigma that unfortunately still exists with mental illness. The literature reviewed thus far reveals that there are obstacles to overcome, due to differing viewpoints about how to approach mental health care. Continued research efforts can lead to a consensus that advocates for a collaborative effort from both sides.

Murthy and Lakshminarayana (2006) gathered population-based surveys and cross-sectional studies, finding that significant evidence showing the necessity of addressing mental health concerns when planning and implementing peacekeeping efforts in places where there has been longstanding conflict. The process of re-building infrastructure involves the collaboration of multiple stakeholders such as the government, Non-profit or non-government organizations (NGOs) and community groups.

According to Newbrander et al. (2007) long periods of combat cause destruction to infrastructure that is further detrimental to a deteriorated health and educational system. Newbrander et al. provided an example of how the Ministry of Health in Afghanistan had to adjust its approach to providing health care that shifted its implementation of health services to a quality-oriented health service delivery strategy. In their randomized control trial, the researchers also stressed the importance of affiliating cost with the corresponding designated area where the health facility will be established, as cost varies depending on multiple factors that are not the same for every health care entity that is formed. The basis of developing health policy, establishing priorities of how care will be delivered and determining what monitoring and evaluation methods will be implemented need to be carefully reviewed prior to allocating financing options that will sustain healthcare services. Hanna (2017) stated that even though there is no conclusive evidence that links substance use to conflict or chaos within a country there are accounts of substance use among ex-combatants as a coping mechanism to deal with the stress of war activity.

Developing and Sustaining Mental Health Programs in Post-Conflict Countries

The Basic Packages of Health Services program (BPHS), has been an increasingly popular post-conflict health service rebuilding program. In their qualitative study, Petit et al. (2002) explored the perceptions of Liberian health professionals and policy makers about the BPHS program and research findings demonstrated that health workers did not fully understand the BPHS system, which is usually initiated with a collaborative effort from local government of the post-conflict country, and international, local NGOs. Petit et al. discovered that healthcare workers associated the BPHS health program with meager income and little career fulfillment that resulted in an increase of BPHS consumption of services at the beginning of its implementation ,but as time went on, there was a decrease in service coverage provided by BPHS health services. The Democratic Republic of Congo, Somalia, South Sudan, and Cambodia are examples of post-conflict countries that have implemented BPHS to rebuild and sustain their health systems (Petit et al., 2002). The BPHS packages of the DRC, Somalia, South Sudan, and Cambodia have limited priority-based services that does not include significant mental health treatment and substance abuse recovery programs.

According to Witter (2012), the financing guidelines of health funded donors are not detailed, and indicative of specific health needs each post-conflict affected country. The prevalence of fragile post-conflict states and dearth of literature on the financing equitable health systems in post conflict countries, results in the development of a health system where there is the absence of health services to maintain overall well-being, and the development and implementation of policies to improve national health. Ballah

(2018) reported that Liberia's assistant minister for preventive services with the ministry of health, emphasizes mental health as a significant problem within the country that needs to be prioritized above any other category of illnesses, and effort should be made to sustain trained mental health workers within the ministry of health and destigmatize mental illness.

Access to Substance Use Mental Health Treatment Problems in Liberia

To plan and implement mental health treatment interventions effectively, a more thorough examination of Liberia's demographics and population characteristics is necessary. This examination should generate solutions relevant to the needs of the community, and it should be sustainable to remain effective long-term. The demographic statistics of the United Nations (2013) illustrate that 65% of Liberia's population are made up of youth. 50.8% of the population is urban with a median age of 18.7 years old of the Liberian population. Another challenge to building a viable healthcare system in Liberia, is its "fragile" status (Reuters, 2013). Liberia is one of 50 countries that have been identified as being "fragile" due to weak governance and poverty with a history of conflict, violence, or political crisis (Reuters, 2013). The population health traits of Liberia illustrate the need to prioritize health concerns that relate to children and adolescent mental health (CAMH) problems. The findings of the randomized controlled pilot study by Patel et al. (2008) revealed that due to rapid urbanization of LMICs, more research is necessary to fill the large gap that exists between CAMH concerns and the availability of CAMH resources. Patel et al. (2008) recommended social change involving treatment options to embrace a collaborative effort from community

stakeholders such as parents, and families who can provide support and encouragement, along with school-based interventions, and a health system that interdependently manages mental illness with CAMH.

In Calam’s (2017) application of the biological model to understand perception of war refugees, the researcher showed that there is significant evidence between physical and mental health with chronic diseases prevalent in adulthood. The effects of globalization have also created structural barriers such as worsening poverty and unequitable distribution of resources, migration, rapid socio-economic change in status and identity diffusion due to the cultural identity shift from the original traditional view to a blended identity comprised of traditional and western cultural factors. Calam (2017) further stressed that WHO statistics revealed that mental disorders comprise 13% of the global burden of disease with most of the burden present in LMICs.

Mental illness continues to face obstacles due to the stigma associated with it; however, there has also been increased awareness with mental illness and taking the initiative to seek assistance when needed. Azad et al. (2015) reviewed multiple studies focused on investigating health systems of low and middle income countries and found out that treatment gaps still remain preventing accessibility to mental health treatment and proposed a new solution to bringing about social change, which would involve a multifaceted strategy taking into account human, social and economic factors in the political agenda when formulating public health policy for health issues Placing emphasis on social change as of importance in LMICs. Lund (2014) noted from the multivariate research studies he reviewed that poverty when exclusively defined by per capita income

has inconsistencies between low and middle income countries that were involved in the studies, but including the social determinants of health such as literacy education, social support and healthy behaviors, demonstrates the connection between poverty and mental illness.

Summary

The research findings of Williams et al. confirmed that community-based substance abuse treatment is crucial as an area of priority with mental health treatment especially with low and middle-income countries. The aim of this study was to provide innovative knowledge to contribute to a sustainable and effective mental health program in Liberia. The phenomenological method explained in chapter three examined to the personal experiences of substance users in Liberia and determined how these experiences provides new knowledge to improve mental health policy in Liberia. In their retrospective case study of 10 participants, Stockwell et al. (2005) used the snowball technique to expand the data collected from research participants regarding their views about mental health policy and research findings provided valuable information to improve future mental health policy, by involving stakeholders to engage in a collaborative process of policy formulation process as opposed to financially funded focused disjointed decision-making. The research outcome of this study has generated information that could involve a collaboration of government and community stakeholders to sustain accessible and efficient mental health services with effective health policy measures.

Chapter 3: Research Method

The qualitative phenomenological research method was used for this study. According to Creswell (2009), the phenomenological approach is used to investigate the lived experiences of individuals while the researcher sets aside personal judgments to gain greater understanding of the research participants' accounts of their lived experiences. Errasti-Ibarrondo et al. (2018) explained that phenomenology is a scientific and philosophical approach of inquiry using meaning questions to determine how individuals perceive and react to experiences over a period in their lives. This qualitative research method was used to address the research problem by collecting data about the prevalence of substance use in post-conflict Liberia, and finding out about the experiences of substance users and their behaviors in regard to seeking treatment for their mental illness in an environment with scarce mental health support and socioeconomic challenges. The prevalence of comorbid mental illness in addition to substance use was also be examined. Chapter 3 includes an explanation of the research design that was used to conduct the study. The rationale and research tradition are described, and the application of the research methodology is explained, followed by a description of my role as researcher.

Research Design and Rationale

By implementing the core values of the qualitative tradition, an in-depth analysis of research participants' subjective perceptions and experiences was applied to this study using the phenomenological approach. The phenomenological approach was selected because the hermeneutical criteria of this method gave autonomy to the research

participants and enabled them to express their lived experiences giving full account of the implied and stated meaning of their individual experiences. My role as researcher consisted of an interactive process of understanding the description and meaning given to the research participants' lived experiences, then interpreting these meanings holistically based on the research participants' frames of reference.

The theoretical foundation for analysis throughout this study came from the original concepts of Husserl who developed the phenomenological research methodology. Husserl's (date, as cited in Larkin et al., 2006) main school of thought was to emphasize the subjective account of research participants' lived experiences and remain open to new understanding of various meanings that research participants derive from their lived experiences. The interpretive phenomenological analysis framework served as the guideline that determined how the study proceeded from the initial stage until the final stage of obtaining research results. Peat et al. (2018) emphasized that the hermeneutic and phenomenological tenets of interpretive phenomenological analysis involve an active process between researcher and research participants using an iterative process to decipher the individual and comprehensive meanings of lived experiences.

The WHO's health related framework was used to evaluate the research data. Begley et al. (2002) explained how population efficiency criteria form the basis of the health-related framework that favors a combination of market and government-assisted programs. Begley et al. further elaborated that for health policy to significantly impact health system improvement, there should be a change in focus from improving service delivery exclusively and address the population concerns.

A study conducted in Bosnia and Herzegovina included the principles of the health-related framework to establish reform of health financing. Seherzada (2011) explained that for the beneficial adjustment of health care a strategy organized by the political regime must lead in financing options that will augment population health and construct policies that will additionally improve access to care. Seherzada added that politicians must lead health reform due to the lack of objective resource distribution measures. The objective of the health-related framework is to improve individual as well as population health factors. Begley et al. (2002) emphasized that conventional health care has been treatment oriented; however, there are physical, social, economic, and environmental influences that also need to be considered with formulating and designing health programs to improve health instead of determining performance solely on health care accessibility. The key criteria of the health-related WHO framework are as follows:

1. Clinical effectiveness criteria assess whether the intended benefits of clinical effectiveness are achieved with both personal and community-based services.
2. Population effectiveness criteria focused on the optimal combination of personal and community-based services with policies that concentrate on population health.
3. Clinical efficiency criteria determine how to maximize intended benefits with the least amount of cost.
4. Population efficiency criteria examine the optimal combination of personal and community-based services for specific resources. Strategies of execution

for these criteria involve cost-effective policies and efficient allocation of resources.

5. Clinical equity criteria emphasize equal distribution of costs and benefits and fair regulations, programs, and strategies. Policies focus on freedom of choice.
6. Population equity criteria ensure that personal and community-based services equalize opportunity and policies address need-based distribution.

In their extended 4-year study of mental, neurological, and substance use problems, Kane et al. (2014) identified three factors that determine mental health treatment outcomes for patients with substance use problems:

1. Quality of care is characterized by care that is of a high standard that prompts the individual in treatment to return for subsequent care and refer others to seek the same care.
2. Treatability refers to frequency of treatment that is required to manage the substance use problem (i.e., whether treatment would consist of a single or multiple sessions).
3. Recognizability refers to how effectively the clinical staff will identify and correctly treat mental health problems within the primary care setting.

The conceptual framework of mental, neurological, and substance abuse (see Kane et al., 2014) was used to structure my interview questions to assess what perceptions substance users have about their mental health care and what treatment has been obtained. The research participants who had not gone through any treatment were questioned about what aspects of treatment they expect to effectively manage their

substance use problem. Lastly, the basic services health care package of Liberia was examined, and research participants were asked how their substance use and other mental health problems had been addressed in the primary care setting and what obstacles they had faced with while seeking treatment. Barriers to mental health care were also reviewed and analyzed according to obstacles that occur due to health system deficiencies such as lack of trained mental health care staff, inadequate psychiatric medications, and unsupportive attitude of health staff. Cultural barriers were also examined to determine when, where, and why mental health care was accessed.

In their qualitative cross-sectional study, Borba et al. (2016) conducted a needs assessment study using a shortened version of rapid needs assessment tests to assess the traumatic effects of war victims, and concluded that a wide gap remains between the treatment needs of the mentally ill and present mental health services and treatment that is available in Liberia. Borba et al. also pointed out that the social challenges such as poverty, unemployment, and domestic instability lead to substance use. The extensive period that Liberia has endured war, trauma, and health devastation has resulted in the prevalence of mental health problems such as substance abuse and PTSD.

Myers et al. (2018) implemented a quality measure instrument consisting of 22 questions relating to sociodemographic status and substance use. The semistructured interview questions used in the current study were based on sociodemographic factors of research participants and how these sociodemographic factors affected their lived experiences with substance use.

Methodology

The phenomenological design was implemented using interpretative phenomenological analysis to describe each individual account of research participants' lived experiences, and a comprehensive analysis was formulated based on how each of the research participants expressed the meaning of their life experiences. Seawright and Gerring (2008) emphasized that despite its ambiguous nature, purposeful sampling has the benefit of giving the researcher broader insight that will improve research outcomes.

Role of the Researcher

My role as researcher involved collecting data from research participants by direct observation of their behavior and communication during the interview process. As a phenomenological researcher, I emphasized gaining a thorough understanding of research participants' lived experiences and acknowledging that the perception of observed behavior may influence my interpretation. Fry et al. (2017) asserted that because the known lived experiences of the researcher affect objectivity, a broad literature review is necessary to minimize researcher bias due to subjective perceptions.

Phenomenological Method

The phenomenological research method allowed me to gain insight into the substance use problem among Liberian adults by focusing on their lived experiences. According to Narayan (2011), the phenomenological researcher's primary aim is to gain a complete understanding of the day-to-day personal accounts of a phenomenon from research participants. Groenewald (2004) stated that with phenomenological research, the

researcher's emphasis is on the description of lived experiences without any prefabricated framework but remaining close to information that is given by the research participant.

Participant Selection Logic

Demographic characteristics of the target population were Liberian adults between the ages of 25 and 64, with a total of 15 adult research participants. Other literature has concentrated on school-age adolescents. Petruzzi et al. (2018) studied participants between the ages of 12 and 20 years. Demographic statistics from Liberia showed that the largest percentage of the population was 14 years old and younger (43%); however, a significant percentage of Liberia's population (approximately 34%) is between the age of 25 and 64 years, which is the age range that my study focused on. Lippit (2013) described the devastating consequences of substance use on youth in Liberia. Lippit added that although studies have concentrated on substance use in Liberia, there remains sparse literature about substance use in Liberia. Another compelling reason for selecting this age range was this demographic group includes individuals who experienced the war directly either by being part of the war as perpetrators or victims of conflict.

The sample size comprised 15 applicants, and the participants of the study were targeted based on selection criteria that included their age, history of substance use, and presence of any other mental illness problems that each prospective research participant had in addition to their substance use. Data were collected from the research participants using face-to-face individual interviews. Peterson et al. (2008) identified five crucial factors in sampling techniques. The first course of action is to identify locations where

research participants will be recruited to ensure participants who are recruited have the appropriate background to provide data relevant to the topic. The next step is to decide how many cases will be assigned to the total sample of research participants; then a case or multiple case needs to be organized for every location. Locations are ranked according to the number of selected participants at the locations, and recruitment for the exact number of participants in all locations is determined. Peterson et al. stressed that the collaborative approach of utilizing location resources such as the physical characteristics of the area, population density, and data accessibility minimize complications that can occur with sampling in qualitative studies.

In the current study, a semistructured interview protocol was used to collect data from the research participants, and the research questions were used as the basis for structuring the interview protocol. Ishak and Abu Bakar (2014) explained that unlike the quantitative method of sampling that includes a random sample representative of the general population, qualitative methods of sampling include purposeful selection of participants that will provide pertinent information necessary for the research focus. The responses from research participants were audiotaped so I could review transcripts in more detail and examine any item that was missed as the interview was taking place. Auto transcription was initially considered as a method to generate transcripts, but due to the intonation of the Liberian Kolokwa language, the auto transcription software could not recognize and accurately transcribe audio transcripts. Manual transcription was therefore used.

According to Brayda and Boyce (2014), qualitative interviewing requires skill from the researcher to establish a distinct balance with being able to ask culturally sensitive questions without making the research participant uncomfortable, yet ensuring that the interviewee reveals candid information necessary to answer research questions accurately and completely. The target population for this study was current substance users living in designated areas of Monrovia, Liberia. Each participant provided information on what circumstances led to the prevalence of substance use.

Data Collection

After obtaining IRB approval confirmation # 06-11-20-0407874, the data were collected from research participants through semistructured interviews to give each interviewee the opportunity to express their individual experiences about substance use.

Face-to-face interviews were conducted on site at a mental hospital located in Monrovia. Listed below are the interview questions that the research participants answered about their drug use. The interview process allowed enough time for each research participants to elaborate on their lived experiences and give the researcher a chance to clarify any misconceptions.

The interview questions were rephrased in Liberian kolowa language to facilitate better understanding of the questions being asked during the interview and make sure that answers received from respondents were accurate. Norris et al. (2014) explain that with development of cognitive interviewing strategies, it is vital to consider cultural implications and sensitivity to information that the researcher is requesting from participants. The interview content was selected based on the literature review

information, which contained the prevalence of substances used in post-conflict settings. In their qualitative study, Prust et al. (2018) identified that Liberian school-aged children reported having used substances such as alcohol, marijuana, heroin, and cocaine.

Data Analysis

In addition to the phenomenological interpretative phenomenological analysis is the analytical methodological framework applied to this research study. The aim of this approach was to provide an in-depth analysis of research participants' lived experiences, with the added perspective of the researcher's interpretation of the meanings that research participants gave to their lived experiences. The ideography of the IPA analytical framework focuses on individual responses to lived experiences. In this regard, the phenomenological was selected as the research method that will be used for this study.

Interview transcripts were analyzed using NVivo software and manual coding. Results were reported according to recurring themes observed with data analysis. Illustrations of research findings have been presented in the form of tables and charts. Interviews were transcribed using NVivo. Informed consent documentation was obtained from research participants, so they were aware of what to expect before, during, and after research activities. The privacy and confidentiality of research participants was kept private and confidential using de-identified anonymous descriptions of participants to obscure personal details such as names.

Issues of Trustworthiness

To ensure trustworthiness specific details have been provided about the philosophical and theoretical orientation of the study, so the interpretivist nature of the

qualitative study is accurately understood by the researcher and research participants. Carminati (2018) explains the importance of generalizability that is controversial in qualitative research due to interpretivist paradigm, based on subjective interpretation of researcher and participant behaviors and experiences.

Ethical Procedures

The ethical procedures for this study were given the utmost priority due to the vulnerable population of substance users. Hossain and Scott-Villiers (2019) identified certain considerations that need to be made to preserve ethical integrity. The priority is to protect the research subject from harm and try to provide benefits from the study to research participants. The letter of cooperation guidelines was adhered to a specified by the research site administrators. Dignity and welfare were maintained before, during, and after research activities.

Summary

In summary, this chapter focused on the research method and design. Initially, a description of the phemenological method was given with an explanation of why this method was selected as the most preferable for this study. A historical analysis of the qualitative research tradition was then given by justifying its appropriateness for this study. My role as researcher has been stated with an illustration of steps that have been involved in the research process. Ethical and moral precautions were also taken into consideration such as validity, with emphasis on how the study can be duplicated for future research with mental health services and policy formulation.

Chapter 4: Results

This chapter includes details of the research process used to collect and analyze data. The findings of the research activity were determined from the data analysis. The data analysis was directed at answering the four research questions that addressed circumstances leading to the increased use of substances in post-conflict Liberia, family and community support during period of substance use, treatment and recovery, and participants' perceived experience of accessing mental health services and obtaining treatment. Chapter 4 includes a description of the research setting, demographics of the target population, and the data collection and analysis processes. Qualitative measures to ensure research validity and accuracy, such as trustworthiness, credibility, transferability, dependability, and confirmability, are also explained. This chapter concludes with a report of study findings and a summary. The research analysis consisted of computerized and manual categorization and coding of data. The transcripts from the face-to-face interviews were manually coded using the following classification codes:

- time frame of substances used
- types of substances in used
- circumstances leading to substance use
- community/family support
- financing drug habit
- substance use pre and post conflict period in Liberia
- obstacles faced with in accessing mental health

The classification of codes was correlated with the interview questions, which were as follows:

1. What substances do you take?
2. How long have you been taking these substances?
3. What circumstances led to you taking these substances?
4. How do you maintain your drug habit?
5. What support (if any) do you get from your family or the community?
6. What obstacles have you been faced within obtaining mental health services and treatment?
7. Based on your mental health treatment experience, how can health accessibility be improved?

After asking the interview questions, I completed a debriefing with a paraphrase of each response to the questions and a final query about their experience with substance use during the period of civil war and after. As the researcher, I decided not to begin the interview with a question of pre- and post-conflict experience with substance use, but rather to progress gradually to this sensitive and possibly traumatic topic after all other questions were answered because participants would be more comfortable and more likely to open up after a period of discussion.

After making inquiries and obtaining information about types of substances used by Liberian substance users, I compiled a list of substances with corresponding local names that research participants reviewed during the interview when asked about substances used. Substances were categorized into the following groups: alcohol,

cocaine, heroin, marijuana, other substance (substance not listed or substance that includes a mixture of two or more substances). The responses for types of substances used revealed that the most named substance among research participants was cocaine, with 13 out of 15 research participants stating that they used cocaine. Most users of this substance mentioned the variation of this substance type, namely Thai Italian white, which was the most popular form of cocaine used. Tarr and coke were also named as other types of cocaine used. Participants reported that Thai Italian white was taken in its powdered form without any alteration or additives. Tahar/Tarr is a cocaine derivative that is smoked by placing cocaine powder on tin foil directly over a heat source or open flame. Cocaine was cited as the most expensive substance compared to other substances such as marijuana, heroin, and alcohol. Substance users were introduced to this drug while working or associating with friends who could afford to buy them drugs. Another significant finding with cocaine substance users was the fact that they did not indulge in other substances apart from cocaine, unlike other substance users who took marijuana, heroin, and alcohol. The next highest ranked substance was heroin (5 out of 15). The syringes and needles necessary to inject heroin could possibly be the reason for its limited use compared to cocaine. Marijuana (4 out of 15) was ranked third and was mentioned often among interview respondents as the initial drug that introduced them to other substances like cocaine. Alcohol (3 out of 15) was the lower ranked substance. The interesting phenomenon of alcohol use was that it was combined with other substances, unlike cocaine, which was used exclusively. Alcohol substance users stated that their use of alcohol involved a mixture of alcohol and pain killers such as tramadol, which was

referred to as "burst the door." Another research participant named a substance called "sly" that she said was a concoction of powdered leaves that she smoked to get high." Figure 1 shows the distribution of substance use.

The inquiry about the number of years that substance use has been taking place included periods of time ranging from as long as 20 years to the shortest time frame of 3 years. The average time of substance use for the 15 participants was 9.86, or approximately 10 years.

When the research participants were questioned about whether they had experienced any obstacles to seeking and obtaining mental health treatment, responses revealed a split of opinion. On the one hand was the perception that there were no significant barriers to getting treatment, whereas on the other hand the consensus was that the process of getting treatment was frustrating due to delays in starting treatment and difficulty with getting to clinical appointments due to lack of available transportation. AK07142020 expressed that "it took time" to get an appointment for treatment and further stated that "I have been coming (to check on getting an appointment) since January and July I am finally getting in for treatment." Conversely, JD07132020 commented that "It was easy for me, Daddy brought me in for an appointment." Of the 15 research participants, seven had a positive experience with no obstacles to obtaining treatment while eight stated that there was difficulty in accessing treatment due to a delay in getting an appointment or transportation difficulty in getting to appointments. There was no apparent distinction of responses to this question based on gender or age;

however, the perception of receiving a positive experience with mental health services occurred when there was support from the family or community.

The predominant cause or circumstance leading to drug use stated by the research participants was peer pressure. Respondent RFB07132020 stated that his substance use began because of “friends influence” in 2006 while in high school. Although peer pressure was the reason for starting drug use, RT07142020 explained that he was influenced by friends, “but he accepted it” and takes full responsibility for being a “substance use addict.”

The lived experience accounts of substance use by the research participants included suggestions on how the mental health system and services could be improved. There were suggestions that concentrated on the specifics of providing treatment, such as utilizing former drug users as mentors in treatment programs, improving the treatment environment to have more open areas where patients can comfortably interact with each other, and participating in group activities. Other suggestions about treatment included promoting more awareness about substance use and allocating land in rural areas where rehabilitation centers could be developed. DT07162020 suggested that substance users in treatment be separated from other mental health patients to avoid escalating situations among patients with different mental health needs and agitation triggers. Although the interview transcript for DT07162020 was a part of nonconforming data due to the age of the research participant being outside of the targeted age range of 25 to 54 years, the information was considered to be of significance and was therefore reported with the results of the rest of the research participants. Other changes suggested to prevent

prevalence of substance use among Liberian adults were to have more stringent laws against drug trafficking and firmer penalties for those who do not abide by the law. Other respondents felt a collaborative effort of nongovernmental organizations and the Liberian government would be beneficial.

The attitude and approach toward substance users by health workers was also commented on by some of the research participants who stated that the way health workers performed their jobs demoralized the substance users during treatment. AK07142020 mentioned that the process of counseling should be practiced with a "good mind" toward the drug user. Health worker sensitivity training was suggested for health care workers to demonstrate a more empathetic attitude when caring for substance users in treatment. RFB07132020 stated that government should invest in "addicts" who could participate in training programs so they could provide support and care to other substance users in treatment.

All the research participants concurred that the availability of drugs is more widespread currently than during Liberia's time of conflict. AB07142020 described this sentiment by saying "right it (drugs) is surplus everywhere." AM07282020 stated that "back in the day during civil war children were forced into drugs…drugs are still here, there are a lot of young children with substance use." All participants voiced concern for the young children who have easy access to sell and consume drugs.

Research Setting

The qualitative phenomenological study was conducted in the municipal city of Monrovia, Liberia. The research participants were recruited onsite with a self-initiated

response to the research invitation to partake in the study. A flyer posted in patient care areas of the facility provided details such as the research topic, what the study objectives were, and what to expect while taking part in the study. The research participants were patients from an outpatient mental health program, as opposed to inpatients of the mental health program, because IRB recommendations indicated a greater risk of patient discomfort with inpatients as they could be more impulsive and emotionally labile during the acute phase of substance use treatment. Face-to-face interviews were conducted in an area away from communal areas to ensure privacy and confidentiality. Prior to the interview, interviewees were assured that their dignity and confidentiality would be maintained throughout the research period. The informed consent form signed by each research participant included this information as well. The research setting was modified to comply with COVID-19 guidelines to prevent spread of infection. Social distancing restrictions were in place, and face masks were worn by the research participants and me to lower COVID-19 risk of infection. The lockdown constraints made it challenging to recruit research participants who preferred to stay at home as a safety measure against COVID-19 infection; however with time and patience, the designated number of research participants was achieved.

Demographics of Research Population

Adults between the ages of 25 and 54 years were selected as the target population for this study. The age range was selected after analyzing the age demographics of Liberia according to Index Mundi (2018), which established the target group as the prime

working age group of Liberia. All the research participants lived in Monrovia or surrounding townships and commuted to the mental health facility for their treatment. .

Data Collection

Data were collected using face-to face semistructured interviews that included open-ended questions on types of substance used, substance use behavior, circumstances surrounding substance use, and personal lived experiences about substance use. The CAGE and AUDIT C substance abuse screening tool questions were also used during the interview to assess the amount and frequency of substances used and how use of substances affected participants' interaction with family members and other loved ones.

Data Analysis

NVivo 11 was the qualitative software research data collection tool that was used to collect and analyze data together with an audio- to- text application that was used to manually transcribe the recorded interviews. As mentioned previously, automated transcription was not appropriate due to the dialogue engaged in the interview that had Liberian expressions in the kolokwa dialect which is not available as a language for automatic transcription. NVivo coded and analyzed the data to explore recurrent themes and word trees and charts were created to visualize how the research participants' comments about various aspects of their substance use, family and community support, and mental health treatment/recovery was expressed with familiar phrases and words among the research participants.

The qualitative phenomenological nature of this dissertation study required that the four criteria of trustworthiness within qualitative research studies be met to ensure the

validity and accuracy of the data collected and analyzed. Shenton (2004) explains that the first of four criteria for trustworthiness is credibility, which emphasizes the ability to depict the phenomenon being investigated with accuracy and validity. In the case of this dissertation study, substance abuse was examined in an actual substance use treatment setting with research participants' able to recall lived experiences with substances in a safe and comfortable setting. Characteristics of this phenomenological study also have transferability since this study can be applied in other research areas that aim to focus on the lived experiences of research participants. The challenge with this and all other qualitative studies, is dependability although all effort has been made during this study to have structure of research steps the same for all research activity so study can be replicated with no compromise of research validity. The data collected from research interviews was taken directly from verbatim responses, and I as the researcher obtained clarification for any information that I received without making any personal assumptions. Debriefing after the interview was practiced ensuring that the research participants' perceptions were noted from their viewpoint and not misrepresented. According to McMahon and Winch (2018), Debriefings are vital because this process allows insight and challenges with emerging data to be addressed which strengthens trust between researcher and participants, and also maintains cooperation from the research participants in terms of opening up and being transparent with their feelings.

Results

The research results report the varying perspectives and personal experiences of substance users in Liberia.

RQ1: What perceived circumstance of substance users in Liberia have led to increased prevalence of substance use in Liberia?

The most recurring response in answer to this question was that increased incidents of drug trafficking have led to increased prevalence of substance use in Liberia. Research participant AB07142020 stated that “Right now it (drugs) is surplus everywhere.” Another research interview respondent, RT 07142020, admitted that “ during the war time it was difficult to get, (but), now it is really rampant.” Almost all research participants stated that peer pressure and influence from friends encouraged them to take substances except for one respondent who explained that his drug use started when he was recruited into an anti-terrorist during the civil war. TA07142020.

RQ2: What experiences have substance users encountered with obtaining support from family?

Of the 15 research participants, only three stated that they received family support during the crisis of using drugs. Another observation with the interview respondents that received family support was that even though they family offered to support them, they all stated that they were not ready to quit at the time support was offered and kept using substances until they reached that point where they were desperate and frustrated and saw quitting as a positive way forward. “ I was tired of me trapped in drugs.” States DT 07162020, of her substance use behavior. “Myself got fed up with it” admits TA07142020. JJ07092020 concluded his interview dialogue by stating; “…For drugs a thousand people can advise you, but no matter what they do if you are not ready….” (you will not stop using drugs).

The rest of the research participants that did not receive any family support explained that lack of trust as a result of stealing from loved ones to finance their drug habit was the primary reason that they were isolated from their families. Their verbal accounts of how they perceived this lack of support showed the pain and humiliation that was felt by these research participants. DT 07162020 shared that " you an outcast of society. People take you to be nothing." Interviewee AK 07142020 emotionally expressed that "I have been belittled. I have no understanding in my life. I have even lost connection with my children." The substance users that did not get any family support also spoke of taking other substance users they interacted with on a regular basis as family since they could not relate to their own families. The predominant emotional dilemma with the substance users involved in this study was despair and frustration wanting to quit but continuing with destructive behavior due to addiction.

RQ3: What experiences have substance users encountered with support from the community?

Community support was lacking for every one that participated in the study except for one individual that was part of a religious closed community so even though there was initial withdrawal from that person after a while they were able to gain support from some members of this closed community group although not the entire community as a whole. JJ07092020 described one of the members that supported him stating: " Maxwell is a real brother." A respondent reported " I did not get support from my family and the community they see me as a bad person." (BDR 07152020). There were multiple instances where the research participants said that "they did not bother "with the

community. JB07092020 stated that while using drugs he felt “marginalized and stigmatized.” As a result of not getting any support from family or the community.

RQ4: What experiences have the substance users in Liberia encountered with mental health services?

This question was perceived differently than I anticipated, and it was insightful to gain an understanding of how the substance users regard treatment. Even though as researcher I took the time to explain what mental health services would be included as part of treatment such as counselling and, medications for detox treatment, Most of the research participants would emphasize their need to be the initiator of treatment for it to be successful regardless of facilities that may or may not be available. “It is myself that got treatment.” (states that he decided to call his brother after seeing friends who had recovered from the facility.(RK 07162020). Self-talk was mentioned by AK 07142020 as a necessary motivation to get into treatment and recover. Stating, nobody talks to you better than yourself.” A K 07142020 believed self-talk motivated him to stay off drugs. Other comments which demonstrated acceptance of taking medications as part of detox treatment, included to “stand strong, this thing I need to leave this.” Take medicine and focus.”

Themes Identified With Research and Interview Questions

The research process of data collection and analysis revealed the following themes.

Stigmatization of Mental Illness and Substance Abuse

This theme as the nomenclature suggests elaborates on how mental illness is stigmatized in Liberia thus leading to limited family and community support that negatively impacts the efficacy and success of substance use treatment and recovery.

Sensitization Training of Health Care Workers With Regard to Mental Illness and Substance Use

Under this theme the research participants believed that healthcare workers should be trained to treat the person with mental illness instead of focusing on their illness which is already stigmatized and misunderstood. Sabey (2019), explains that in post-genocide Cambodia, among other factors, the accessibility and implementation of mental health services was difficult due to the stigma of mental illness that prevented the prioritization of mental illness as a major public health issue. RFB 07132020 expressed that the way health workers performed their jobs “demoralized” him during treatment and suggested that better training would be beneficial to improve how mental health care is delivered.

Community Outreach and Awareness

This theme centers on promoting awareness of mental health by educating the public about mental illness through community outreach efforts that will involve going into areas where drug use is rampant. Community outreach and will also involve initiating treatment in the streets before substance users are stabilized in a mental health clinic or hospital. Research participant SB 07062020 stated that “sometimes we were approached in the ghetto to seek care by some friends in recovery.” His perception was that this contact out in the street motivated him to get treatment.

More Treatment Facilities Particularly in Rural Areas

Some the respondents of the research interview gave specific suggestions about how mental health care could be more accessible to people that live in remote areas away from the city where the mental hospitals are located. AT 07142020 suggested that a facility be built exclusively for substance use treatment and recovery, and not have substance use treatment be combined with other mental health treatment regimens. JB 07092020 proposed to "allocate land in rural areas for more recovery centers."

Broaden Treatment to Include Vocational Training Skills

Even though the research participants verbalized their gratitude with the mental health care received during their treatment, there were some individuals that stated some type of vocational training is necessary to prevent relapse of substance use due to being idle and not engaging in any meaningful activity. Research respondent RT 07142020 inquired that "after treatment what is next?" he further expressed that they need to be "empowered" and "get their mind off the street." SB 07062020 stating that there if he could get some "support for life skills like funding assistance for a "little business," he would be grateful. Research participant TD 07162020 also mentioned that more vocational skills training is necessary during treatment to ensure that recovery can be sustained long-term.

Include Peer Mentors as Part of Treatment

There were some comments by the research participants to involve former substance users that have successfully recovered to be a part of the treatment team. A suggestion from research participant AB 07142020 was to organize support groups that

would consist of former addicts who could talk about their own previous struggles with substance use and encourage more trust and compliance with treatment from substance users. Englander et al. (2019) advocate that peer mentors be integrated into inpatient programs since their lived experiences make them more suitable to relate and provide support to the substance user. Although peer mentors might not have formal clinical training in mental health their provide a necessary contribution to substance users apart from the counseling, medical and nursing care that is a predominant part of substance use treatment.

More Stringent Laws and Health Policy Reformation

There was a general concern among the research participants about the ease with which drugs can be obtained in Liberia. Some individuals mentioned that lenient drug trafficking regulations make it easy for drug traffickers to return to their illegal business dealings without much delay after being arrested by law enforcement. JJ 07092020 voiced that "in my opinion these people bringing in the drugs should be prevented from coming in." with tougher laws. AT 07142020 explained that "The police are not even restricting drug activity. This same respondent also added that substance users must be "chastised" to establish some form of disciplinary action then sent from treatment immediately "before it gets worse."

Nonconforming Data

The age range for research participants to be included in the study was between 25 and 54 years of age however there were three cases that completed the interview and were below the 25-year-old established age limit. They were a 21-year-old female and

two male participants 23 years old and 24 years old. The three nonconforming data cases involved initial volunteers of the study who were eager to give account of their substance use experiences and confirmed their ages verbally which was not stated age confirmed in their clinical record. After this discrepancy with data, extra precaution was taken to confirm the age of the research participant and match stated age with their clinical record.

Evidence of Trustworthiness

According to Shenton (2004) there are four criteria that must be evident to maintain trustworthiness in a qualitative study. The criteria of credibility, transferability, dependability, and confirmability determined for data collected and analyzed and then applied comprehensively to the context of trustworthiness.

Credibility

The results of this dissertation study have credibility firstly, due to the qualitative phenomenological method that was used. The phenomenological method recognizes the authenticity of the “lived experience” that research participants provide. Purposeful sampling of carefully selected research participants within specific inclusion criteria also ensured that collected data would be relevant to answering the research questions.

Transferability

This phenomenon of substance use in post-conflict Liberia that was implemented in this study, could be practically and theoretically applied to future studies using the same phenomenon in a different research setting.

Dependability

The research steps of data collection, analysis, and report of the findings was consistently monitored and repeated in the same sequence for all the research participants. Study outcomes of this dissertation study likely to be similar if subsequent research studies involved the same research method and participants.

Confirmability

To avoid any researcher bias, and have objectivity, I attentively focused on the in-depth narration of the lived experiences of the research participants and reported the non-conforming data and limitations of the study. The research results were also examined in detail and presented according to recurrent themes emerged as data was categorized and analyzed.

Summary

In summary, the outcomes of this dissertation study, reflect the lived experiences of Liberian adult substance users and how their personal accounts of substance use were affected regarding the research questions that have been restated below:

RQ1: What perceived circumstances of substance users in Liberia have led to increased prevalence of substance use?

RQ2: What experiences have substance users in Liberia encountered with obtaining support from family?

RQ3: What experiences have substance users in Liberia encountered with obtaining support from the community?

RQ4: What experiences have Liberian substance users encountered with mental health services and treatment.

Chapter five reviews the research outcomes in greater detail with an interpretation of findings and gives recommendations on future research ideas to address the limitations and implications of this current study.

Chapter 5: Discussion, Conclusions, and Recommendations

This chapter focuses on information obtained after collecting and analyzing data that can be applied to mental health treatment interventions and policy formulation to improve mental health services. Details of the research participants' lived experiences were reviewed using the phenomenological approach, and suggestions were presented from research participants on how mental health treatment and services can be improved. The purpose of this study was to acquire current information from substance users that could be used to improve mental health services in Liberia.

Interpretation of the Findings

The findings are explained by reviewing each research question and providing an account of the research participants' perceptions of substance use currently and prior to the post-conflict period in Liberia.

RQ1: What perceived circumstances of substance use in Liberia have led to increased prevalence of substance misuse?

Almost all research participants stated that the initiation of substance use was attributed to influence from friends or peer pressure, which correlates with current literature sources. Olurishe (2019) mentioned that peer pressure is the main trigger for substance use in post-conflict countries of the West Africa subregion. All participants of the current study reported that increased drug trafficking and widespread availability of drugs are the predominant causes of increased substance use among Liberian adults. Fauzi et al. (2018) explained that easy access to and affordability of drugs leads to increased substance use in vulnerable populations such as youths.

RQ2: What experiences have substance users encountered with obtaining support from family?

The lack of support that research respondents reported from family members is due to the stigma and lack of community awareness of substance use within the Liberian society. Mental health stigmatization remains a global health challenge. According to Gomez-Dantes (2018), despite the attention that has been given to mental health in recent years, there is still a stigma that remains. Gomez-Dantes emphasized that an integrated health system is necessary to address mental health concerns as part of mainstream physical health. The stigmatization of mental health in Liberia also has cultural implications of defining mental illness as a spiritual problem that can only be solved by religious interventions.

RQ3: What experiences have substance users encountered with obtaining community support?

Community support was reported as lacking even more than family support. All research respondents commented that they did not receive any support from their communities, with some accounts of hostility from community members. Participant LD 07132020 stated that he experienced isolation from both family and the community and voiced these feelings by stating that “For me, my father turned against me finally…..(with) the community, only thing they can do is discourage you.” Respondent JB07092020 mentioned that he felt “marginalized” and “stigmatized” and further emphasized that there was not any support, but a “harsh” reaction from the community. Miller and Jordans (2016) asserted that the drastic effects of widespread violence due to

war lead to harsh disciplinary actions or neglect from parents who have been exposed to prolonged conflict. Miller and Jordans, explained that absence of or limited family support encourages the unsupervised children to go out on the streets where they are exposed to harmful situations such as substance abuse and violence.

RQ 4: How has the prevalence of substance use changed since post-conflict Liberia?

This research question generated increased emotions from each of the research participants. Everyone expressed frustration and concern with the ease of drug availability and the lack of firm regulations to deter drug traffickers from bringing drugs into the country. Enforcing stringent public policy laws against drug trafficking together with promoting increased awareness of substance misuse is vital to deterring the prevalence of substance use in Liberia and reducing the stigma associated with substance use and mental illness. The stigma associated with mental illness in Liberia has prevented people affected by mental illness and substance abuse from not seeking treatment. Family support is absent due to stigma and fear of the mentally ill. The cultural perception is that mental illness is a spiritual problem that is treated by clergy. Agani et al. (2010) stated that children of parents who have been in war circumstances have a greater likelihood of engaging in substance use.

Figure 2 illustrates how the access to medical framework by Aday and Andersen (1974) was applied to the research findings of this study. Each element is presented as follows:

Health Policy Review

The findings of this study indicated the need to incorporate mental health as a prioritized aspect of health policy that would allocate needed financial resources, education and training, human resources, and organization of mental health services in accordance with mental health policy guidelines.

Characteristics of the Health Care Delivery System

The current structure of the mental health system does not include peer mentors of former substance users who have successfully concluded treatment and rehabilitation and could provide genuine support and encouragement to substance use patients who are in crisis. Sensitivity training of health workers to provide mental health care without judgment and to have an empathetic attitude is also necessary to prevent stigma associated with mental illness.

Characteristics of Population at Risk

The risk factors that emerged from study findings are that there is a lack of support from family and community. This limited support from family and community is due to the stigma associated with mental illness and the cultural beliefs of mental illness.

The immutable factor of poverty and the mutable enabling factors such as stigma associated with mental illness are barriers for the at-risk population in seeking and accepting mental health treatment. The perceived need for substance use is based on the substance users' cultural beliefs about mental illness and support they receive from family and community to seek and obtain rehabilitative substance use treatment.

Utilization of Health Services

Despite the limitations of mental health treatment, most research respondents stated that getting mental health treatment was beneficial, and they had received significant help from the mental hospital services although there was a long waiting period prior to initiating treatment for some of the research participants.

Consumer Satisfaction

About mental health services in Liberia, research findings suggested that obtaining mental health services is still an inconvenience for individuals who may not have the family and community support to assist the substance user in getting help. The cost of seeking mental health treatment is minimal, but it is still not affordable for some, especially those who have transportation difficulty to get to a treatment session. The staff were generally perceived as cordial and supportive; however, certain research respondents admitted that some staff were insensitive and unempathetic when interacting with patients in substance use treatment. Overall, the quality of care needs to be improved to ensure mental health treatment in Liberia is effectively provided.

Recommendations

Further study with an even distribution of male and female participants is recommended. A study exclusively with females would also be beneficial because the two female participants in the current study shared the perception that their lived experiences were less tumultuous than their male counterparts. Public policy recommendations include the following:

- Public policy initiatives should include mental health as a priority to achieve a comprehensive state of wellness that is evident by equal access to general medical and mental health care.
- Public policymakers should establish programs that support community outreach interventions that educate the community about mental illness and how to avoid promoting stigma due to cultural beliefs about mental illness.
- Public policy guidelines should be formulated to finance mental health and to develop and sustain mental health programs.

Implications

The themes in the current study may be the premises for enacting and reforming mental health policy and improving mental health interventions in Liberia. Section 2.3.4. [Mental health] of the National Health and Social Welfare policy 2011-2021 by the Ministry of Health and Social Welfare of the Republic of Liberia prioritizes mental health as one of the critical public health issues to be addressed by the Ministry of Health and social welfare; however, the policy also acknowledges the limited number of psychiatrists and trained mental health workers in Liberia. The recommendation of the current study

participants was to include peer mentors as part of treatment to provide support to mental health workers.

Summary and Conclusion

In this chapter, the research questions were reviewed, and findings were applied to answer each research question. The themes that emerged from the data analysis were then elaborated on followed by limitations of the study and recommendations for future studies. Social change implications were then discussed, and the Liberian National Health and Social Welfare Policy was referenced as a starting point to initiate change for an improved mental health system. The lived experiences of adult substance users in Liberia and the perceptions that these substance users have about drug accessibility prior to and after the Liberian civil war have been the focus of this study. The objective of this study would be accomplished if the findings and recommendations were used to conduct further research studies and improve mental health care in Liberia.

Figure 1

Distribution of Substance Use

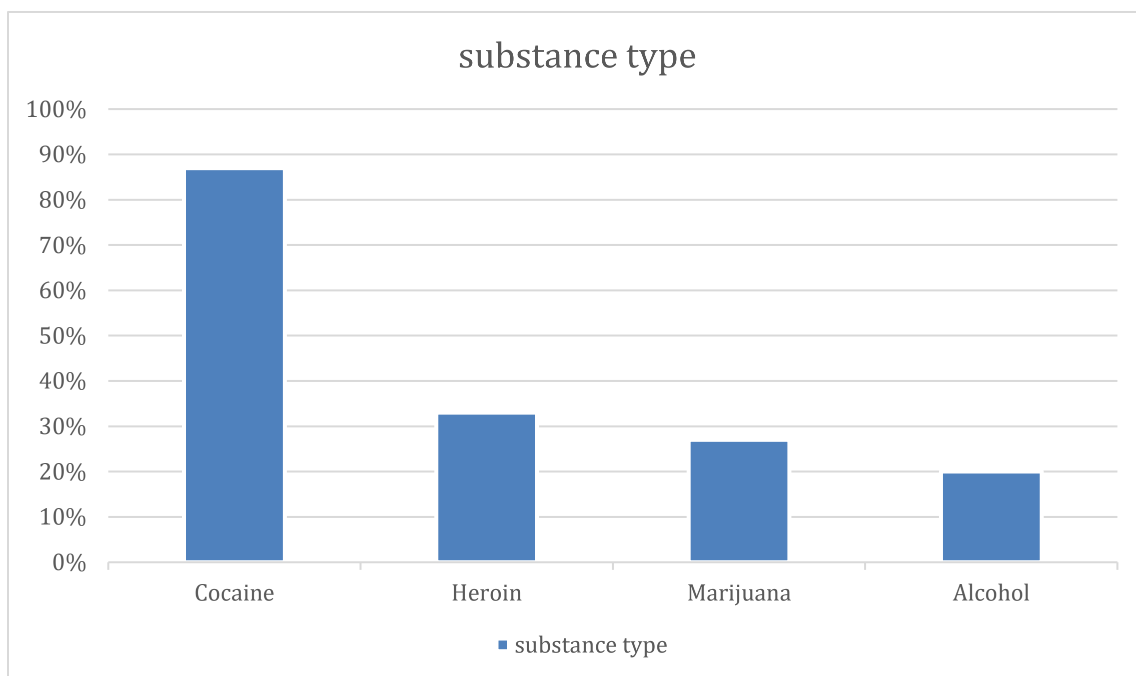

Figure 2

Application of Research Findings to Access to Medical Care Framework

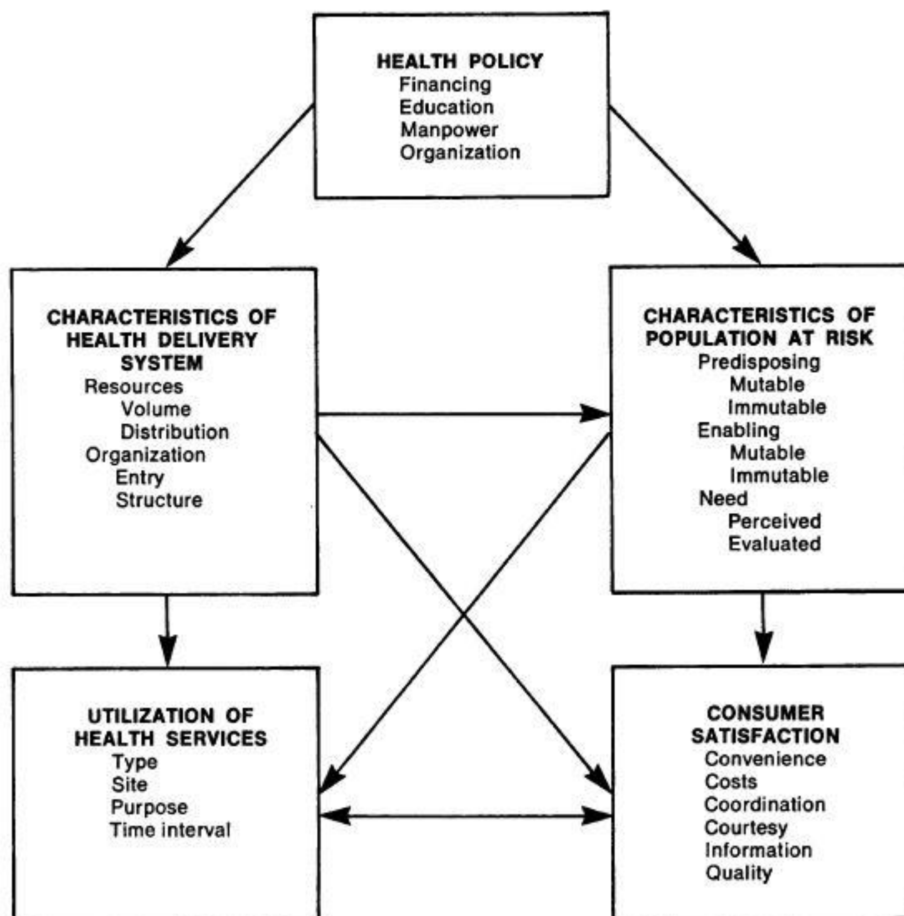

Figure 3

Word Frequency Cloud

Figure 4

Items Clustered by Word Similarity

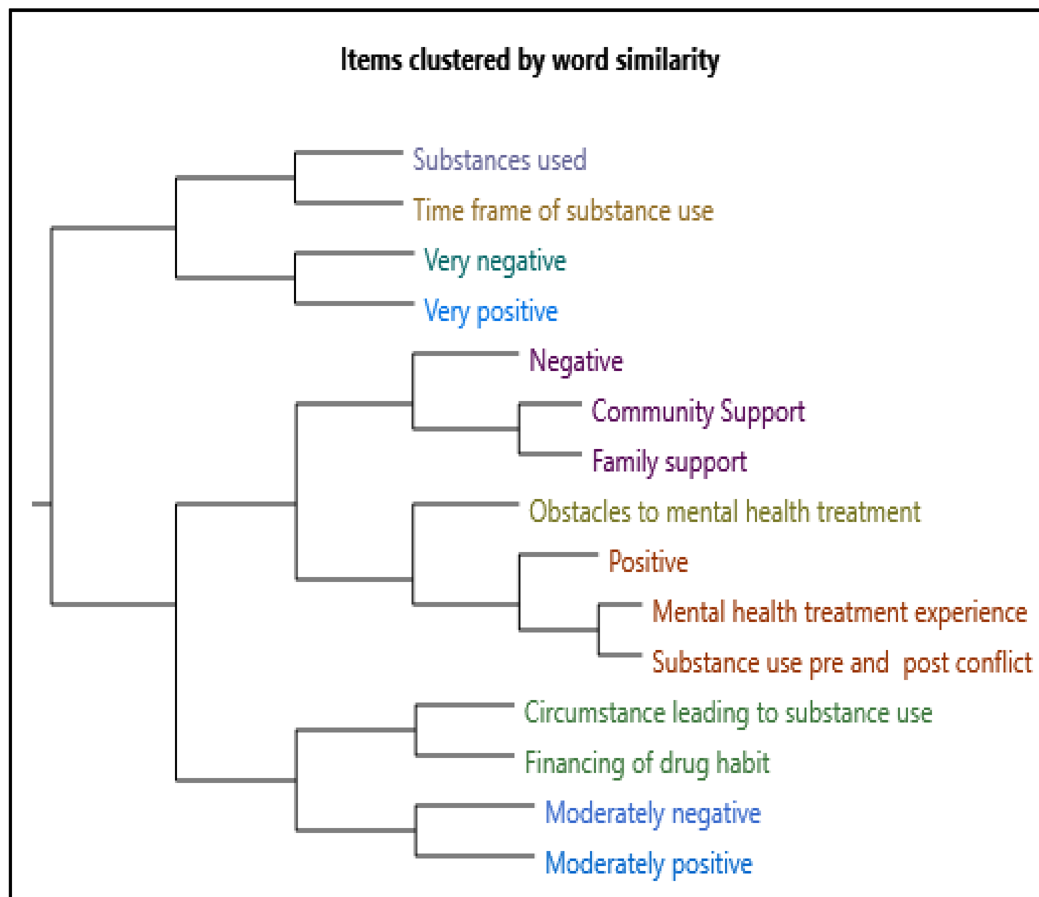

Figure 5

Text Search Query of "Drugs"

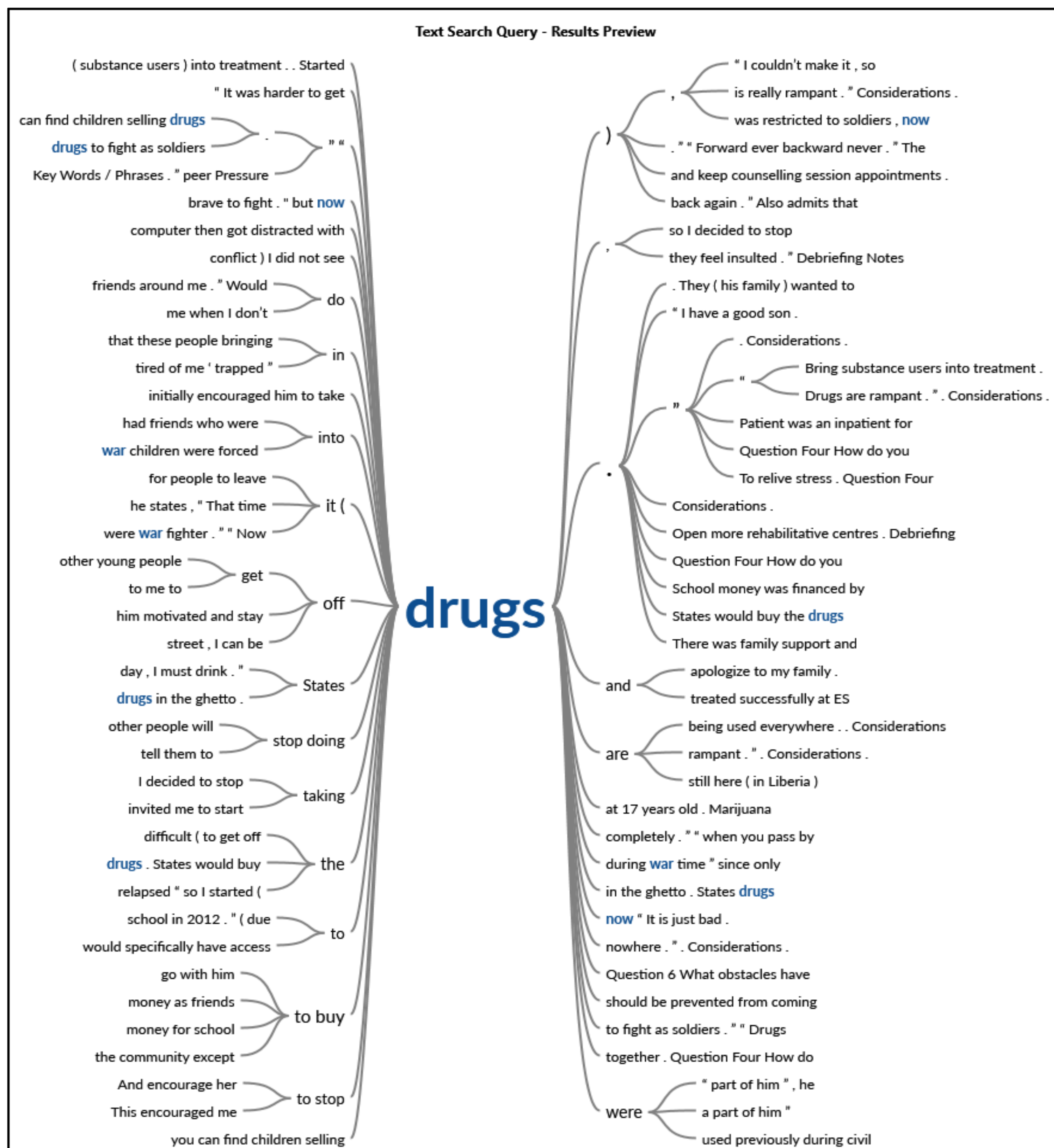

Figure 6

Text Search Query of "Community"

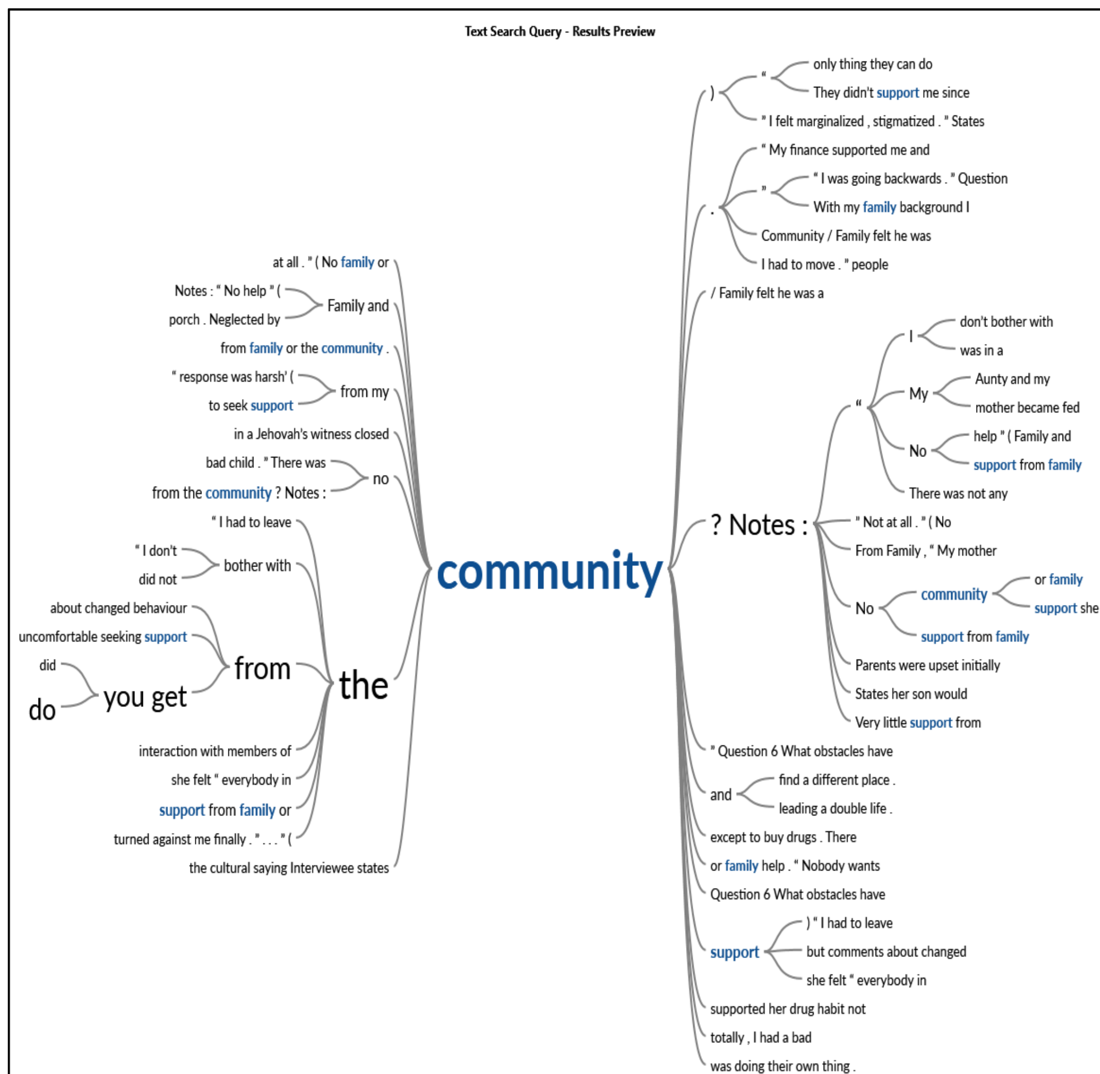

Figure 7

Text Search Query of "Treatment"

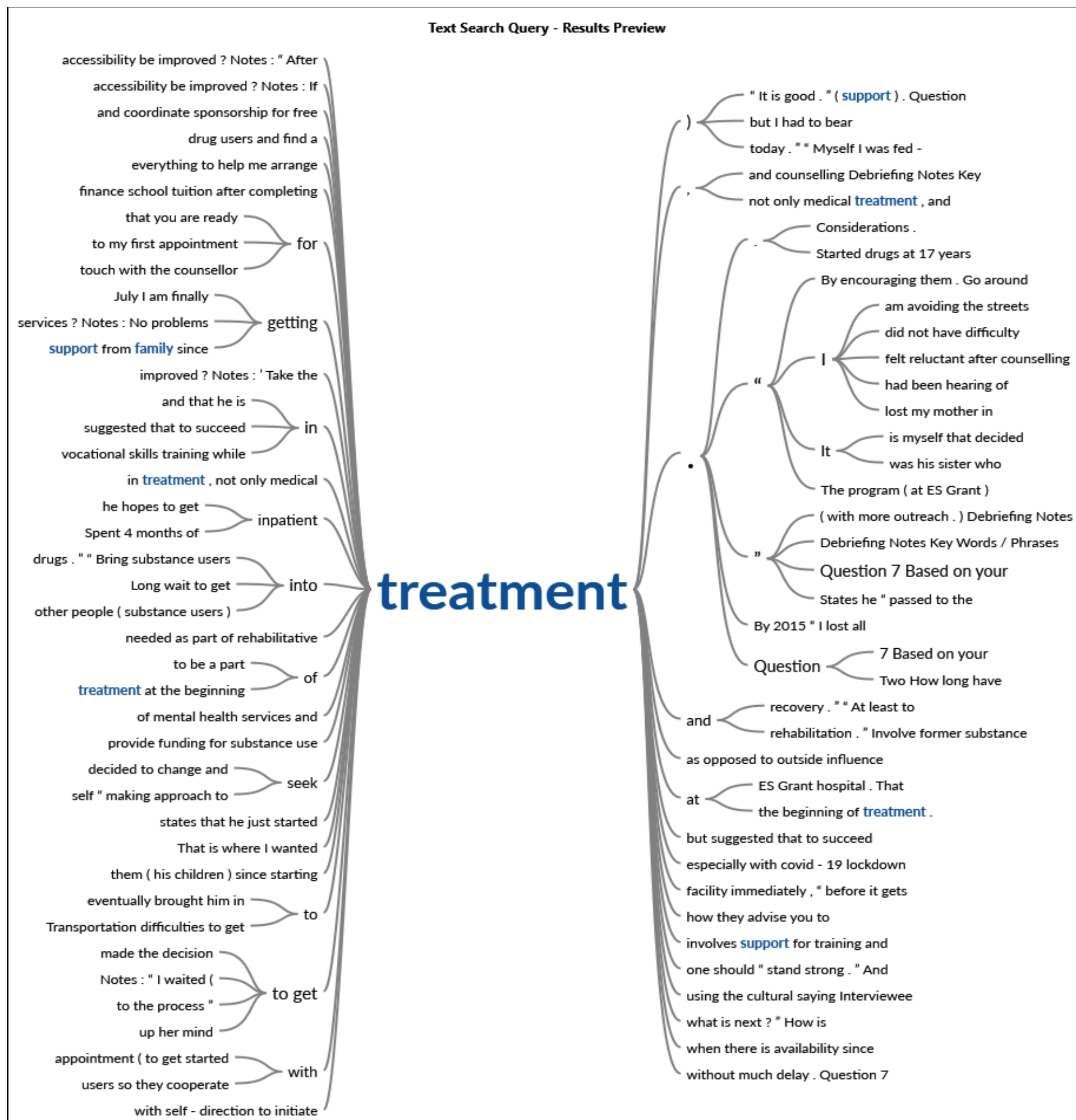

Table 1

Demographic Profile of Research Applicants

De-identified information	Age	Gender	Substances used
ZB07282020	41 y/o	Female	Alcohol, (cane juice)
AM07282020	26 y/o	Male	Cocaine (coke), Heroin (market)
AB07142020	27 y/o	Male	Cocaine (Thai)
AK07142020	30 y/o	Male	Marijuana (weed), Heroin (market)
RT 07142020	26 y/o	Male	Alcohol (bust the door), Marijuana (weed), Heroin (market)
AT07142020	35 y/o	Male	Cocaine (Italian white)
JD07132020	34 y/o	Male	Alcohol (cane juice)
LD07132020	28 y/o	Male	Cocaine (Thai)
BDR07132020	38 y/o	Male	Alcohol (Gana Gana), Cocaine (Italian white)
RFB07132020	33 y/o	Male	Cocaine (Italian white, Thai)
JJ07092020	31 y/o	Male	Cocaine (Italian white)
SB07062020	32 y/o	Male	Heroin (market), Cocaine
JB07092020	30 y/o	Male	Cocaine, Marijuana (weed)

Table 2

List of Substances and Their Local Names

Alcohol	Heroin	Cocaine	Marijuana	Narcotics
Cane juice	Market	Thai	Weed	Tramadol + *Bust-the-door *(Alcohol +pain killers)
NALCOM	Fry	Italian white	Grass	
Gana	Pill	Coke	Direct	
			Pinna	
			Load	
			VIP	
			Bulgar wheat bread	

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Appendix A: Interview Questions

1. What substances do you take?
    a. alcohol
    b. marijuana
    c. narcotics
    d. heroin
    e. other
2. How long have you been taking these substances?
3. What circumstances led to you taking substances?
4. How do you maintain your drug habit?
5. What support if any, do you get from your family or the community?
6. What obstacles have you been faced with in getting mental health care services?
7. Based on your experience how can mental health accessibility be improved?

Appendix B: World Health Organization Health-Related Framework