Perspectives

Making School-Based Children's Mental Health Screening A National Priority in Post-War Liberia

Peter C. Dossen*

Department of Child, Youth, and Family Studies, College of Education and Human Sciences, University of Nebraska-Lincoln, Lincoln, Nebraska, USA, 68588-0236.

*Corresponding author's e-mail: pdossen2@huskers.unl.edu

ABSTRACT

Children's mental health remains one of Liberia's most urgent and under-addressed public health challenges. Post-war trauma, extreme poverty, and inadequate infrastructure have exposed millions of children to emotional and behavioral risks, yet Liberia lacks a national policy framework for early identification and intervention. Despite the national mental health policy commitments, the implementation of school-based mental health services has been limited and fragmented. The purpose of this opinion-based policy perspective is to emphasize the magnitude of children's mental health problems in Liberia, explain the importance of school-based universal mental health screening as a potential early identification and intervention approach, and provide possible recommendations to implement universal screening approach as a national priority to promote children's mental health for optimum lifelong functioning. To conclude, a series of short-, medium-, and long-term policy recommendations, centered on intersectoral coordination, culturally adapted screening tools, teacher training, and national monitoring systems, are proposed based on international evidence and grounded in local realities. The recommendations highlight sustainable actions to integrate mental health screening into routine school operations, strengthen early identification, and improve the long-term cognitive, emotional, and physical well-being of the next generation.

1. Introduction

Mental health is a critical component in child development, as early childhood is a period when most emotional and behavioral problems typically onset (Dowdy et al., 2010; Urajnik et al., 2008). The prevalence of children's mental health issues is 10–20% worldwide and 15–18% in sub-Saharan Africa (Cooper & Stagman, 2010). Furthermore, 1 out of 5 children in Sub-Saharan Africa faced significant challenges, and 1 out of 10 faced one or more specific mental health disorders (Cortina et al., 2012; Eapen, 2012; Smith, 2014). The situation in Liberia is even more worrisome. For example, according to several studies on mental health needs assessments, children in Liberia are susceptible to mental health issues that have been made worse by exposure to the country's fourteen-year civil war, post-conflict violence, extreme poverty, the Ebola virus epidemic, several other disease burdens, including poor infrastructures (Borba et al., 2016; Cooper et al., 2021; Cooper & Presley, 2014; World Health

Organization, 2017). Nevertheless, there are no ongoing national early identification programs to help reduce the mental health burden among children. Therefore, the purpose of this opinion-based policy perspective is to emphasize the magnitude of children's mental health problems in Liberia, explain the importance of school-based universal mental health screening as a potential early identification and intervention approach, and provide possible recommendations to implement the approach as a national priority to promote children's mental health for optimum lifelong functioning.

2. Magnitude of Children's Mental Health Problems in Liberia

Children's mental health in Liberia is an issue of grave concern that is rooted in the impacts of the Country's devastating fourteen-year-long civil war and compounded by extreme poverty and the inadequate infrastructure (Borba et al., 2015; Cooper et al., 2016; World Health Organization, 2017). Thus, research has indicated that exposure to trauma is strongly associated with emotional dysregulation, attention problems, externalizing/internalizing behaviors, reduced educational participation, and impacts future earning potential and economic productivity (National Scientific Council on the Developing Child, 2010). Early academic setbacks stemming from the negative impact of post-war traumatic experiences, emergencies, and mental health difficulties can jeopardize an individual's chances of achieving key educational milestones (United Nations Children's Fund [UNICEF], 2023). Though since the end of the Liberian civil war, there have been no national prevalence studies on children's mental health, several mental health needs assessment studies posit that children are at risk of multiple unfolding mental health difficulties in the Liberian communities and classrooms (Borba et al., 2015). For example, Cooper et al. (2021) have approximated that an estimated 1.6 million Liberians experience symptoms of mental illness, including high rates of depression, PTSD, and substance abuse, particularly among former combatants, women, and children who endured widespread trauma, violence, and displacement during the civil war. Furthermore, the Ministry of Education of Liberia (2016; 2022) educational sector analysis reports have highlighted that 53% of the Liberian children who are enrolled in school faced multiple forms of vulnerabilities due to low socio-economic factors, including poor health care, disability, poor food security, extreme poverty, post-conflict sexual and domestic violence, and parental death that affect their academic achievements and well-being.

The government has adopted a National Mental Health Policy in accordance with the Basic Package of Health Services (BPHS) to integrate mental health services into Liberia's primary healthcare. However, recurring public health emergencies, poverty, a lack of trained professionals, and inadequate investment have led to gaps in care, early detection, and culturally responsive treatment (Cooper & Presley, 2014; Ministry of Health of Liberia, 2018). Furthermore, despite these risks, Liberia's school-based mental health programs for children are limited and do not emphasize universal screening. For instance, only seven school-based mental health clinics have been established and are partly functional nationwide in Monrovia and Margibi Counties with the support of international humanitarian organizations (Cooper et al., 2021). As a result, we can say in practice that Liberia's school-based mental health program has not been rolled out nationwide, making mental health services inaccessible to many children. Meanwhile, it is crucial to embed early identification programs in spaces, such as schools, where children spend a significant amount of their time (Franklin et al., 2012). Moreover, this approach will not only identify children at risk of mental health difficulties early but also inform government agencies' strategies to expand access and enhance the quality of mental health services, safeguarding children's developmental, educational, and psychosocial well-being (UNICEF, 2023).

3. Rationale for School-Based Mental Health Screening as a National Priority in Liberia

Mental health difficulties can increase dropout rates from school and hinder the development of essential skills for civic engagement, social cohesion, and participation in the workforce (UNICEF, 2023). However, schools have been identified as an ideal hub for promoting early intervention programs tailored to children's behavioral difficulties, mental health problems, and societal development

(Humphrey & Panayiotou, 2022; Kern et al., 2017; UNICEF, 2023). Importantly, school-based universal mental health screening has been recognized as a robust approach for early detection of mental health difficulties (Eklund et al., 2009; Essex et al., 2009; Wright et al., 2022). Additionally, school-based universal mental health screening has been shown to improve academic outcomes, enhance social-emotional skills, and enable timely intervention (Essex et al., 2009; Chin et al., 2013; Dvorsky et al., 2014). Thus, rather than a traditional school health program, when universal school-based mental health screening is embedded, it identifies all students at risk for emotional or behavioral difficulties and emphasizes prevention, relationship-building, and timely referral to support services (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). For instance, several empirical studies, such as Eklund et al. (2009), found a significant relationship in their school-based universal mental health screening studies between the early identification of mental health risk and children's academic achievement and engagement outcomes. Similarly, Essex and colleagues (2009) also emphasized that school-based universal mental health screening is a public health strategy for improving children's mental health, and a clinical strategy for early detection of children who might be at risk of mental health difficulties.

In resource-constraint contexts like Liberia, where access to healthcare is limited and schools are among the few stable institutions that consistently reach children, school-based mental health screening presents a transformative strategy. It integrates mental health into daily school operations to reduce stigma, empower teachers with data-informed decision-making, and foster inclusive, developmentally and responsive learning environments (Carta et al., 2015; Eklund et al., 2009; Humphrey & Wigelsworth, 2016). Liberia's education system is well positioned to provide significant access to mental health services through scalable, child-centered interventions, as 60% of the population is under 19, a significant proportion of whom are enrolled in school (Humphrey & Panayiotou, 2022; Ministry of Education of Liberia, 2016; UNICEF, 2021, 2023). Mental health is not a peripheral concern; it is central to learning, behavior, and the holistic development of children (Carta et al., 2015; UNICEF, 2023). Therefore, prioritizing school-based mental health screening is not only an imperative policy action but also a developmental necessity.

Moreover, investing in mental health prevention and promotion within schools will mean treating mental health with the same urgency as literacy and numeracy (UNICEF, 2023; Moore et al., 2022). Most essentially, a universal school-based mental health screening will not only allow for early identification and timely support across a range of concerns, including both externalizing behaviors (e.g., aggression) and internalizing symptoms (e.g., anxiety, withdrawal), but will also prevent mischaracterization and harsh disciplinary practices in school (Connors et al., 2022; Dowdy et al., 2015; Pengpid & Peltzer, 2021). Additionally, universal school-based mental health screening is a practical pathway toward building a resilient, capable, and emotionally healthy generation of Liberian citizens (Pengpid & Peltzer, 2021). According to Connors et al. (2022), when school-based universal mental health screening is carried out thoughtfully and with clear intentions, it can significantly enhance the early identification of children at risk of mental health problems and inform a more systematic and proactive implementation of programs promoting positive social-emotional, behavioral skills, and overall wellbeing of children.

Nevertheless, despite the immense potential benefits of school-based universal mental health screening, several barriers to implementation exist. These include a lack of awareness, inadequate funding, insufficient infrastructure, untrained personnel, and limited access to reliable measures for conducting such screenings. Additionally, fear of adverse reactions from parents and caregivers, stigma, data interpretation and monitoring, a comprehensive plan for follow-up strategies, and fragmented policies can hinder implementation (Connors et al., 2022; Dowdy et al., 2015).

4. Recommendations

Thus, should Liberia consider school-based universal mental health screening as a national policy priority, given the benefits, it must ensure the following short-term actions, medium-term actions, and the long term actions:

Short-Term Actions

1. Ensure the universal mental health screening program follows the Multi-Tiered System of Support (MTSS) framework. The MTSS is a framework for providing universal programs to help all students develop critical social and emotional skills, most essentially, the provision of "targeted and intensive" services for students displaying the emergence of problematic behaviors and emotions (see Figure 1 below). This framework also aligns with Liberia's Basic Package of Health Services (BPHS), which ensures that the standards of prevention, treatment, and rehabilitative services are provided in a consistent and coordinated manner throughout the health service delivery system.

2. Involve families in the development of the screening process because parents/guardians play a central role in their child's well-being and can help shape the goals, methods, and consent processes of any screening initiative. Secondly, their early involvement will build trust, increase transparency, and support informed decision-making.

3. Establish an intersectoral national and county-level task force led by the Ministry of Health (MoH) and the Ministry of Education (MoE). At the national level, the taskforce representatives should include the Ministry of Health, the Ministry of Education, the Ministry of Gender and Social Welfare, the National School Board, the National Teachers Association, and others. The Taskforce should focus on developing a national school mental health screening framework, in line with the National School Mental Health Policy, to include screening tools that are validated and adopted to the Liberian context, such as the Child Behavior Checklist (CBCL) and the Strengths and Difficulties Questionnaire (SDQ). These tools are lower-cost and easy to implement (Varadkar & Gadgil, 2024). The taskforce should also be tasked with conducting regular asset mapping exercises among policy network members to identify available technical tools, trained personnel, funding streams, and data systems that can be aligned to support screening implementation. The asset-based mapping among policy actors will help maximize the limited resources, and instead of working in isolation, actors can work toward a common, and coordinated goals (Patterson et al., 2024).

4. Mobilize community support by launching nationwide awareness campaigns to clarify screening needs through radio, town hall forums, and parent-teacher associations to reduce stigma and fears of adverse reactions from parents, caregivers, and the community because school and community-level stakeholders (e.g., teachers, parents) decisions have consequences for implementation (Moore et al., 2022).
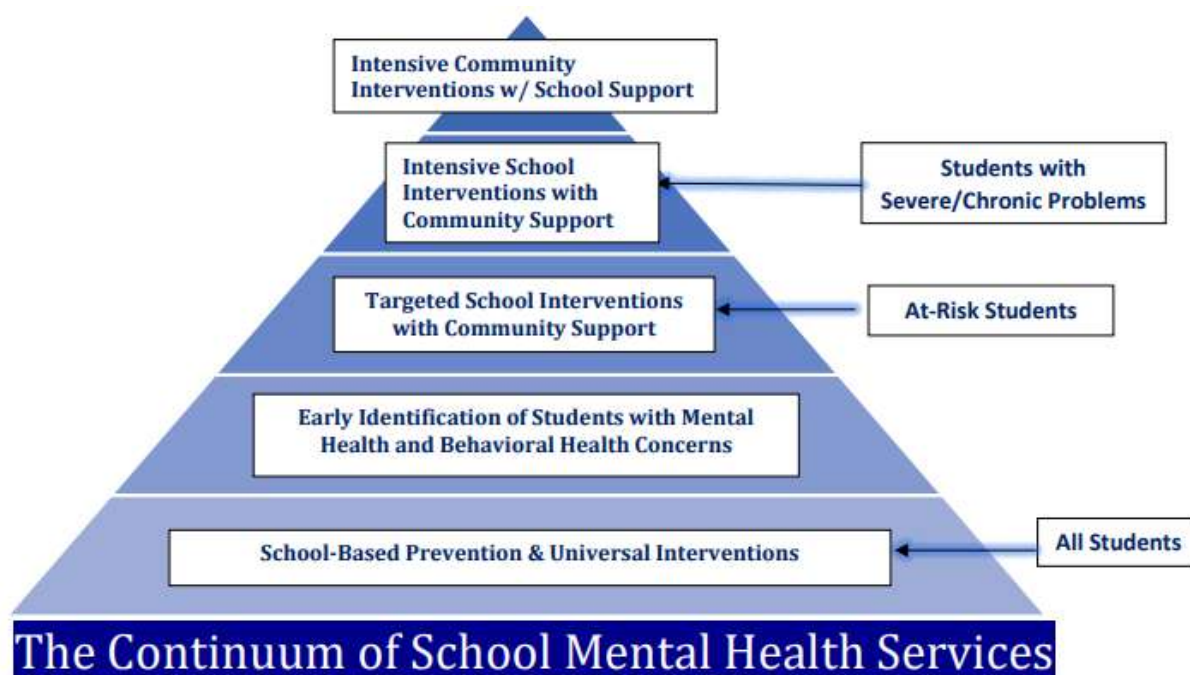

Figure 1. The Multi-Tiered System of Support (MTSS) Framework

(Extracted from: "Substance Abuse and Mental Health Services Administration (2019). Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools. Rockville, MD: Office of the Chief Medical Officer.")

Medium-Term Actions

1. Pilot Screening Programs in High-Need Counties with high rates of poverty, violence, substance use, childhood trauma, or school dropout, and utilize existing county-level wellness units, mental health clinicians, and the available seven school-based health coordinators for training and rollout.

2. Used existing county-level mental health clinicians to provide basic mental health literacy, training on screening process and procedures, and referral pathway training for teachers, school counselors, and principals to recognize risk, respond appropriately, and guide families. This will also make communication of the screening process and procedure easier. These actions strongly align with the role of the Ministry of Education, outlined in the National Mental Health Policy – "training all school-level teachers in the basic knowledge of detecting mental health problems and identifying child abuse."

3. Update the national school mental health policy to include universal screening and mandate annual mental health screening for all children from grades 1 through 9, and link children to support services.

Long-Term Actions

1. Establish monitoring, evaluation, and accountability systems by creating a district, county, and national central level database that the MoH/MoE manages to track the number of children screened, referred to, and followed up on, as well as the outcomes of service delivery (e.g., improved attendance, reduced behavioral issues).

2. Ensure sustainable financing by allocating budget lines in the MoH and the MoE, and explore external and third-party financing mechanisms for school-based mental health screening programs. Rather than having universal screening as a standalone activity, the government should integrate the screening costs within the comprehensive school-based mental health program. This will promote shared staffing and infrastructure, maximizing limited resources to align with national mental health and education significances.

5. Conclusion

Liberia's children are susceptible to chronic mental health risks due to post-war traumatic experiences, extreme poverty, and poor infrastructure development. We must recognize that children's mental health is not a peripheral issue but a foundational element that is rooted in child development science towards fostering equity, high-quality educational experiences, and human capital development. Hence, the Ministries of Health and Education should lead the design of the school-based universal mental health screening framework, data collection, and workforce training, and mandate its implementation in all public and private schools in Liberia. In addition, both ministries should partner with universities and other research institutions to assist with the validation of the screening tools and the evaluation of the screening program, thereby informing policy decision-making.

Conflict of Interest

There is no conflict of interest. Nothing to disclose.

References

Borba, C. P. C., Ng. L. C., Stevenson, A., Lopez O. V., Parnarouskis, L., Gray D. A., Carney, J. R., Dominguez, S., Wang, E. K. S., Boxill, R., Song, S. J., & Henderson, D. C. (2016). A mental health needs assessment of children and adolescents in post-conflict Liberia: Results from a quantitative key informant survey. *International Journal of Culture and Mental Health 9*(1) *56-70.* https://dx.doi.org/10.1080/17542863.2015.1106569

Carta, M. G., Contu, P., Fiandra, T. D., Preti, A., & Rampazzo, L. (2015). An overview of international literature on school interventions to promote mental health and wellbeing in children and adolescents. *Clinical Epidemiology in Mental Health, 11, 16-20*. https://doi.org/10.2174/1745017901511010016

Chin, J. K., Dowdy, E., & Quirk, M. P. (2013). Universal screening in middle school: Examining the behavioral and emotional screening system. Sage Publications. *Psychoeducational Assessment 31(1) 53–60*

Connors, E. H., Moffa, K., Carter, T., Crocker, J., Bohnenkamp, J. H., Lever, N. A., & Hoover, S. A. (2022). Advancing Mental Health Screening in Schools: Innovative, Field-Tested Practices and Observed Trends During a 15-Month Learning Collaborative. *Psychology in the Schools*, *59*(6), 1135–1157. https://doi.org/10.1002/pits.22670

Cooper, J. L., Gwaikolo, W., & Thomas, D. (2021). Capacity Building for a Mental Health System of Care in Liberia. In *Innovations in Global Mental Health* (pp. 103–122). Springer, Cham. https://doi.org/10.1007/978-3-030-57296-9_42

Cooper, J. L. & Stagman, S., (2010). Children's Mental Health: What Every Policymaker Should Know. (Brief). New York: The National Center for Children in Poverty (N.C.C.P.). Retrieved from http://www.nccp.org/publications/pdf/text_929.pdf

Cooper, J. L., & Presley, R. D. (2014). Child mental health services in Liberia: Human resources and implication. In S. O. Okpaku, *Essential of global mental health (pp.297–304)*. UK: Cambridge University Printing Press

Cortina, M., Sodha, A., Fazel, M., & Ramchandani, P. (2012). Prevalence of child mental health problems in sub-Saharan Africa: A systematic review. *Archives of Pediatrics and Adolescent Medicine*, *166*(3). Retrieved from https://ora.ox.ac.uk/objects/uuid:122ec5cb-80b8-4c5b-8c74-2d63cc918e26

Dowdy, E., Furlong, M., Raines, C. T., Bovery, B., Kauffman, B., Kamphaus, W. R., Dever, V. B., Price, M., & Murdock J. (2015). Enhancing school-based mental health services with a preventive and promotive approach to universal screening for complete mental health. *Educational and Psychological Consultation, 25:2-3*. https://doi.org/10.1080/10474412.2014.929951

Dowdy, E., Ritchey, K., & Kamphaus, R. W. (2010). School-based screening: A population-based approach to inform and monitor children's mental health needs. *School Mental Health*, 2, *166–176*. https://doi.org/10.1007/s12310-010-9036-3

Dvorsky, M. R., Girio-Herrera, E., & Owens, J. S. (2014). School-based screening for mental health in early childhood. In M. D. Weist, N. A. Lever, C. P. Bradshaw, & J. Sarno Owens (Eds.), *Handbook of school mental health: Research, training, practice, and policy* (2nd ed., pp. 297–310). Springer Science + Business Media. https://doi.org/10.1007/978-1-4614-7624-5_22

Eapen, V., Graham, P., & Srinath, S. (2012). Mental health problems in children and adolescents. In *Where there is no child psychiatrist: A mental health care manual*. London: The Royal College of Psychiatrists. https://www.cambridge.org/core/services/aop-cambridge-core/content/view/A644FC321F84A50E8C11B8B15F6AB03C/9781908020482AR.pdf/Where_There_Is_No_Child_Psychiatrist.pdf?event-type=FTLA

Eklund, K., Renshaw, T. L., Dowdy, E., Jimerson, S. R., Hart, S. R., Jones, C. N., & Earhart, J. (2009). Early identification of behavioral and emotional problems in youth: Universal screening versus teacher-referral identification. *California School Psychologist*, *14*, 89–95. https://doi.org/10.1007/BF03340954

Essex, M. J., Kraemer, H. C., Slattery, M. J., Burk, L. R., Boyce, W. T., Woodward, H. R., & Kupfer, D. J. (2009). Screening for childhood mental health problems: outcomes and early identification. UK: Blackwell Publishing. *Child Psychology and Psychiatry 50:5, 562–570* https://doi.org/10.1111/j.1469-7610.2008.02015.x

Franklin, C. G. S., Kim, J. S., Ryan, T. N., Kelly, M. S., & Montgomery, K. L. (2012). Teacher involvement in school mental health interventions: A systematic review. *Children and Youth Services Review, 34*(5), *973-982* http://dx.doi.org/10.1016/j.childyouth.2012.01.027

Humphrey, N., & and Wigelsworth, M. (2016). Making the case for universal school-based mental health screening. *Emotional and Behavioural Difficulties*, *21*(1), 22–42. https://doi.org/10.1080/13632752.2015.1120051

Humphrey, N., & Panayiotou, M. (2022). Bounce Back: Randomised trial of a brief, school-based group intervention for children with emergent mental health difficulties. *European Child & Adolescent Psychiatry*, *31*(1), 205–210. https://doi.org/10.1007/s00787-020-01612-6

Kern, L., Mathur, S. R., Albrecht, S. F., Poland, S., Rozalski, M., & Skiba, R. J. (2017). The Need for School-Based Mental Health Services and Recommendations for Implementation. *School Mental Health*, *9*(3), 205–217. https://doi.org/10.1007/s12310-017-9216-5

Ministry of Education of Liberia. (2016). *Liberia education sector analysis*. Retrieved from https://iiep-lib-d.gn.apc.org/library-record/liberia-education-sector-analysis

Ministry of Health of Liberia. (2018). *National Mental Health Policy.* Retrieved from http://digitallibrary.moh.gov.lr/national-mental-health-policy/

Moore, S. A., Dowdy, E., Hinton, T., DiStefano, C., & Greer, F. W. (2022). Moving Toward Implementation of Universal Mental Health Screening by Examining Attitudes Toward School-Based Practices. *Behavioral Disorders*, *47*(3), 166–175. https://doi.org/10.1177/0198742920982591

National Scientific Council on the Developing Child (2010). *Persistent Fear and Anxiety Can Affect Young Children's Learning and Development*: Working Paper No. 9. http://www.developingchild.net

Pengpid, S., & Peltzer, K. (2021). Prevalence and associated factors of psychological distress among a national sample of in-school adolescents in Liberia. *Journal of Psychology in Africa*. Retrieved from https://www.tandfonline.com/doi/abs/10.1080/14330237.2021.1903158

Smith, P. (2014). *Mental health care in settings where mental health resources are limited: An easy-reference guidebook for health care providers in developed and developing countries*. Archway Publishing. http://www.archwaypublishing.com/en/bookstore/bookdetails/508330-Mental-Health-Care-in-Settings-Where-Mental-Health-Resources-Are-Limited

Substance Abuse and Mental Health Services Administration (2019). Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools. Rockville, MD: Office of the Chief Medical Officer. Retrieved from https://www.samhsa.gov/ebp-resource-center

UNICEF. (2023, September 30). *The benefits of investing in school-based mental health support | UNICEF*. Retrieved from https://www.unicef.org/reports/benefits-investing-school-based-mental-health-support

Urajnik, D., Barwick, M., & Yawei, Z. (2008). Child Mental Health. In *Encyclopedia of Global Health* (Vol. 1). SAGE Publications, Inc. https://doi.org/10.4135/9781412963855.n273

Varadkar, S. M., & Gadgil, P. (2024). Closing the mental health gap to support good life chances for children and young people. *The Lancet Global Health*, *12*(1), e10–e11. https://doi.org/10.1016/S2214-109X(23)00519-3

Wehye Benjamin Yele & Asiimwe Specioza. (2024). Decoding barriers and failures in Liberia's educational policy implementation. *World Journal of Advanced Research and Reviews*, *23*(1), 495–508. https://doi.org/10.30574/wjarr.2024.23.1.2009

World Health Organization (2017). *Culture and mental health in Liberia: A primer*. Geneva: WHO/MSD/MER/17.3. Retrieved from https://iris.who.int/handle/10665/255302

Wright, G. G., Babb, K. E., Lambie, G. W., Frawley, C., Finnan, M., Russell, B., & Askins, P. (2022). A School-Based Mental Health Therapeutic Intervention with Children Identifying with Anger Problems. *Journal of Child and Adolescent Counseling*, *8*(3), 156–167. https://doi.org/10.1080/23727810.2022.2121571