

THE EVIDENCE-BASED STORY OF L2SLIBERIA

No one should suffer alone, in silence, *without hope*

The challenge Liberia faces, how a group of young Liberians responded, what the evidence shows so far, and what comes next.

PROLOGUE

A story told with evidence

This is the story of Letters to Strangers Liberia: why it exists, what it has built, what it can show, and what it still has to prove. We tell it honestly. Every statistic has a source, every projection is labelled, and every personal account is anonymised.



Liberia's mental health crisis is not new. It was shaped by fourteen years of civil war, a devastating Ebola epidemic and persistent poverty. What is new is a youth-led response that starts with something almost every Liberian already holds: a mobile phone.

Since 2019, L2SLiberia has built a toll-free hotline, a Mobile Clinic, a referral network, and a culture of peer support rooted in the global Letters to Strangers movement. Its published outputs are substantial. Its outcome evidence is still being built, and this story says so plainly, because a credible case for investment depends on it.

How to read the evidence in this story

Output	What we did and counted: calls, referrals, people reached, people trained.
Outcome	What changed for people: safety, distress, help-seeking, stigma.
Impact	Lasting change at community and system level, shown through evaluation.





1

The Challenge

A nation of extraordinary resilience, carrying trauma that was never treated, in a health system with almost no capacity to respond.

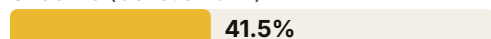
1 · THE CHALLENGE

Decades of trauma, almost no care

- **1989–2003** Two civil wars. Liberia's Truth and Reconciliation Commission documented widespread torture, forced recruitment of children and sexual violence (TRC, 2009).
- **2008** A national survey finds PTSD symptoms in 44% of adults and symptoms of major depression in 40% (Johnson et al., *JAMA*).
- **2014–2016** The Ebola epidemic brings mass bereavement, fear and stigma.
- **2016–2021** Liberia's Mental Health Policy and Strategic Plan sets national direction (MoH, launched 2017).
- **2018–2019** Two to three psychiatrists are reported for the whole country; 249 mid-level clinicians have been trained in mental health (Carter Center, 2018; MSF, 2019).
- **2025** Cuts to United States foreign assistance close or reduce health services across Liberia (AP/NBC News, 2025).

A young country

Under 18 (Census 2022)



Under 25 (UNFPA 2023)



Under 35 (Census 2022)



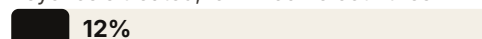
Share of Liberia's population. Sources: LISGIS 2022 Census; UNFPA Liberia 2023.

A wide treatment gap

Psychosis treated, high-income countries



Psychosis treated, low-income countries



WHO, *World mental health report*, 2022. Globally, one in seven adolescents aged 10–19 has a mental disorder (WHO, 2025).

44%

of Liberian adults had PTSD symptoms in the 2008 national survey. Former combatants and survivors of sexual violence were most affected.

1 in 7

adolescents worldwide experience a mental disorder. Suicide is the third leading cause of death among people aged 15–29 (WHO, 2025).

0

dedicated youth mental health services in Liberia, according to L2SLiberia's THRIVE Framework analysis (2026). Move To Heal is designed to fill this gap.

1 • THE CHALLENGE

Three walls, and young people behind them

~50%

Poverty

of Liberians lived in extreme poverty in 2021 (World Bank, 2022). Transport to a clinic is out of reach for many families, let alone private care.

2–3

Geography

psychiatrists were reported nationwide in 2018–2019, with specialist care concentrated in Monrovia. Most counties have no dedicated mental health service.

74%

Stigma

of respondents in an L2SLiberia community survey would be embarrassed to seek help; 61% attribute mental illness to spiritual or supernatural causes.



What this means for a young person

Picture a sixteen-year-old in a rural county. She carries grief, or fear, or the after-effects of violence. The nearest specialist is many hours away and costs money her family does not have. Speaking up risks being labelled as cursed. There is no youth service anywhere in the country, and no one at school trained to notice.

This is a composite description of the barriers documented in this section, not an individual's story. It is why L2SLiberia exists.

The greatest barrier to mental health care in Liberia is not the absence of need. It is the absence of access.

L2SLIBERIA FOUNDING VISION



2

The Response

Young Liberians asked a simple question: what if the phone in every Liberian's pocket could become their first step toward healing?

2 · THE RESPONSE

Origins and evolution

L2SLiberia began as young people supporting young people, and grew into a national system.

Letters to Strangers was founded in 2013 as a youth-run mental health movement built on anonymous letter-writing and peer education. It is now the largest global youth-run mental health non-profit, active in 72 countries. In 2019, Letters to Strangers Liberia was established as a registered Liberian non-profit. It is led by Founder and Country Director Reuben Reeves, a Liberian social entrepreneur, Acumen West Africa Fellow and Youth Advisory Board Member of the Social Enterprise World Forum.

The organisation's early work centred on peer circles and expressive writing. As need became clear, it added a toll-free crisis line. Launched in 2021, the 9898 hotline became Liberia's largest mental health helpline and the country's first youth-led toll-free crisis line. A Mobile Clinic followed, carrying care to communities with no facility. A referral network then connected people to hospitals, safe houses, protection services and legal aid.

In 2026 L2SLiberia formalised its model. It published the THRIVE Framework, presented to the Ministry of Health, and set a focused work plan centred on stabilising the hotline and delivering the police training partnership. It also prepared to open Move To Heal, Liberia's first dedicated youth mental health clinic.

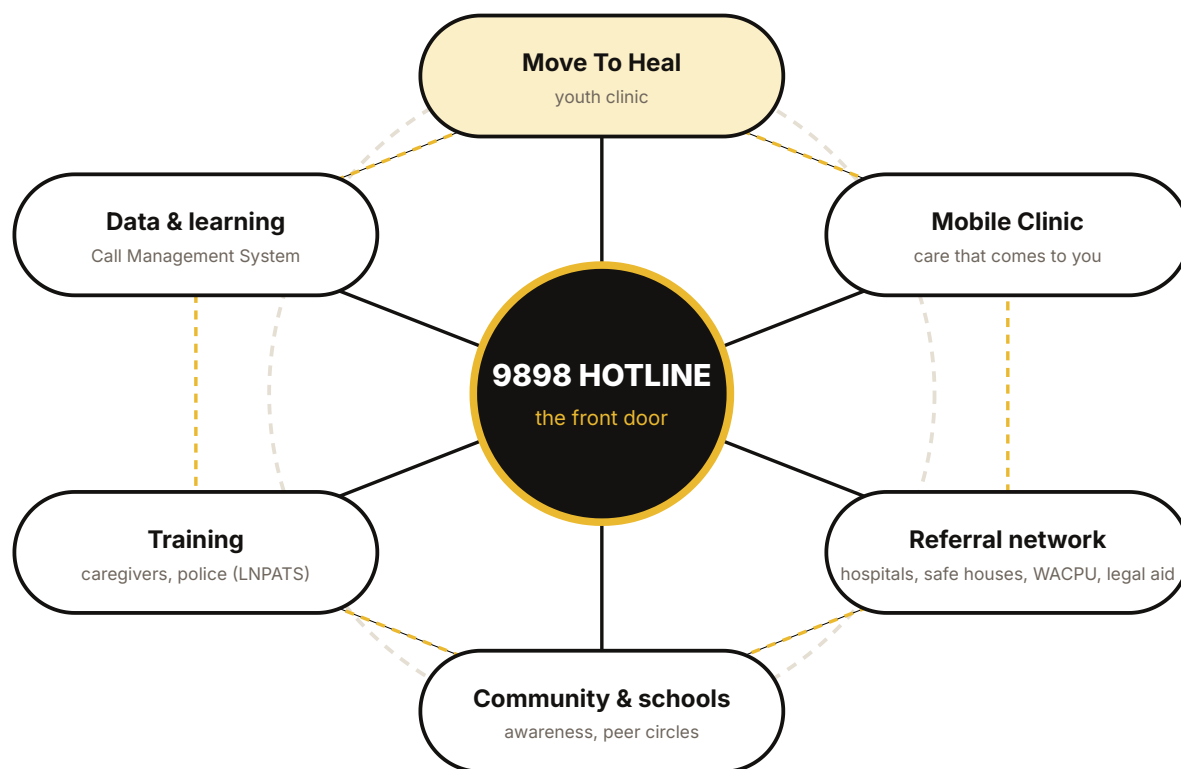
Milestones

- **2013**
Letters to Strangers founded (global).
- **2019**
L2SLiberia established as a registered Liberian non-profit.
- **2021**
9898 toll-free hotline launched: Liberia's first youth-led toll-free mental health crisis line.
- **Apr 2026**
Cumulative reach published: 140,000+ calls, 5,000+ referrals, 75 clinicians trained.
- **Jun 2026**
Presentation to the Ministry of Health as an accredited mental health provider; H2 2026 Work Plan; THRIVE Framework.
- **Oct 2026**
World Mental Health Day campaign with the MoH Mental Health Unit; Move To Heal in final preparation.
- **2027**
Move To Heal opening (planned).

2 · THE RESPONSE

One connected system

Every design decision answers a specific barrier: free calls remove cost, the Mobile Clinic removes distance, and Liberian, youth-led, trauma-informed care eases stigma. Warm referrals mean no one is handed a piece of paper and told to go somewhere else.



Dial 9898, free, day or night.

Without judgement; assess safety.

Stabilise, plan for safety.

Warm referral to the right service.

Mobile Clinic goes to those who cannot travel.

Follow up, train champions, stay.

Free at the point of contact

The hotline is toll-free and the Mobile Clinic visits without charge. L2SLiberia carries the cost, not the person in need.

Liberian and youth-led

Liberian counsellors work within people's cultural and spiritual worldview. Young people design, deliver and lead.

Trauma-informed

Safety, trust, choice, collaboration and empowerment guide every contact. We never judge and never re-traumatise.

For full detail see Document 3, *The L2SLiberia Operating Model*.



3

The Evidence

What L2SLiberia can demonstrate today, what it is beginning to measure, and what it has yet to prove.

3 · THE EVIDENCE

What we can show: documented outputs

These are L2SLiberia's published and documented figures. They are outputs: evidence of reach and activity. They are not yet evidence of changed outcomes.

140,000+

calls received from across Liberia and Africa (cumulative)

Liberian Investigator, 7 April 2026

5,000+

referrals made to onward care

Liberian Investigator, 7 April 2026

75

clinicians trained through L2SLiberia programmes

Liberian Investigator, 7 April 2026

32,500+

people reached with integrated community health services through mobile outreach in Montserrado, Bomi and Margibi, over the past year

Organizational Profile, October 2026

10,000+

young people directly reached through peer support and expressive writing

Organizational Profile, October 2026

15 of 15

counties with hotline callers

ClimateReach Liberia proposal; Hotline Report

Institutional milestones

- Accredited by the Ministry of Health as a mental health provider.
- Formal partnership with the Liberia National Police Academy and Training School on a Training-of-Trainers model.
- Joint World Mental Health Day 2026 campaign with the MoH Mental Health Unit.
- Published the THRIVE Framework, grounded in WHO mhGAP and adverse childhood experiences research.
- Part of a global network active in 72 countries.

Outputs, not yet outcomes

A call answered or a referral made shows that access works. Whether a caller's distress fell, whether a survivor stayed safe, and whether a community's attitudes shifted have to be measured separately. That is the next step.

3 · THE EVIDENCE

What we are measuring, and what we have yet to prove

A credible story separates what is known from what is hoped. This is where L2SLiberia's evidence stands in October 2026.

DEMONSTRATED

Access and reach

- A national toll-free line operating 24/7
- Callers from all 15 counties
- Large documented volumes of calls and referrals
- In-person outreach in three counties
- A trained workforce of 75 clinicians

BEING MEASURED

Quality and outcomes

- Calls answered within three rings (target 95%+)
- Safety plans for all critical calls (target 100%)
- Referral follow-up within 72 hours (target 85%+)
- Caller experience surveys (target 90%+)
- Distress scores for returning callers

Theory of Change indicators; no results reported for 2026 yet.

TO BE PROVEN

Lasting impact

- Reduced stigma and more help-seeking in served communities
- Less untreated severe illness
- Government investment in community mental health
- Replication beyond Liberia

Requires external evaluation.

Why the model is plausible

The approach rests on evidence from comparable settings, even where L2SLiberia's own outcome data is still to come:

- Task-sharing to trained non-specialists is the basis of WHO's mhGAP programme for low-resource settings.
- WHO's Problem Management Plus was designed for delivery by trained lay helpers in communities exposed to adversity.
- Liberia has already expanded its mental health workforce through mid-level clinicians trained since 2010 (Carter Center).
- Mobile phones reach communities that roads do not, which lowers the cost of the first contact.

Commitments to close the evidence gap

- A monthly hotline dashboard from the Call Management System.
- A retrospective data pull for February–September 2026 to set a baseline.
- Validated outcome tools (PHQ-9, GAD-7, PCL-5) at Move To Heal.
- Annual external evaluation from 2028.
- Publishing results, including what does not work.



L2SLiberia team members reviewing programme plans.



4

The Human Impact

Behind every number is a person. These accounts are anonymised, and no detail identifies anyone.

4 · THE HUMAN IMPACT

What change looks like

These anonymised accounts show the model at work. Photographs are illustrative and do not show the people described.



ANONYMISED ACCOUNT

A mother in Grand Bassa

She had not slept properly in three years. Since her husband died she had carried the grief in silence, with no money for a clinic. A neighbour told her about the hotline. She called, and was listened to for the first time. Within a week the Mobile Clinic visited her community. Today she leads a peer support group for other women.



ANONYMISED ACCOUNT

A teenage boy in Nimba

Anger left over from childhood violence was destroying his relationships, and he was about to drop out. A teacher trained by L2SLiberia recognised the signs and encouraged him to call. He was referred for youth counselling through the partner network. He stayed in school and graduated.



ANONYMISED ACCOUNT

A survivor in Montserrado

She called at 2 a.m. in immediate danger. The counsellor stayed on the line. Within the hour she was connected to a safe house, and the case was reported to the Women and Children Protection Unit. She received trauma counselling, legal support and follow-up. She is safe.

4 · THE HUMAN IMPACT

Communities and young people at the centre

The model is built with communities, not delivered to them. Young Liberians design, deliver and lead the work as hotline responders, peer supporters and coordinators. The Caregiver Fellowship turns young people into the first line of support in their own communities and opens a path into meaningful work.

The 2026 World Mental Health Day campaign was themed '*Lived Experiences Heard: Real Voices, Real Change*'. It was designed to bring young people from Monrovia to Nimba County alongside the Mobile Clinic, and to gather consented, anonymised voices of lived experience. Its storytelling rules apply throughout this portfolio: written consent before any identifiable story, image or quote is used; anonymity by default; and no child identified in any form.

Who the work reaches

Children and adolescents

Youth aged 15–35

Women and survivors of GBV

Rural and peri-urban communities

Law enforcement personnel

Any Liberian in distress



LESSONS LEARNED AND REMAINING CHALLENGES

What we have learned

These lessons come from L2SLiberia's own internal reviews in 2026, which were written to be candid with headquarters and the Board.

- 1 Access creates demand; capacity must keep pace.**
 Promoting the hotline before 24/7 cover is secure risks unanswered calls and lost trust. Awareness must be timed to match capacity.
- 2 Data is a service, not an afterthought.**
 Without consolidated monthly data, partners cannot see volumes, response times or outcomes. A monthly dashboard is now a priority.
- 3 Confidentiality needs the right space.**
 The 2026 review identified privacy and data-protection concerns with the hotline workspace and recommended relocation.
- 4 Focus beats dispersion.**
 Concentrating on two priorities (the hotline and the police partnership) before expanding protects quality.
- 5 Institutions multiply reach.**
 Partnerships with the MoH and the Police Academy embed mental health in systems that last beyond any single project.
- 6 A referral is only as good as the service at the other end.**
 With very few psychiatrists, L2SLiberia must help strengthen the ecosystem it refers into.

Remaining challenges

Clinical oversight

Recruiting and keeping a licensed clinician to supervise calls and counselling.

Funding

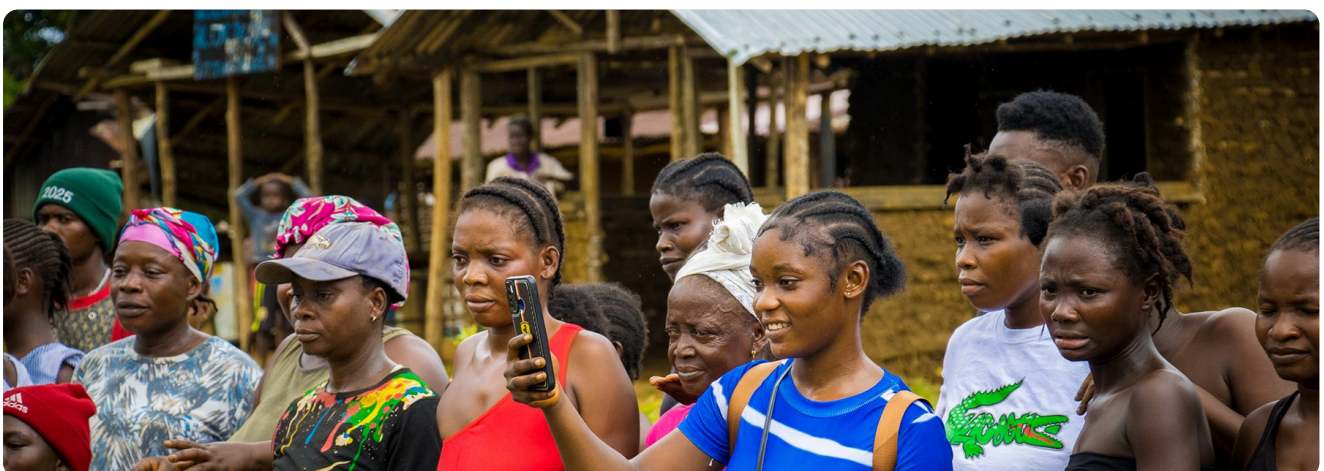
Small, approval-dependent budgets in a funding environment that tightened after 2025.

Staff wellbeing

Daily exposure to traumatic material creates a risk of burnout.

Reach

In-person services in three of fifteen counties so far.





5

The Future

From a working model to a dependable national system of youth-centred mental health care, and an example for West Africa.

5 · THE FUTURE

Where we go from here

The 2027–2031 Strategic Plan sets five priorities. Each builds on what exists before reaching further.

<p>1</p> <p>Strengthen the front door</p> <p>A secure, supervised, 24/7 hotline with monthly published data.</p>	<p>2</p> <p>Open Move To Heal</p> <p>Liberia's first dedicated youth mental health clinic, with measured outcomes.</p>	<p>3</p> <p>Reach further</p> <p>Mobile Clinic and community work beyond three counties, beginning with Nimba.</p>	<p>4</p> <p>Build the workforce</p> <p>Caregivers, peer navigators, police trainers, MoH integration.</p>	<p>5</p> <p>Sustain the institution</p> <p>Diversified income, reserves, annual audit and evaluation.</p>
--	--	--	---	---

The West Africa vision

The conditions behind Liberia's crisis are shared across the region. Once the Liberian model is proven and documented, L2SLiberia's vision is to adapt it with local partners in Sierra Leone and Guinea, and then to build a regional network with shared protocols, cross-border referrals, joint training and collective advocacy.

What success will look like by 2031

TARGETS

- Every call to 9898 answered by a trained, supervised counsellor.
- Move To Heal licensed, operating and externally reviewed.
- In-person services in more counties than today.
- Outcome data published every year.



5 · THE FUTURE

The investment and partnerships needed

These immediate, costed needs come from L2SLiberia's 2026 plans.

\$17,500

to open and run Year 1

Move To Heal

\$10,000 to make the leased space service-ready and \$7,500 for Year 1 operations.

\$1,500

per month

Clinical supervision

A licensed clinician to supervise the hotline and counselling.

\$900

per month

Keep 9898 answered

On-call responders (\$750) and telecoms (\$150).

Partnerships we are seeking

Funders

Multi-year support for core services and evaluation.

Government

MoU, licensing, referral and data agreements.

Universities

Research, placements, student responders.

Health partners

Referral, training and specialist input.

"Mental illness is not a curse. It is a condition. And in Liberia, it can be treated, if we build the systems to reach the people who need them."

REUBEN REEVES, FOUNDER & COUNTRY DIRECTOR, L2SLIBERIA

Fund our work

Every dollar in the hotline and clinic reaches people who would otherwise have no help.

Partner with us

Hospitals, NGOs, government, universities and community organisations.

Hold us accountable

Review our data, ask the hard questions and help us be better.

Get in touch

liberia@letterstostrangers.org · +231 778 901 256 · mentalhealthliberia.org

9898

REFERENCES

Sources

Published sources

1. Johnson K, Asher J, Rosborough S, et al. Association of combatant status and sexual violence with health and mental health outcomes in postconflict Liberia. *JAMA*. 2008;300(6):676–690.
2. Truth and Reconciliation Commission of Liberia. *Final Report*. Monrovia; 2009.
3. World Health Organization. *Mental health of adolescents* (fact sheet). Geneva: WHO; updated 1 September 2025.
4. World Health Organization. *World mental health report: transforming mental health for all*. Geneva: WHO; 2022.
5. The Carter Center. Liberia ramps up resources to improve mental health for children and adolescents. Atlanta; 30 March 2018.
6. Médecins Sans Frontières. Providing psychiatric care close to home in Liberia. Project update; 24 July 2019.
7. Ministry of Health, Republic of Liberia. *Mental Health Policy and Strategic Plan for Liberia 2016–2021*. Monrovia; launched 2017.
8. Liberia Institute of Statistics and Geo-Information Services (LISGIS). *2022 National Population and Housing Census*, thematic report on children, adolescents and youth. Monrovia; 2023–2024.
9. UNFPA Liberia. Adolescents and youth in Liberia (2023), as cited in Local Voices Liberia, fact-check on the share of the population under 25.
10. World Bank. *Liberia Economic Update*, 3rd edition. Washington, DC; June 2022.
11. NBC News / Associated Press. As U.S. abruptly ends support, Liberia faces empty health clinics and unplanned pregnancies. 8 July 2025.
12. Reeves R. Letters to Strangers Liberia (L2SLiberia): building a mental health system from the ground. *Liberian Investigator*, 7 April 2026.
13. World Health Organization. *mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings*, version 2.0. Geneva: WHO; 2016.
14. World Health Organization. *Problem Management Plus (PM+): individual psychological help for adults impaired by distress in communities exposed to adversity*. Geneva: WHO; 2016.

L2SLiberia documents

1. Letters to Strangers Liberia. *Organizational Profile*. October 2026.
2. Letters to Strangers Liberia. *Our Model: Mental Health for Every Liberian*. 2026.
3. Letters to Strangers Liberia. *Theory of Change*. 2026.
4. Letters to Strangers Liberia. *The L2SLiberia THRIVE Framework*, incl. the BRIDGE Diversion Model. 2026.
5. Letters to Strangers Liberia. *Hotline Report, February–October 2026* (draft for internal review). 6 October 2026.
6. Letters to Strangers Liberia. *Strategic Work Plan, July–December 2026*, Version 1.0. June 2026.
7. Letters to Strangers Liberia. Presentation to the Ministry of Health. 23 June 2026.
8. Letters to Strangers Liberia. *World Mental Health Day 2026: Ministry of Health Partnership Proposal*. 2026.
9. Letters to Strangers Liberia. *Move To Heal*: application to IRCT Healing Together 2027. October 2026.
10. Letters to Strangers Liberia. Move To Heal funding requirement (clinic fit-out and Year 1 operations). October 2026.
11. Letters to Strangers Liberia. Community baseline survey on mental health attitudes (internal; reported in the Organizational Profile and CMAP proposal).

About this document

Part of a portfolio of five publications prepared by Letters to Strangers Liberia in October 2026. Organisational figures are consistent across the portfolio. Photographs are L2SLiberia's own and do not depict the people in the anonymised accounts.



Every call is a life. Every life matters.
Help us make sure every call is
answered.

“No one should suffer alone, in silence, without hope.”

CONTACT

Letters to Strangers Liberia

Congo Town, Adjacent the New Chinese
Embassy, Tubman Boulevard, Monrovia,
Liberia

Tel. +231 778 901 256

liberia@letterstostrangers.org

mentalhealthliberia.org

NEED SUPPORT NOW?

9898

Toll-free mental health hotline, 24/7
within Liberia

Alternative line +231 77 576 3208

REGISTRATION

Registered Liberian non-profit
organisation, established 2019
Tax Identification No. 501463377

Business Registration No.
053085784

Accredited by the Ministry of Health
as a mental health provider