THE MOVE TO HEAL YOUTH MENTAL HEALTH CLINIC

A safe place for young Liberians to *heal*

Liberia's first dedicated youth mental health clinic, led by Letters to Strangers Liberia: its purpose, services, clinical approach, operating structure and expected impact.

CONTENTS

Inside this document

01 Summary 03

02 The gap Move To Heal will fill 04

03 Vision, mission, objectives and who we serve 05

04 The model of care 07

05 The young person's journey 09

06 Clinical approach, screening and principles of care 10

07 Integration with 9898 and the referral network 12

08 Staffing, supervision and standards 13

09 Safeguarding, consent, confidentiality and data 14

10 Emergency response and continuity of care 15

11 Facility, systems and implementation phases 16

12 Quality, outcomes and sustainability 17

13 Strengthening Liberia's mental health system 18

14 References 19

CURRENT STATUS

In final preparation

IN PREPARATION

Move To Heal is in its final preparation phase, operating under Ministry of Health registration, clinical protocols and a safeguarding framework.

Funding required to open

$10,000
to make the leased space service-ready

$7,500
for Year 1 operations

STATUS KEY OPERATIONAL IN PREPARATION PLANNED PROJECTION / TARGET

This document separates services that operate today from those that are being prepared or proposed. Clinical tools and protocols described here are the proposed standard of care and will be finalised with the Ministry of Health and the clinic's licensed clinical lead.

01 · SUMMARY

Mental health care designed with and for young people

Move To Heal is a youth mental health clinic led by Letters to Strangers Liberia. It is designed as a stigma-free "community living room" rather than a hospital, offering mental health, substance-use and gender-based violence support under one roof.

Most mental health conditions begin in adolescence and early adulthood. Yet our programme documents and the THRIVE Framework analysis record that Liberia has no dedicated youth mental health service. Specialist care is concentrated in Monrovia, and two to three psychiatrists were reported for the whole country in 2018–2019. Young people in distress, including survivors of violence, often have nowhere safe to go.

Move To Heal brings together what L2SLiberia already does well: the 9898 toll-free hotline as the front door, the Mobile Clinic in communities, warm referrals and a culture of peer support rooted in the Letters to Strangers tradition. The clinic gives these services a physical home where young people can receive structured, evidence-based care.

The clinic will open in phases. It will start with referrals from 9898 and partners, then add walk-in services and group programmes, and later specialised tracks. One of these is a proposed rehabilitation track for young survivors of torture and organised violence, submitted to the IRCT for funding in 2027.

500
young people to be served in Year 1
Documented Year 1 target

1,200
service contacts in Year 1
Documented Year 1 target

30
peer navigators to be trained
Documented Year 1 target

$17,500
to open and run Year 1 ($10,000 fit-out + $7,500 operations)
L2SLiberia funding requirement

What makes Move To Heal different

- Youth-specific: built around the needs and voices of young people.
- Connected: intake through 9898, the Mobile Clinic and partners, so there is no wrong door.
- Affordable: sliding-scale fees, free for those in extreme poverty.
- Holistic: mental health, substance use and GBV support in one place.
- Measured: outcomes tracked using validated tools.

02 · THE GAP

Young people carry the heaviest load, with the least support

44%
of Liberian adults had symptoms of PTSD; 40% had symptoms of major depression
Johnson et al., JAMA, 2008

2–3
psychiatrists reported for the whole country in 2018–2019
Carter Center 2018; MSF 2019

63%
of Liberians are under 25; 74.5% are under 35
UNFPA 2023; LISGIS Census 2022

~50%
of Liberians lived in extreme poverty in 2021
World Bank, 2022

The service gap

Globally, one in seven adolescents aged 10–19 experiences a mental disorder, and suicide is the third leading cause of death among people aged 15–29 (WHO, 2025). In Liberia, the legacy of the civil wars (1989–2003) and the Ebola epidemic adds a heavy burden of trauma. A national survey found PTSD symptoms in 44% of adults and symptoms of major depression in 40%. Many of the children forced into or exposed to that violence are now parents (Johnson et al., 2008).

Specialist services are concentrated in Monrovia. The workforce is made up mainly of mid-level mental health clinicians: 249 had been trained nationwide by 2018 (Carter Center, 2018). In April 2025 the Ministry of Health announced plans for wellness clinics in referral hospitals (MICAT, 2025). We are not aware of any dedicated youth mental health clinic in Liberia.

Barriers specific to young people

- **Stigma and shame.** 74% of respondents in an L2SLiberia survey said they would be embarrassed to seek help, and 61% attributed mental illness to spiritual causes.
- **Cost.** About half of Liberians lived in extreme poverty in 2021, so fees and transport are out of reach.
- **Adult-centred services.** Psychiatric wards are not designed for, or welcoming to, adolescents.
- **Fear of disclosure.** This is especially true for survivors of violence and young people who use substances.
- **Disrupted lives.** Untreated distress leads to school dropout, violence at home and substance use.

The 2025 aid cuts
The 2025 cuts to United States foreign assistance closed or reduced health and psychosocial services across Liberia (AP/NBC News, 2025), which increases demand on free and low-cost services.

> *Liberia does not lack young people in need. It lacks a door built for them.*
>
> MOVE TO HEAL DESIGN PRINCIPLE

03 · VISION, MISSION AND OBJECTIVES

What Move To Heal exists to do

Vision

Every young Liberian who is struggling knows where to turn, and is met with dignity, skill and hope.

Mission

To provide affordable, evidence-based, youth-friendly mental health care in a safe, stigma-free setting, connected to the 9898 hotline, communities and the wider health system.

Objectives

1

Open access

Offer young people a safe, welcoming, affordable entry point to care, by referral, through 9898 or by walking in.

2

Effective care

Deliver evidence-based assessment, counselling and group support, with outcomes measured at intake, three months and exit.

3

Safety first

Identify and respond to risk, including suicide risk, abuse and violence, through clear protocols and partner referral.

4

Whole person

Address substance use, GBV and family difficulties alongside mental health, and link young people to medical, legal and livelihood support.

5

Youth leadership

Train peer navigators and involve young people in designing, reviewing and governing the service.

6

System learning

Generate data and practice that inform national youth policy and training.

Who Move To Heal will serve

- **Young people** experiencing distress, anxiety, low mood, trauma, grief, self-harm thoughts or substance-related difficulties.
- **Adolescent and young survivors** of gender-based violence, abuse, torture or organised violence, and their families.
- **Students and out-of-school youth** referred by schools, peers, faith and traditional leaders.
- **Young people referred by 9898**, the Mobile Clinic, the Women and Children Protection Unit, safe houses and health facilities.
- **Families and caregivers** who need support to help a young person recover.

Eligibility

Move To Heal serves young people aged 10–35, with services and consent procedures adapted for adolescents and for young adults.

Who will be referred onward

Young people needing inpatient, emergency medical or psychiatric medication care are referred to Ministry of Health facilities, with a warm handover and follow-up.

04

The model of care

A community living room, not a hospital. Young people come in through many doors, are met by trained staff and peers, and receive care matched to their need.

04 · THE MODEL OF CARE

Services under one roof

Services are phased. Status labels show what L2SLiberia already delivers through existing programmes, what will be available when the clinic opens, and what is proposed for later phases.

Welcome, intake and screening

AT OPENING

Friendly first contact, informed consent, brief screening for distress and risk, and a decision on the next step.

Mental health assessment

AT OPENING

Structured assessment by a supervised clinician covering psychological, social and safety needs, and functioning.

Individual counselling

AT OPENING

Brief, structured, evidence-based counselling, typically 4–8 sessions, with a written care plan agreed with the young person.

Group programmes

AT OPENING

Facilitated groups for stress, low mood, grief and trauma recovery, building on L2SLiberia's peer support circles.

Peer support and expressive writing

EXISTING L2S PRACTICE

Peer circles and letter-writing from the Letters to Strangers tradition, now offered in the clinic setting.

Crisis support and safety planning

VIA 9898 TODAY

Immediate support and safety planning for young people at risk, linked to the 24/7 hotline.

GBV and protection support

AT OPENING

Survivor-centred counselling, safety planning and referral to the WACPU, safe houses, medical and legal services.

Substance-use support

PHASE 2

Screening, brief interventions and referral for young people with alcohol or drug difficulties.

Family and caregiver sessions

PHASE 2

Sessions that help families understand and support recovery, and parenting support to break cycles of trauma.

Survivor rehabilitation track

PROPOSED 2027

Survivor-centred rehabilitation for young survivors of torture and organised violence, in line with the IRCT Global Standards. Funding application submitted.

Psychiatric consultation

BY REFERRAL

Medication review and specialist input through MoH psychiatric services and partner clinicians.

Linkage to wider support

EXISTING REFERRAL NETWORK

Warm referrals for medical care, legal aid, education and livelihoods, with transport support where funded.

04 · THE MODEL OF CARE

The "community living room"

Move To Heal is designed around one insight: young people avoid places that feel like hospitals, or that might label them in front of their community. The clinic is a calm, youth-designed space with no labels at the door. A young person can come in for a group, a letter-writing session or a conversation, as well as for counselling.

Design principles

No wrong door
Entry by phone, walk-in, Mobile Clinic, school or partner referral.

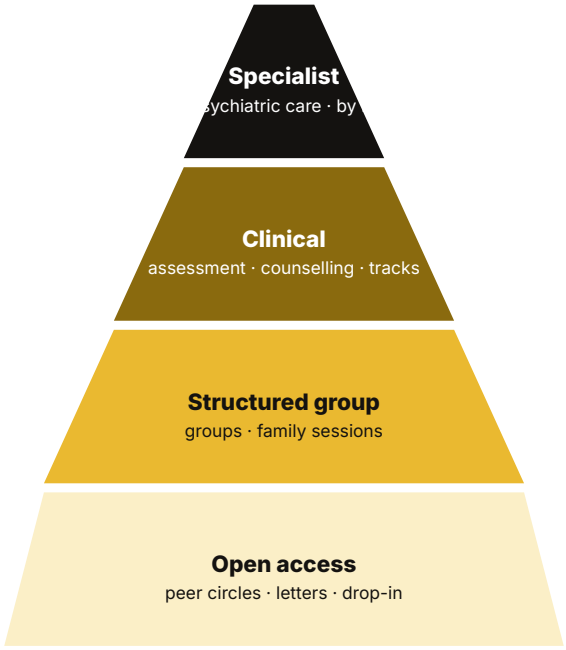
Discreet and welcoming
Nothing at the entrance signals mental illness. Waiting areas are designed with young people.

Stepped care
The least intensive effective support first, stepping up when needed.

Measured
Validated outcome measures at intake, three months and exit.

Supervised
Every counsellor receives weekly clinical supervision.

Affordable
Sliding-scale fees, free for those in extreme poverty. Cost is never the reason someone goes without care.



Stepped care inside Move To Heal, adapted from the L2SLiberia THRIVE Framework.

Young people at an L2SLiberia youth activity.

05 · THE YOUNG PERSON'S JOURNEY

From first contact to recovery

Every young person follows a clear, documented pathway. At each step they are told what will happen next, and nobody leaves without a plan or a named contact.

01 Arrive	02 Welcome	03 Screen	04 Assess	05 Plan
Via 9898, walk-in, Mobile Clinic, school, WACPU, safe house or health facility referral.	Warm reception, explanation of the service, informed consent and assent, confidentiality and its limits.	Brief screening for distress, substance use and risk. Urgent cases follow the emergency pathway.	Supervised clinician assessment of needs, strengths, safety and functioning; baseline outcome measures.	Written care plan agreed with the young person, and with family where appropriate.

01 Care	02 Review	03 Refer	04 Close	05 Stay connecte
Individual or group sessions, peer support, family sessions, linkage to other services.	Outcome measures repeated at three months; plan adjusted in supervision.	Warm referral when specialist, medical, legal or protection support is needed.	Planned ending with a relapse-prevention plan and follow-up call.	Open door to return; 9898 available 24/7; invitation to peer circles.

Timeliness standards

PROPOSED

Urgent risk responded to	**Same day**
Routine first appointment	**Within 7 days**
Referral follow-up call	**Within 72 hours**
Missed session check-in	**Within 72 hours**

"No silent dropout"

Adapted from the BRIDGE protocol. Any young person who misses two sessions without notice receives a check-in within 72 hours, by phone, message or peer navigator, and is offered a way back without judgement.

If risk is identified at any step

Staff stop the routine pathway and follow the emergency response protocol (Section 10). Safety always comes before process.

06 · CLINICAL APPROACH

Evidence-based care, adapted for Liberia

The clinical model draws on interventions with evidence in low-resource and post-conflict settings and on L2SLiberia's THRIVE Framework, which is grounded in WHO mhGAP. The final protocols will be approved by the clinic's licensed clinical lead and aligned with Ministry of Health standards (PROPOSED PROTOCOLS).

Psychological and psychosocial interventions

Psychological first aid and safety planning
For acute distress and crisis, already practised on the 9898 hotline.

Problem-solving counselling and WHO Problem Management Plus (PM+)
Brief, structured help for people affected by adversity, deliverable by trained non-specialists (WHO, 2016).

Group interpersonal therapy (IPT-G)
Group sessions over 6–8 weeks for depression, proposed in the THRIVE stepped-care pathway.

Narrative Exposure Therapy (NET)
A short-term trauma treatment developed for survivors of organised violence, for the proposed survivor track.

Expressive writing and letter exchange
Rooted in the Letters to Strangers tradition, offered as a complementary, low-stigma support.

Psychoeducation and family sessions
Helping young people and families understand distress and recovery.

mhGAP-guided assessment and referral
For conditions that need medication or specialist care, through MoH services.

Proposed screening and outcome tools

Tools will be translated and adapted for Liberian youth and piloted before routine use. Scores support clinical judgement; they never replace it.

PHQ-9 / PHQ-A	Depression symptoms (adult and adolescent versions)
GAD-7	Anxiety symptoms
PCL-5	Post-traumatic stress symptoms, used where trauma is disclosed
CRAFFT / ASSIST	Substance use screening for adolescents and young adults
C-SSRS screener	Suicide risk: structured questions that trigger the emergency pathway
WHODAS 2.0 (short)	Day-to-day functioning
Exit survey	Experience of care: feeling heard, respected and safe

Measurement points
Intake (baseline), three months, and exit. Results are reviewed in supervision and reported in anonymised, aggregate form.

06 · PRINCIPLES OF CARE

Youth-friendly, gender-responsive, trauma-informed, culturally grounded

Y

Youth-friendly

- Opening hours that suit school and work, including some late afternoons and weekends.
- Young people help design the space, materials and rules.
- Plain-language information; staff trained to work with adolescents.
- Aligned with the WHO/UNAIDS *Global standards for quality health-care services for adolescents*.
- A youth advisory group reviews the service every quarter.

G

Gender-responsive

- Young people can choose the gender of their counsellor where possible.
- Women-only and men-only groups where helpful.
- GBV-sensitive practice and a clear referral pathway to protection services.
- Attention to young men, who are often least likely to seek help.
- Data broken down by sex to check that services reach everyone.

T

Trauma-informed

- Safety, trust, choice, collaboration and empowerment guide every interaction.
- Nobody is pushed to disclose; care moves at the young person's pace.
- Staff trained to recognise and avoid re-traumatisation.
- Staff care is built in to prevent vicarious trauma and burnout.

C

Culturally grounded

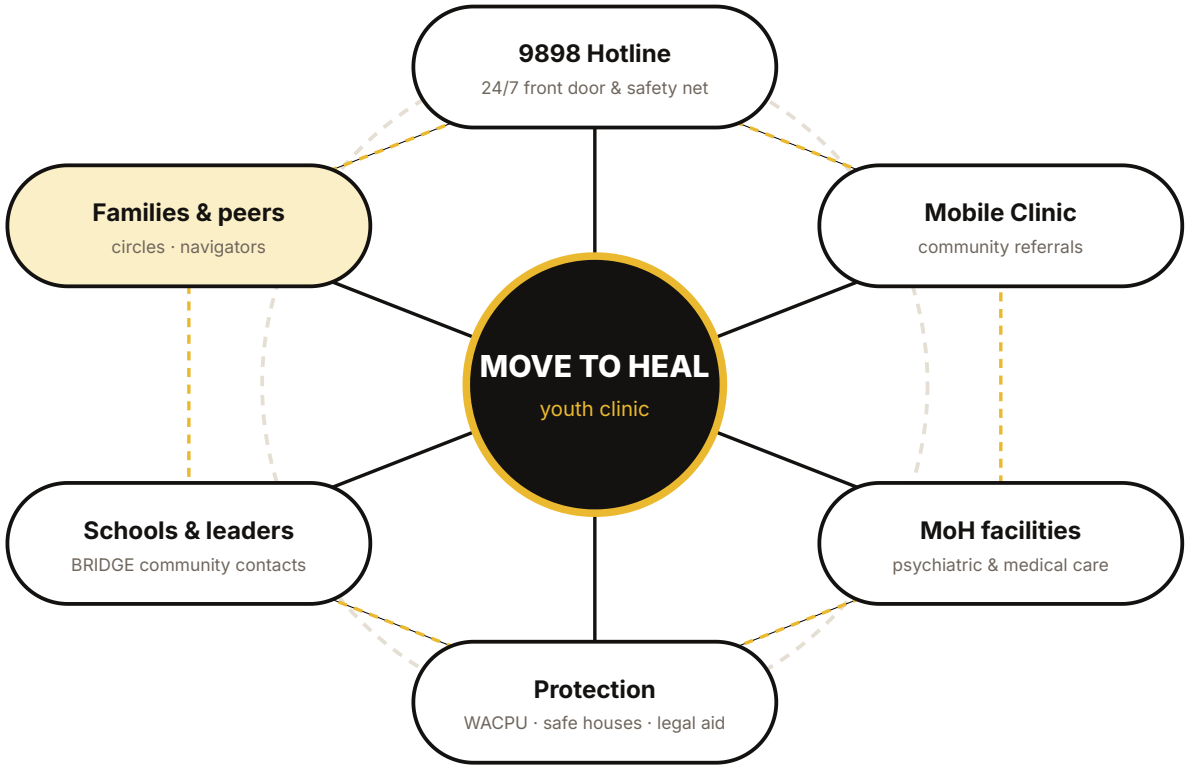
- Liberian counsellors who understand local languages, beliefs and family life.
- Work within people's spiritual worldview, not against it.
- Two-way relationships with faith and traditional leaders, as in the BRIDGE model.
- Materials in English and Liberian Kreyol, with oral formats for young people who cannot read.

Community members during an L2SLiberia outreach activity.

07 · INTEGRATION

Connected to 9898 and the referral network

Move To Heal is one part of L2SLiberia's connected system, not a standalone clinic. The hotline brings young people in, and the Mobile Clinic reaches those who cannot travel. The referral network takes young people onward when they need more than the clinic can offer.



From 9898 into the clinic

Hotline counsellors offer young callers an appointment, book it through the Call Management System and follow up. After hours, 9898 remains the 24/7 safety net for clinic clients.

From communities

The Mobile Clinic, schools, peer circles, faith and traditional leaders refer young people using a simple referral card and a named contact, following the BRIDGE approach.

Onward from the clinic

Hospitals and MoH psychiatric services, safe houses, the Women and Children Protection Unit, legal aid and livelihood programmes receive warm referrals with consent and follow-up.

Formal agreements. A formal referral agreement with MoH-affiliated facilities is being put in place, building on the partner referral pathways L2SLiberia already uses.

08 · STAFFING, SUPERVISION AND STANDARDS

The people who make the clinic safe

Proposed Phase 1 core team PROPOSED

Clinic coordinator	Day-to-day management, scheduling, partner liaison and reporting.
Licensed clinical lead and supervisor	Assessment, complex cases, weekly supervision, clinical governance. In 2026 L2SLiberia budgeted a licensed counsellor or psychiatrist contract at $1,500 a month.
Youth counsellors	Trained, supervised counsellors who deliver individual and group interventions.
Peer supporters and navigators	Young people with training who welcome clients, run peer circles and follow up dropouts. Year 1 target: 30 trained.
Intake and records officer	Reception, consent paperwork, secure records and appointment booking.
Safeguarding focal point	A designated person, with trained back-up, for disclosures and incidents.
Psychiatric consultation	Through MoH services and partner clinicians, by referral.

Supervision standards PROPOSED

- Weekly individual or group clinical supervision for every counsellor.
- Weekly review of a random 20% of active cases.
- Monthly case conference on complex and high-risk cases.
- Debriefing after any critical incident.
- Caseload limits set by the clinical lead.

Professional standards

- Credentials verified at recruitment; professional registration maintained.
- Code of conduct and safeguarding training before contact with clients.
- Competency framework aligned to WHO mhGAP and MoH standards.
- An annual training plan for every role.

Workforce development

Train
Caregiver Fellowship and peer navigator curriculum

Place
University student placements (MoU in development)

Supervise
Structured supervision builds skill and protects quality

Grow
Career paths from peer supporter to counsellor to supervisor

09 · SAFEGUARDING, CONSENT, CONFIDENTIALITY AND DATA

Protecting every young person who walks through the door

Safeguarding

- A written safeguarding framework, part of the clinic's MoH registration preparation, adopted before opening.
- All staff and volunteers vetted and trained before any contact with clients.
- Clear rules on staff–client boundaries, including no private contact outside the service.
- Disclosures of child abuse trigger the mandatory response and referral to child protection authorities, as set out in L2SLiberia's model.
- An incident log reviewed by the clinical lead and reported to HQ and the Board.

Informed consent and assent

- Plain-language explanation of the service, confidentiality and its limits, and how data is used.
- For under-18s, consent procedures will follow Liberian law and MoH guidance, with assent from the young person. Procedures for cases where involving a caregiver could put the young person at risk will be finalised after legal review.
- Consent recorded, and can be withdrawn at any time.
- Separate written consent is needed for any story, photograph or quote. Anonymity is the default, and no child is ever identified.

Confidentiality and its limits

What a young person shares stays within the care team. It is shared only when there is a serious risk of harm to the young person or others, when a child is at risk of abuse, or when the law requires it. Even then, the young person is told what will be shared and why, wherever it is safe to do so.

Privacy and data protection

- Each client gets a unique code; names are kept separately from clinical data.
- Paper records in locked storage, and digital records encrypted with role-based access.
- Private, sound-proofed counselling rooms.
- Only anonymised, aggregate data leaves the clinic, for reporting to HQ, donors and the MoH.
- Staff trained in data protection; breaches reported within 24 hours.

Lesson from the hotline

The 2026 Work Plan identified confidentiality, safeguarding and data-protection concerns with the hotline workspace and recommended relocating it. Move To Heal is designed so that those risks are dealt with before the first client arrives.

10 · EMERGENCY RESPONSE AND CONTINUITY OF CARE

Clear steps when a young person is at risk

The risk protocol below is proposed and will be finalised by the licensed clinical lead with MoH partners PROPOSED PROTOCOL.

RED · Immediate danger

Active suicide plan or attempt, serious self-harm, acute psychosis, or immediate risk of violence or abuse.

- Stay with the young person; never leave them alone.
- Clinical lead alerted at once.
- Emergency medical care, or a safe house through WACPU, arranged with transport.
- Family or a trusted adult contacted where safe.
- Follow-up within 24 hours.

AMBER · Elevated risk

Suicidal thoughts without a plan, recent self-harm, a recent violent incident, or heavy substance use.

- Same-day assessment by a clinician.
- Written safety plan agreed with the young person.
- Increased session frequency and check-in calls.
- Discussed at the next supervision.
- Referral for psychiatric review if needed.

GREEN · Routine

Distress without current risk indicators.

- Standard pathway and care plan.
- Risk re-checked at each session.
- 9898 number shared for out-of-hours support.
- Outcome review at three months.

Continuity of care

- **24/7 safety net:** clinic clients can call 9898 at any hour; hotline counsellors can see that the caller is a clinic client, with consent.
- **Warm handovers:** referral letters, phone introductions and confirmation that the young person arrived.
- **After discharge from hospital:** following the BRIDGE model, check-in calls at days 3, 7, 14 and 30.
- **Transitions:** planned handover when a young person ages out of the service or moves county.
- **Disruption:** if the clinic must close temporarily, services continue by phone and through the Mobile Clinic.

11 · FACILITY, SYSTEMS AND IMPLEMENTATION

Getting ready to open

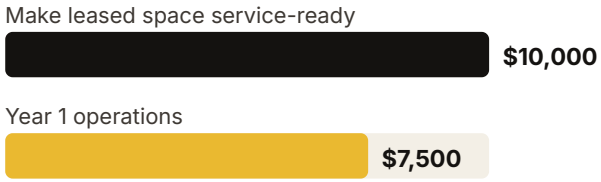
Facility requirements

- Leased premises (a two-year lease is planned), accessible by public transport.
- At least two private, sound-proofed counselling rooms.
- A group and 'living room' space for circles, workshops and drop-in.
- A welcoming waiting area designed with young people.
- Lockable records storage and a staff office.
- Accessible entrance, toilets and water.
- Reliable power (grid plus solar or generator back-up) and internet.
- A phone line linked to the 9898 referral process.

Equipment and operational systems

- Furniture, laptops with encrypted storage, phones and printing.
- Client record system and appointment booking.
- Screening and outcome tools, and therapy and expressive-writing materials.
- First aid kit, emergency contact list and evacuation plan.
- Policies on safeguarding, data protection, incidents, complaints and the code of conduct.

Opening budget requirement



Source: L2SLiberia Move To Heal funding requirement, October 2026. A detailed line-item budget is available on request.

Related funding in progress

An application for EUR 15,000 has been submitted to the IRCT Healing Together 2027 programme for a survivor rehabilitation track at Move To Heal. The decision is pending (PENDING).

Implementation phases

Phase 0 · Prepare

Sign the lease, fit out the space, obtain MoH facility licensing, recruit and train the core team, finalise protocols.

Phase 1 · Soft opening

Referrals from 9898, the Mobile Clinic and partners; individual counselling and peer circles; tools piloted.

Phase 2 · Full service

Walk-in access, group programmes, family sessions, substance-use support, school links.

Phase 3 · Specialise and scale

Survivor rehabilitation track (if funded), training placements, and a model ready for adoption by MoH and replication in other counties.

12 · QUALITY, OUTCOMES AND SUSTAINABILITY

How we will know Move To Heal is working

Year 1 output targets

Young people served	**500**
Service contacts	**1,200**
Peer navigators trained	**30**
Young people referred in from 9898	**Tracked monthly**
Onward referrals completed (arrival confirmed)	**Tracked monthly**

Year 1 output targets as documented in L2SLiberia's October 2026 Move To Heal materials.

Outcome targets PROPOSED

Completers with a clinically meaningful reduction in PHQ-9 / GAD-7 at three months	**60%+**
Completers reporting improved daily functioning	**70%+**
Young people who felt heard, respected and safe (exit survey)	**90%+**
Referrals followed up within 72 hours	**85%+**
Active cases reviewed in supervision each week	**20%**
Red-risk cases followed up within 24 hours	**100%**

Quality assurance

- Weekly supervision and case sampling.
- Quarterly clinical audit against protocols.
- A confidential complaints and feedback route for young people and families.
- A youth advisory group that meets quarterly.
- Annual external review from Year 2.

Sustainability

Move To Heal is designed to last beyond its first grants.

Diversified income
Foundation and institutional grants, corporate partners, diaspora giving and the annual World Mental Health Day fundraiser.

Sliding-scale fees
Clients who can pay contribute, which subsidises free care for those in extreme poverty. Earned income is reinvested in the clinic.

Low-cost workforce model
Supervised counsellors and trained peer navigators deliver most care. Specialists are used where they add most value.

Government integration
Licensing, a referral agreement and data-sharing build towards MoH recognition, and in the long term potential public co-financing.

13 · SYSTEM CONTRIBUTION

A clinic that strengthens the whole system

Move To Heal is meant to help Liberia build youth mental health care, not just to serve the young people who use it.

A reference model for youth-friendly care
A documented, measured model the MoH can adopt, including in the wellness clinics planned for referral hospitals.

A training ground
Placements for counselling students and peer navigators, and supervised practice for the Caregiver Fellowship.

Evidence for policy
Anonymised data on the needs of young people, what helps them, and where the system fails them, shared with the MoH.

A survivor-centred pathway
If funded, a written rehabilitation protocol and referral map for young survivors of torture and organised violence in Liberia.

Stronger referral loops
Formal links with MoH facilities, the WACPU, safe houses and legal aid that benefit every L2SLiberia service.

Replication
Once evaluated, a model that can be adapted in other counties and, in the longer term, in Sierra Leone and Guinea.

PARTNER WITH MOVE TO HEAL

$17,500 opens the doors and runs the first year.

Funders, health partners, universities and companies can help by funding the fit-out or first-year operations, sponsoring a counsellor, offering placements, or joining the referral network.

Move to Heal
YOUTH MENTAL HEALTH CLINIC

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

REFERENCES

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. World Health Organization. *Mental health of adolescents* (fact sheet). Geneva: WHO; updated 1 September 2025.
3. The Carter Center. Liberia ramps up resources to improve mental health for children and adolescents. Atlanta; 30 March 2018.
4. Médecins Sans Frontières. Providing psychiatric care close to home in Liberia. Project update; 24 July 2019.
5. Ministry of Information, Cultural Affairs and Tourism (MICAT). MoH, Carter Center forge partnership to transform mental health care in Liberia. Monrovia; 12 April 2025.
6. World Bank. *Liberia Economic Update*, 3rd edition. Washington, DC; June 2022.
7. NBC News / Associated Press. As U.S. abruptly ends support, Liberia faces empty health clinics and unplanned pregnancies. 8 July 2025.
8. World Health Organization. *mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings*, version 2.0. Geneva: WHO; 2016.
9. World Health Organization. *Problem Management Plus (PM+): individual psychological help for adults impaired by distress in communities exposed to adversity*. Geneva: WHO; 2016.
10. Schauer M, Neuner F, Elbert T. *Narrative Exposure Therapy: a short-term treatment for traumatic stress disorders*. 2nd ed. Göttingen: Hogrefe; 2011.
11. World Health Organization & UNAIDS. *Global standards for quality health-care services for adolescents*. Geneva: WHO; 2015.
12. International Rehabilitation Council for Torture Victims (IRCT). *Global Standards on Rehabilitation*. Copenhagen: IRCT.
1. Letters to Strangers Liberia. *Organizational Profile*. October 2026.
2. Letters to Strangers Liberia. *Strategic Work Plan, July–December 2026*, Version 1.0. June 2026.
3. Letters to Strangers Liberia. *Move To Heal*: application to IRCT Healing Together 2027. October 2026.
4. Letters to Strangers Liberia. Move To Heal funding requirement (clinic fit-out and Year 1 operations). October 2026.
5. Letters to Strangers Liberia. *The L2SLiberia THRIVE Framework*, incl. the BRIDGE Diversion Model. 2026.
6. Letters to Strangers Liberia. *Our Model: Mental Health for Every Liberian*. 2026.
7. Letters to Strangers Liberia. *Hotline Report, February–October 2026* (draft for internal review). 6 October 2026.
8. 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.

Move To Heal: a place where young Liberians are met with dignity, skill and hope.

“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