A RIGHT NOT A PRIVILEGE: PRIORITISING MATERNAL MENTAL HEALTH

UNITED FOR GLOBAL MENTAL HEALTH

Image Credit: Joydeep Mukherjee / Climate Visuals Countdown

INTRODUCTION

Good maternal mental health (also known as perinatal mental health) is crucial for maternal wellbeing and a child's development during the perinatal period – from a child's conception up until one year after their birth. New mothers often face significant physiological changes, as well as major challenges to their wellbeing, relationships, employment and social engagement. This all puts them at considerable risk of perinatal mental health conditions, including anxiety, depression, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and psychosis. Young mothers under the age of 25 are at higher risk of developing mental illness, especially postpartum depression, during the perinatal period than their peers and adult counterparts.[1]

While this is a global public health challenge, the risks are greater for women in low- and middle-income countries (LMICs) than high-income countries (HICs).[2] In many parts of the world, mental health is noticeably absent from maternal, newborn, child, and adolescent health services.

Health systems everywhere should be able to offer high-quality maternal health services, capable of supporting women physically and mentally – before, during, and after birth. Increasing the availability of maternal mental health services will improve the early detection of maternal mental health conditions and the accessibility of early interventions.

1 Dinwiddie, Katharine & Schillerstrom, Tracy & Schillerstrom, Jason. (2017). Postpartum depression in adolescent mothers. Journal of Psychosomatic Obstetrics & Gynecology. 39. 1-8. 10.1080/0167482X.2017.1334051.
2 WHO website, Maternal Mental Health, Accessed 10 April 2025 https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/matrnal-mental-health.

Maternal mental health: The key numbers

- **Globally, 10% of pregnant women and 13% of women who have just given birth experience a mental health condition, predominantly depression.[3]**
- **The burden is greater in LMICs, with 15.6% of mental health conditions occurring during pregnancy and 19.8% after childbirth.[4]**
- **85% of women experience 'baby blues.' Characteristic symptoms include: sadness, crying and anxiety.[5] While these symptoms typically disappear without treatment within two weeks, ongoing symptoms may be a sign of a mental health condition and care should be provided.**
- **Mental ill health is also linked to obstetric complications, such as preterm birth, pre-eclampsia and postpartum haemorrhage. And can sometimes even lead to suicide.[6]**
- **Changes in the health-seeking behaviour of women experiencing poor maternal mental health, such as reduced motivation, can hinder their attendance at antenatal care and postnatal care sessions.[7]**
- **Pregnancy loss, such as stillbirth, miscarriage, and pregnancy termination, is associated with increased risk of depression and anxiety.[8]**
- **A woman's untreated mental health condition can impact maternal caregiving and mother-child bonding to the detriment of a child's physical, cognitive, and emotional health.[9]**
- **Untreated maternal mental health conditions also incur significant economic and societal costs,[10] and are associated with costly intergenerational impacts.[11]**

Risk factors

Pregnancy itself is a risk factor for poor maternal mental health, but a risk that can be exacerbated by external stressors and other health conditions. Examples of these risk factors include:


Adolescent mothers


Poverty


Limited educational opportunities

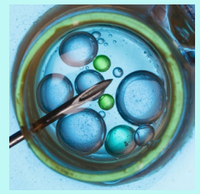

Limited social support


Stigma and discrimination


Gender-based violence


Substance use


Dificult birth experiences


Fertility challenges

Understanding and assessing the factors that make a woman more vulnerable to mental ill health during the perinatal period can make early identification and intervention more likely. And identifying ways to protect and promote mental health can contribute positively to a woman's state of wellbeing. This can look different in different parts of the world, but it is important for women to have access to the support systems, services, and educational and financial opportunities they need, no matter where they live.

3 WHO website, Maternal Mental Health https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/maternal-mental-health.
4 WHO website, Maternal Mental Health
5 Support not stigma: redefining perinatal mental health care, The Lancet Regional Health – Europe, Volume 40, 100930, May 2024. https://www.thelancet.com/journals/lanepe/article/PIIS2666-7762(24)00097-8/fulltext.
6 Guide for integration of perinatal mental health in maternal and child health services, World Health Organisation, 2022.
7 Guide for integration of perinatal mental health in maternal and child health services, World Health Organisation, 2022.
8 Herbert D, Young K, Pietrusinska M, MacBeth A. The mental health impact of perinatal loss: A systematic review and meta-analysis. J Affect Disord. (2022) 297:118–29. doi: 10.1016/j.jad.2021.10.026
9 Modak A, Ronghe V, Gomase KP, Mahakalkar MG, Taksande V. A Comprehensive Review of Motherhood and Mental Health: Postpartum Mood Disorders in Focus. Cureus. 2023 Sep 29;15(9):e46209. doi: 10.7759/cureus.46209. PMID: 37905286; PMCID: PMC10613459.
10 Howard, LM, Piot, P and Stein, A, No health without perinatal mental health. The Lancet (201) 384, 1723–1724 DOI: 10.1016/S0140-6736(14)62040-7
11 Jacques, N, De Mola, CL, Joseph, G, Mesenburg, MA and Da Silveira, MF, Prenatal and postnatal maternal depression and infant hospitalization and mortality in the first year of life: a systematic review and meta-analysis. Journal of Affective Disorders (2019) 243, 201–208 https://doi.org/10.1016/j.jad.2018.09.055.

Image Credit: Amitava Chandra / Climate Visuals Countdown

LEARNING FROM THE FIELD: COUNTRY CASE STUDIES

Maternal mental health conditions are preventable and treatable. Countries need to invest in effective tools and interventions to prevent and treat them. The following case studies showcase examples of practices from three countries: Indonesia, Kenya, and Liberia. These examples highlight:

- the importance of data for identifying mothers at risk and women who need mental health support
- that age-appropriate interventions are necessary for reaching adolescent mothers
- maternal mental health interventions can be delivered by well-trained non-specialist health workers.

The interventions from these countries provide an important learning opportunity for other countries in similar settings.

1: INDONESIA

Maternal mental health in East Nusa Tenggara: Challenges and grassroots solutions

Pregnancy and postpartum are transformative periods in a woman's life, marked by intense physical, emotional, and psychological shifts. The mental wellbeing of mothers during these stages plays a vital role in determining the health outcomes of both mother and child. However, in many parts of Indonesia – including the remote and impoverished Indonesian province of East Nusa Tenggara – maternal mental health remains poorly understood and largely unaddressed.

One of the key barriers is the absence of primary data on maternal mental health. Without reliable local evidence, designing effective interventions becomes challenging. Recognising this gap, the **Foundation for Mother and Child Health (FMCH) Indonesia** conducted research to gather baseline data and lay the groundwork for evidence-based programmes.

Between January and March 2025, FMCH Indonesia conducted a field study in the Southwest Sumba and South Central Timor districts of East Nusa Tenggara. A total of 366 respondents, including pregnant women, breastfeeding mothers, and cohabiting family members, were surveyed using a combination of structured interviews and validated mental health screening tools.

Key findings

The study revealed alarming rates of mental health concerns among mothers in both districts:

- 37% exhibited symptoms consistent with PTSD
- 35% experienced anxiety or depression
- 22% showed signs of psychotic disorders
- Only 6% of breastfeeding mothers were classified as having stable mental health

Additional qualitative data highlighted multiple stressors including:

- unplanned pregnancies (often among women under 25)
- pregnancies resulting from sexual violence
- anxiety related to late-age pregnancies (aged 40–45 years).

Social and economic pressures – such as unpaid domestic and agricultural labour, limited access to healthcare, and lack of emotional support – further exacerbated these conditions.

The study also identified significant gaps in training for healthcare providers. Many midwives reported that their formal education did not adequately cover mental health.

“I meet these mothers at least once a month during antenatal and postnatal care. I didn’t realise they have been experiencing stress and some sort of depression.”

JL, a midwife from South Central Timor

Though some midwives had received in-service training, it focused predominantly on physical care (e.g., breastfeeding, reproductive health), with limited attention paid to psychosocial support. Similarly, community health volunteers, who often serve as the first point of contact with patients in rural areas, lacked sufficient knowledge and up-to-date training on mental health. This limited their ability to provide appropriate emotional support.

Recommendations

The findings highlight the urgent need for a more holistic approach to maternal care, integrating mental health into primary healthcare services. Key recommendations include:

- Strengthening the capacity of health workers and community volunteers to identify and respond to maternal mental health issues
- Expanding awareness campaigns, particularly targeting husbands and families, on the importance of psychological support
- Improving access to mental health services, especially in remote and underserved areas
- Advocating for maternal mental health to be prioritised in national and local health policies

This study was conducted without external funding, relying entirely on FMCH Indonesia's operational savings. It demonstrates the power of grassroots research and the impact of low-cost, community-driven initiatives.

FMCH Indonesia is using the research findings to design follow-up interventions, including community education and training modules for midwives and community health volunteers. It aims to build a sustainable support system for maternal mental health in rural Indonesia.

Credit:

1. Herce Horo, Lead Researcher, Consultant FMCH Indonesia
2. Syifa Andina, Non-Executive Chairwomen FMCH Indonesia

For further information please see:

Foundation for Mother and Child Health (FMCH) Indonesia
www.fmch-indonesia.org

2: KENYA

The Sasa Mama Teen Project: A toolkit to support and build resilience and strong minds of adolescent mothers

In Nairobi's informal settlements, adolescent mothers face significant perinatal mental health challenges. High rates of poverty, limited access to healthcare, and inadequate social support systems put this group at heightened risk of mental health conditions. For example, an estimated 13% of adolescent mothers in these communities experience depression.[12]

In response, the **African Population and Health Research Center (APHRC)** implemented the **Sasa Mama Teen Project**. It was an 18-month initiative, running from 2018 to 2019, aimed at addressing the unmet mental health needs of pregnant and parenting adolescent girls in four major Nairobi slums. The project adopted a participatory co-creation approach, engaging 30 adolescent girls to collaboratively design and test the feasibility of a toolkit that can identify stressors, coping mechanisms, and solutions to improve their mental wellbeing.

Following the initial co-creation phase, the project developed and tested the feasibility of the toolkit. A total of 128 adolescent mothers participated in the feasibility study, which was delivered through both in-person group sessions and WhatsApp interactions. They were grouped according to the participants' stage of pregnancy and motherhood. The sessions focused on maternal and child health, nutrition, family planning, mental health, financial literacy, and access to health insurance.

The implementation of the feasibility study was supported by Grand Challenges Canada and involved collaboration with local health facilities under the Ministry of Health. Community-based organisations played a vital role in recruiting participants and facilitating engagement.

The primary outcome of the Sasa Mama Teen Project was the development of a youth-friendly mental health toolkit (*see further reading resource 10*) tailored to the needs of adolescent mothers in resource-constrained settings.

Key findings

The project emphasises the prevalence of stigma, social isolation, and economic hardship among adolescent mothers. Participants identified stress triggers such as rejection by family and community, abandonment by partners, and the demands of early parenthood. Importantly, they reported that the mental health sessions enhanced their resilience, provided effective coping strategies, and fostered a sense of community among peers. The digital stories, short videos produced by the adolescent mothers narrating their own stories, continue to inspire, reminding us that healing and hope can start with simply being seen and heard.

12 Wado YD, Austrian K, Abuya BA, Kangwana B, Maddox N, Kabiru CW. Exposure to violence, adverse life events and the mental health of adolescent girls in Nairobi slums. BMC Womens Health. 2022 May 10;22(1):156. doi:10.1186/s12905-022-01735-9.

Adolescent mothers need comprehensive support – emotional, physical, and financial – to navigate early motherhood, while managing their own physiological and psychological changes. Without this, they are at greater risk of unsafe abortions, suicidal tendencies, common mental disorders (such as depression and anxiety), and substance abuse.

Recommendations

- Safe spaces and community support: Establishing safe spaces for social interaction helps adolescent mothers build confidence, manage stress, and foster peer support. Communities should invest in mentorship programmes, safe childcare centres, and effective waste management to reduce stress-related illnesses among young mums.

- Economic stability and financial empowerment: Financial support, such as cash transfers, business start-up grants, and subsidised childcare, are needed so adolescent mothers can earn stable incomes while caring for their children.

- Education and awareness: Comprehensive sexual education and awareness programmes should engage not only young mothers but also men, boys, and parents to foster a supportive environment.

- Youth-friendly healthcare services: Health facilities should offer tailored services for adolescent mothers to ensure they get the support they need, including training in infant care, mental health support, and family planning education.

Through community-driven approaches and cross-sector collaboration, the Sasa Mama Teen Project demonstrates the potential for scalable, sustainable solutions to improve perinatal mental health outcomes for adolescent mothers.

Credit

1. Dr Estelle Sidze, Caroline Wainaina, Hazel Akinyi, Michelle Mbuthia, Africa Population Health Research Centre
2. Faith Kathoka, Mum, Baby & Love
3. Dr Dorcas Khasowa, University of Nairobi

For further information, please see:

Africa Population Health Research Centre
www.aphrc.org

3: LIBERIA

Improving Perinatal Mental Health: The Thinking Healthy Program in Montserrado County, Liberia

In Liberia, perinatal mental health conditions, particularly depression and anxiety, remain a significantly under-addressed public health issue.[13] During the perinatal period, women face heightened psychosocial stress, limited access to mental health services, and entrenched stigma, all of which contribute to poor health outcomes for mothers and their children.[14] In Liberia's Montserrado County, the lack of routine screening and the disconnect between mental health and maternal care services have severely reduced the chances of early identification and timely support for perinatal women affected by mental health conditions.

To address this critical gap, **The Carter Center Mental Health Program – Liberia**, in partnership with the **Ministry of Health**, launched a pilot of the **Thinking Healthy Program** (THP) in February 2021 in Montserrado County, with support from Grand Challenges Canada. THP is a WHO-endorsed psychosocial intervention for perinatal depression, grounded in cognitive behavioural therapy (CBT). The programme was carefully adapted to Liberia's health system. It aligned its delivery model with existing maternal and community health structures to enhance its feasibility, acceptability, and sustainability.

Key findings

The pilot delivered promising results. More than 25,000 screening sessions were conducted, leading to the enrolment of 2,725 women. Nearly 30% of participants were adolescents aged 10–19, highlighting the programme's success in reaching diverse age groups.

- Clinically, all enrolled participants experienced partial remission, defined as at least a 50% reduction in depressive symptoms from an average Patient Health Questionnaire-9 (PHQ-9)[15] baseline score of 10.
- 95.1% of women showed some level of symptom improvement, with 22.1% achieving full remission.
- Functional improvements were also evident, with 29.2% of participants reporting a significant reduction in disability, based on the WHO Disability Assessment Schedule (WHO-DAS)[16] scores.
- Programme attrition was remarkably low, with only 18 clients discontinuing their engagement due to relocation, pregnancy loss, or other reasons.

13 Ministry of Health (MoH). (2016). *Liberia Mental Health Policy and Strategic Plan 2016–2021*. Republic of Liberia
14 World Health Organization. (2022). Mental health of women during pregnancy and after childbirth. https://www.who.int/news-room/fact-sheets/detail/mental-health-of-women-during-pregnancy-and-after-childbirth
15 Patient Health Questionnaire-9 (PHQ-9), it is an instrument for screening, diagnosing, and measuring the presence and severity of depression. For more information see https://pmc.ncbi.nlm.nih.gov/articles/PMC1495268/
16 WHO Disability Assessment Schedule (WHO-DAS), it is a generic assessment instrument for health and disability. For more information see: https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule

Sarah Nyanti: A journey from despair to empowerment

Sarah, a young expectant mother in Montserrado County, was abandoned by her husband, and was left without financial or emotional support. In distress, she sought care at the RH Fuggerson Health Facility, where she was screened and enrolled in the **Thinking Healthy Program (THP)** with a diagnosis of moderate perinatal depression.

Through **compassionate psychosocial support** delivered by trained maternal health providers with an emphasis on empathy and person-centered care, Sarah began to regain hope. As her sessions progressed, Sarah's **PHQ-9 scores improved significantly**, leading to full remission.

Understanding the need for sustained support, Sarah was awarded a **USD$100 Barbara Ann Support grant** to launch a small business. This reflects the programme's integrated approach, combining mental health care with **socio-economic empowerment**.

Sarah now runs her own business and inspires other women facing similar challenges. Her story exemplifies the THP model's impact: restoring dignity, enhancing recovery, and promoting resilience through integrated, community-driven care.

"When I felt like I had nothing left, the Thinking Healthy Program gave me more than care – it gave me hope. Today, I run my own business and help other women believe they can heal too."

Sarah Nyanti, 24, Montserrado County

The involvement of the Ministry of Health, the Liberia Board for Nursing and Midwifery, and the Deanna Kay Isaacson School of Midwifery supported plans to integrate the THP module into pre-service curricula[17] and positioned THP for long-term scale-up. Therefore, strong institutional partnerships and alignment to existing Ministry of Health policies and implementation strategies were key to the THP's implementation. Equally important was the programme's emphasis on community engagement, particularly outreach to fathers and caregivers, which proved essential in reducing stigma and fostering supportive family environments.

17 Pre-service curricula refers to the education and training provided to individuals before they begin their professional practice in a specific health field

Challenges were also noted, such as:

- the shortages of nurses, midwives and community health assistants
- workforce constraints (i.e. competing workloads, inadequate supervision, and lack of incentives)
- socioeconomic factors (i.e. poverty, unemployment, food insecurity, gender-based violence)
- persistent stigma
- irregular use of clinical monitoring tools.

The sustainability strategy now prioritises national scale-up, embedding perinatal mental health into reproductive, maternal, newborn, child, and adolescent health (RMNCAH) platforms. It also emphasises institutionalising training for frontline health workers to ensure continuity of care

Recommendations

The following recommendations are proposed to help ensure continuity, expanded access, and improved outcomes for mothers and children across Liberia:

- Integrate perinatal mental health into national policy and RMNCAH platforms to ensure routine mental health screening and service delivery during antenatal and postnatal care.
- Integrate the THP into pre-service training for nurses, midwives, and community health assistants, while expanding in-service training and supportive supervision to enhance quality and coverage.
- Deepen community engagement and stigma reduction through expanded community outreach efforts, especially to fathers and caregivers. Use traditional and religious leaders to foster mental health awareness and reduce stigma.
- Enhance monitoring and data systems by standardising the use of clinical tools such as PHQ-9 and WHO-DAS across facilities. Explore digital platforms to improve data collection, service tracking, and outcomes monitoring.
- Secure long-term funding by integrating perinatal mental health into national health budgets and insurance schemes. Collaborate with sectors such as education, youth, gender, and social protection to address the broader social and economic factors that influence maternal mental health.

Credit

1. The Carter Center
2. Mr Sehwah Sonkarlay (Executive Director) of the Liberia Center for Outcomes Research in Mental Health (LiCORMH)

"The Thinking Healthy Program, piloted and adapted for Liberia through collaboration between the Ministry of Health and The Carter Center, marks a significant milestone in addressing perinatal mental health in our country. It has created a vital framework for the ongoing integration of mental health into maternal and child health services. As we move forward, this legacy reinforces our commitment to scaling up community-based, culturally responsive interventions that support mothers, families, and the future of Liberia."

Dr. Moses Ziah II, Director of Mental Health, Ministry of Health, Liberia

For further information please see:

The Carter Center | Waging Peace, Fighting Disease and Building Hope
www.cartercenter.org[18]

RECOMMENDATIONS

Access to quality maternal health services, including mental health care, is a right not a privilege. The perinatal period represents a critical time for both a woman's physical and mental health. And yet, despite the well-documented prevalence of mental health conditions in women during the perinatal period, it's an area that often remains underprioritised in maternal care. This gap can have serious consequences, not only for the wellbeing of women, but also for that of newborn babies.

Integrating mental health services into maternal care is an essential part of providing people-centred care. Ensuring equitable access to these services across all populations will be necessary for achieving Sustainable Development Goal 3 (SDG3).

To improve the quantity and quality of perinatal mental health services for mothers, especially young mothers, governments and their implementing partners should:

18 Further details on the launch of the Thinking Healthy Program in Liberia can be found here https://x.com/CarterCenter/status/1442933209851830272 and here https://allafrica.com/stories/202110050795.html

Improve access to integrated care: During the perinatal period, women typically have increased contact with health services through antenatal care (ANC) and postnatal care (PNC) platforms. This is an opportunity to ensure that these women have access to appropriate mental health prevention, treatment and care – where and when they need it most. The World Health Organisation (WHO) has provided a guide for integrating perinatal mental health into existing maternal and child health services (*see further reading resource 1*). Policy makers and programme managers should adopt this guide and – through community engagement – listen and respond to the voices of women with lived experience and their families. This will help address context-specific challenges and ensure appropriate mental health care during the perinatal period is available.

Build perinatal mental health capacity in the workforce: The absence of a strong mental health workforce is a significant factor in the global maternal mental health crisis. In resource-constrained health systems, ANC and PNC health professionals lack of training in mental health screening. As a result, common perinatal mental health conditions are often missed during routine visits (*see further reading resource 5)*. Countries should invest in training and supervision to strengthen the primary and community care workforce's perinatal mental health skills and knowledge. This will make them better equipped to identify and support women experiencing mental health challenges during pregnancy and postpartum.

Invest now to reduce the economic and social burden: There are substantial costs associated with the impacts of perinatal mental health conditions on mothers and their children. These include: reductions in women's contributions to the economy and society;
costs associated with the use of health services for infant morbidities (including pre-term birth and development delays) and loss of quality of life for mothers. Increasing access to prevention, care and treatment for perinatal women at risk of or experiencing common mental health problems is a smart investment. Countries should prioritise funding for essential maternal health services, including maternal mental health care, and ensure implementing partners are supporting maternal health programmes that integrate mental health services.

Foster shared learning to improve health systems: Promoting spaces and avenues to foster knowledge exchange, collaboration, and the skills to address the complex challenges of maternal mental health is crucial to making health systems responsive and effective. This includes listening and responding to the voices of women with lived experience to better support women during the perinatal period. Governments and implementing partners should identify and support the scale-up of models of best practice and interventions strengthening perinatal mental health services. Connecting with like-minded organisations to build alliances committed to improving maternal mental health has proven successful in HICs. Now, the Global Alliance for Maternal Mental Health are using their platform to facilitate coalition building and help translate research in perinatal mental health into better care and outcomes for women and their families in LMICs. *see further reading resource 6*

FURTHER READING

Here is a selection of normative guidance, examples of best practice, and links to existing networks. It can support governments and implementing partners with evidence-informed approaches to strengthening perinatal mental health care. It can also connect individuals to resources, advocates, and organisations championing collective advocacy to improve perinatal mental health for all women.

1. WHO guide for integration of perinatal mental health in maternal and child health services, WHO (2022) https://www.who.int/publications/i/item/9789240057142
2. The maternal mental health experience of young mothers, Maternal Mental Health Alliance & Children and Young Peoples Mental Health Coalition (2023), https://maternalmentalhealthalliance.org/media/filer_public/2b/c1/2bc1d7f4-b64e-40bc-96e3-ccf773c33ad0/final_-_the_maternal_mental_health_experiences_of_young_mums.pdf
3. Thinking Healthy, A manual for psychological management of perinatal depression, WHO (2015), https://www.who.int/publications/i/item/WHO-MSD-MER-15.1
4. Global Policy Map, Global Alliance for Maternal Mental Health https://www.gammh.org/resources
5. Maternal mental health: Why it matters and what countries with limited resources can do. PMNCH (2024) https://researchonline.lshtm.ac.uk/id/eprint/1932493/1/ks31.pdf
6. Setting up Maternal Mental Health Alliances, Global Alliance for Maternal Mental Health https://www.gammh.org/national-alliances
7. Join the Global Mental Health Action Network, a leading network for global mental health advocates: https://gmhan.org/resources
8. Maternal mental health: Why it matters and what countries with limited resources can do. PMNCH (2024) https://researchonline.lshtm.ac.uk/id/eprint/1932493/1/ks31.pdf
9. Why we need to talk about losing a baby – A collection of stories from around the globe. WHO https://www.who.int/news-room/spotlight/why-we-need-to-talk-about-losing-a-baby
10. A toolkit for helping adolescent mothers manage stress, APHRC (2022) https://aphrc.org/wp-content/uploads/2022/10/Sasa-Mama-Toolkit.pdf
11. Wainaina, C.W., Sidze, E.M., Maina, B.W. et al. Psychosocial challenges and individual strategies for coping with mental stress among pregnant and postpartum adolescents in Nairobi informal settlements: A qualitative investigation. BMC Pregnancy Childbirth 21, 661 (2021). https://doi.org/10.1186/s12884-021-04128-2
12. The Carter Center and Partners Work with Liberian Government to Improve Maternal Mental Health. The Carter Centre (2021) https://www.cartercenter.org/donate/corporate-government-foundation-partners/archives/liberian-gov-mental-health-partners.html

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