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Improving the mental health system in Sierra Leone

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Abstract
Mental Health is not only a neglected section of the health systems in Sierra Leone, it is also not well researched, leaving a lot of gaps to fill and a lot of work to do; if at all a reasonable attempt will be made in meeting the mental health needs of its population. This article, hence, is aimed at "starting a conversation" on Mental Health in Sierra Leone by discussing the determinants which cut across alcohol consumption, illegal drug use, stigmatisation, poor access and coverage of Mental Health Services, poor infrastructures, unemployment, civil conflicts, epidemics and pandemics and natural disasters such as mud slides and flooding. Further analysis on the interventions on ground, actors and stakeholders involved will be discussed. We will conclude with the need for more actors to be involved and a critical assessment of the effectiveness of these interventions so far. It is hoped that this will kickstart a series of attempts and draw more attention both within and outside Sierra Leone to take mental Health seriously in the country.

Keywords: Mental health in Sierra Leone, ebola, mudslide, disaster and armed conflict, discrimination and stigma of mental health patients

Introduction
One of the key calls for action at the centre of the United Nations sustainable development goals, was to ensure healthy lives and promote well-being for all at all ages [1]. According to Allen and colleagues [2], the World Health Organization defines mental health as a state of well-being in which an individual realizes his/her own abilities, can cope with the normal stresses of life, can work productively and is able to make contribution to his/her community [2].
Among the chief causes of disability identified globally, are mental health and substance abuse problems and this burden is extremely towering in low and middle-income countries like Sierra Leone. Although recent prevalence studies of the mental health burden in Sierra Leone are limited, it is expected to be high as the bulk of the population have witnessed some form of distressing circumstances in their lifetime. These circumstances range from the over 10 years of brutal civil conflict, to over 3 years of Ebola outbreak, death-dealing and destructive mudslides, recurrent flooding, economic difficulties, gender-based violence, poor access to health services and poor health outcomes including high maternal and child mortality rates and currently Covid-19. In addition, alcohol consumption and use of illegal drugs such as Marijuana and Tramadol among youth are of increasing worry to the Sierra Leonean society [3-5]. Also, despite an approximate treatment gap of 98% if the global prevalence for mental disorders is utilized, most formal services for mental health are concentrated to the only Psychiatric hospital in Freetown. Other Key issues to mental health problems are the societal belief that mental illnesses emanates from paranormal activities and thus most communities have negative attitudes towards mentally ill patients [5].
According to Sabey, [6] and Jailobaeva and colleagues [7], Past and recent studies on the effects of conflicts and daily life stressors such as unemployment, lack of food, poverty etc, on mental health have been recorded and they include outcomes on individual, community and National levels. Hence, utilizing the Dahlgren and Whitehead framework, the following presented on table 1 below can be identified as the main determinants of mental health in Sierra Leone based on the evidence mentioned above.

Table 1: Identified Determinants of Mental Health in Sierra Leone

Levels	Identified mental health determinants
Level 1	Alcohol Consumption, Illegal Drug use
Level 2	Stigma against Mentally ill individuals, Cultural Beliefs, Family Violence
Level 3	Poor access to Mental Health Services, Poor infrastructure mental health service practice, Unemployment
Level 4	Civil conflicts, Ebola and Covid-19 Outbreaks, mudslides and flooding, Economic Problems

Discussion
Determinants
Among the determinants in Table 1, the most important are highlighted below

Civil conflicts
Sierra Leone endured over 10 years of armed conflicts, and like all post war countries has been troubled by this post conflict burden. Several global reputable institutions as well as researches have documented the connection between conflict and mental health; they include The World Bank document "mental health and conflicts – conceptual framework and approaches", The United Nations Children's Funds (UNICEF) document "the state of the world's children – Childhood under threat" and the United Nations book "Trauma intervention in war and peace – prevention, practice and policies [5][6][8].
In all these documents, emphasis was placed on the burden of mortality and disability inflicted by conflicts, the pull down on community and families as well as the damages it will or has caused on the social and economic fabric of

nations. Other war effects highlighted include depletion of human capital, physical and psychological long-tern harm to survivors, poverty, malnutrition and death [8].

Ebola outbreak and Mudslide disasters

Sierra Leone was one among 3 West African countries that endured the largest ever outbreak of Ebola disease in history, and like the post war burden it has been troubled by this as well [9]. Several research have been done on survivors of this outbreak, and most have demonstrated strong relationships between survivorship and problems with mental health. One of such studies done in 2015 according to Secor *et al*., 2020, was noted to show that 48% of survivors had anxiety or depressive symptoms, 76% showed symptoms of post-traumatic stress disorder (PTSD). Added to this, stigmatization by community members against survivors was noted, especially on their discharge and return from an Ebola treatment center [9].

Cultural beliefs

The societal belief that mental illness was associated with paranormal events, and thus victims are often described as “crezman or ful ful”, referring to the individual as crazy or a fool, was another key challenge [5]. A 2005 study done in the country revealed that about 88% of individuals with mental health issues seek the services of a traditional healer before seeking conventional mental health care [5].

Responses to the identified mental health determinants in Sierra Leone

As a commitment to improve mental health services as well as promote and prevent its disorders, the government through the leadership of its Ministry of Health and Sanitation (MoHS) and partners developed a mental health policy that strived to expand access and merge services for mental health with existing primary health care service structures [10]. The following were the key policy responses.

Expand access to mental health services

Because of human resource and infrastructural challenges, the provision of mental health services was mostly centralized to the only Psychiatric Hospital in Freetown, leaving the services unavailable in the wider community. This was a key obstacle for patients as treating them away from their homes mostly unsettle their day-to day life, as well as their working (if employed) and family lives which may even discourage them from seeking conventional treatment. Additionally, taking patients away from their families and community -where they have established support systems, could delay their recovery and in most cases attract more stress and burden to the family and health service providers [10].

To respond to this, a policy was included to incorporate mental health services into the regular health services and programs such as the reproductive and child health services, school and adolescent health services, HIV/AIDS and Tuberculosis services, all of which are accessible across all levels of the countries health service delivery system [10]. This incorporation into the existing primary health care services structure, was targeted towards reducing the weight of seeking access to mental health services on patients, families and society, and in turn ensure trouble-free social integration of patients as well as improved good recovery prospects. In addition, receiving these services within the patient’s community will help stem out the societal discrimination and stigma related to mental disorders, as in most cases all the health workers and the community members know each other [10]. These responses were in line to address the determinant of poor access to mental health services identified and in level 3 of the adopted Dahlgren and Whitehead frame shown in table 1.

Expand human resources for mental health service provision

In years back, the only Psychiatric hospital in Freetown was outrageously understaffed with only one Psychiatric specialist doctor (now retired) and two trained mental health nurses to shoulder the mental health burdens of the entire country [5, 10].

In response to these and to further improve the accessibility of mental health services across the country, the health ministry of Sierra Leone collaborated with partners to train 2 cohorts (twenty-one in cohort 1 and eight in cohort 2) of nurses on mental health services at certificate and diploma levels and these were posted to strategic centres across the country. Two of these nurses were further supported to do master’s in child and Adolescent mental health, while over 100 community health officers were also trained on the World Health Organizations Mental health gap action program (mhGAP). In addition, 2 doctors supported for specialization in Psychiatry were encouraged to return [5][10].

Again, these responses can be linked to the poor access to mental health services determinant at level 3 of the adopted Dahlgren and Whitehead frame shown in table 1.

Promoting awareness and prevention of mental health disorders

Several identified determinants such as the existential cultural myth that mental illness emanate from mystic events, as well as the growing lifestyle of excessive alcohol intake and illegal drugs use among youth, were worrying as well risk factors for mental illness [5, 10].

In addition, the societal down sides of stigma against victims, anxiety and post-traumatic stress disorders experienced by individuals who have gone through stressful life events such as armed conflicts, natural disasters, disease outbreaks, family violence and economic hardship were also identified as areas where mental health education and promotion could have positive impact [3][4][5].

To respond to these challenges, the health ministry adopted both multisectoral and intersectoral approaches such as the involvement of religious bodies, traditional healers, community leaders as well as other organizations and line ministries like the ministries of information and technology and the ministry of education to help in spreading mental health messages. Added to this, the ministry usually takes opportunities of international designated days like the World mental health day (October 10 every year), World anti-drugs and world AIDS days, World Human Rights Day and the international day for the elimination of violence against women, to further drive home these messages [10].

These responses could be aligned with all the determinants identified on levels 1, 2, 3 and 4 of the adopted Dahlgren and Whitehead frame shown in table 1.

Rights

The United Nations universal declaration of human rights articles 5 and 13 (1) speaks to the rights of all human being

that no one shall be subjected to torture or cruel, or receive inhuman or degrading treatment or punishment, and all humans have a right to freedom respectively [11]. However, evidence provided by Moro *et al*., 2022 indicated that several West African countries including Sierra Leone practiced human rights violations such as the administration of expired drugs and poorly nutritious food, restraining with chains, isolation and other forms of physical abuse of mentally ill patients at the psychiatric treatment facilities [12]. Another study by conducted in Sierra Leone by Harris *et al*., 2020 highlighted human rights abuses such as thrashing, food and water restrictions meted on mentally ill patients by traditional healers [5].

In other to include human rights protection into mental health service deliveries, the mental health policy of the country stressed that mental health services must be patient centered, in that the patients and or the relatives or caregivers must give consent to any treatment, care or rehabilitation a patient is to receive including admissions except in special cases outlined or guided by law and best practice [10]. Similarly, the policy stressed on the development and utilization of clinical guidelines, informed consent procedures, establishing and maintaining good partnership and relationship with the patients and his/her families, as well as ensuring patients confidentiality. The policy also seeks to engage traditional healers on issues of patients' rights in their practice [10].

Also, within the countries mental health policy emphasis to include in the training curriculum of mental health professional as well as associated professionals like social workers practicing or training to practice, aspect to ensure that the rights of patients are always recognized and respected [10].

Meanwhile, there is a huge push for the revision of the mental health act to include safe-guarding the rights of patients from forceful admission and treatment, ensuring mentally ill patients gain access to all the basic health services available including mental health, and in an optimal manner that respects their rights, guarantee the rights of patient families and or caregivers, all is in the hope that its utilization in educating mental health professionals (both practicing and in training) as well as traditional healers, would yield positive results in that patient basic rights will be observed, recognized and respected at all times and under every possible condition [10].

Important Actors

The health ministry of Sierra Leone was able to involve multiple actors and sectors in the design and implementation of its policy documents [10]. Key among them were:

Intersectoral Actors

Like all humans, mentally ill people have endless needs which the mental service sector only cannot attend to and for which the involvement and full participation of other health and non-health sectors was crucial to enhance good delivery of mental health services, promote and prevent its disorders and foster the smooth reintegration and social incorporation of mentally challenged patients. In addition, these steps were also highlighted as pivotal to the treatment aspect in raising the quality of life of victims [10]. Key actors on these were:

Ministry of finance and economic development: The government arm responsible to allocate and disburse government funds, there involvement was crucial to enable the provision of finance and necessary logistics for the health ministry to carry out mental health services [10].

Ministry of education, youth and sport: A growing and worrying problem within the Sierra Leonean population is the increased use of alcohol and illegal drugs by the youth. Been the government arm tasked with education, the youth and sports, there involvement was pivotal in integrating mental health education into the regular school and youth programs so as to promote and increase the awareness of mental health [5, 10].

Other governmental sectors: Sectors like the ministries of information and technology, justice, agriculture and food security were also involved. This was to further increase national mental health advocacy and promotion, to stimulate the revision and update of the outdated lunacy act and ensure national food security [10].

Stakeholders

Among them was the College of medicine and allied health sciences (the main institution within the country for health and medical training), which was involved actively in the design and development of the mental health policy as well as in the training of mental health staffs. Other key stakeholders such as the Center for the victims of torture and religious based organizations like the Christian Health Association (both of which provided technical support to the health ministry as well as mental health services to the population), and traditional healers were also involved [5][10]. The World Health and other international organizations, which provided both technical and financial supports to the design and implementation of the policy were also heavily involved [10].

Actors that need to get more involved

Although traditional healers and faith-based groups were involved, studies have shown that they could provide more than what they have offered [10]. According to Harris *et al*., 2020, 88% of patients with mental disorders usually seek the help of traditional healers before seeking conventional treatment [5]. Thus, been the usual first point of call for most mental ill patients, their greater involvement could help improve access to conventional services, create more awareness and stem out the cultural misconceptions about mental disorders. Similarly, religious leaders and faith-based organizations are central to every Sierra Leonean society [13, 14]. Hence, utilizating more of this their societal value could help to further raise mental health awareness and get more community participation in controlling it.

Assessment of the country's response effectiveness

A major commitment was made by the government through its ministry of health to improve the overall health, well-being as well the mental health of citizens when it established the mental health policy in 2010. To this end, several positive strides have been made in the areas of mental health services governance, increasing access to mental health services, integrating mental services into the mainstream primary health care service structures and the

engagement and involvement of several key stakeholders as well as intersectoral and multisectoral actors [5, 10].

In the area of mental service governance structures, a directorate for non-communicable diseases and mental health services has been established within the countries ministry of health structures to play an oversight and coordination role in the implementation of the policy and the provision of services across the country. Also, in line with increasing the human resource capacity and access to mental health services, several health professionals have received some form of mental health training either during their studies or as a continuous professional development. In addition, several health educational institutions have developed and included mental health education curricula to their medical and allied health training programs. Similarly, the government has made tremendous efforts to incorporate mental health services into the mainstream primary health care structure, as well as galvanizing several other intersectoral and multisectoral actors to help improve and promote mental health delivery services within Sierra Leone [5, 10].

However, despite all these great strides there are still huge gaps in the mental health services space as the country still only has 1 psychiatry specialist hospital and human resources and educational opportunities for mental health training are still limited, while other aspect of the services such as clinical psychologist and psychiatric social workers are unavailable [5]. Also, the legislation to guide law enforcers and deter infringers who may want to abuse the rights of mentally challenged victims are very weak and outdated, while the finance purse to supports mental health related services are still low [5, 10]. Hence, as highlighted in the arguments above, some of governments responses have so far been successful and effective but the gaps yet to be filled are still huge.

Conclusion

The mental health sector in Sierra Leon is “dark” with very little attention, and studies given to it. But judging from the physical and socio-economic circumstances the people have passed through, which are, but not limited to a 10-year armed conflict, a 3-year Ebola outbreak, devastating mudslides, recurrent flooding, economic hardship, gender-based violence, poor access and coverage to health services, and poor health outcomes, there would be an increased vulnerability to mental health disorders. Lifestyle factors such as alcohol consumption, illicit drug use and the superstitious beliefs that fuel the stigmatization of mental health illnesses also add to these already existing determinants causing a poor mental health status in Sierra Leone.

Since there is limited evidence to show both the situation of mental health on ground and its trends, effects and outcomes, the international literature is used to analyse these determinants. It is evident that mental trauma is associated with settings of disaster and conflicts. A significant number of survivors of the Ebola epidemic eventually suffered anxiety, depression and post-traumatic stress disorder (PTSD). Due to the spiritual significance attached to mental health illnesses, patients will rather go to; or first go to a traditional healer who would use unconventional means that may even worsen their states before they seek conventional mental health services, and that is if they choose to do so.

The Ministry of Health and Sanitation is the health authority and policy-making body for the health systems of Sierra Leone but unfortunately, challenges of poor infrastructures and human resources are huge stumbling blocks in making a significant impact in Mental health. Therefore, to overcome these challenges, Mental health services have been incorporated into the other healthcare services from maternal and child health to HIV/AIDs, Tuberculosis and Adolescent Health Services. This strategy helps in expanding the mental health services in the country. This incorporation also happens within the community which helps tackle discrimination because patients would usually be taken far away from family and friends for treatment. The Ministry supported by WHO also trained Mental Health professionals to expand human resources for Mental Health service provision.

The Ministry did not stop there, it initiated several health promotion programmes to reorient the public in having proper information on Mental health issues and discouraging them from the culture of stigma. The multisectoral and intersectoral approaches of inclusion is also strategic in ensuring that these policies are practically implemented and effective. It is paramount to note that traditional healers should be involved as stakeholders to draw them close to the system to improve both their service delivery and to improve access. There is also the issue of massive human rights violations happening in the mental health facilities in Sierra Leone. It is not just physical assaults, but systematic deprivations of food, quality medications, water and a liveable condition of the facilities for the mental health patients to be humanly treated. A policy has also been enacted to protect the human rights of these patients, which was also included in the training curriculum for professionals.

The enactment and implementation of these initiatives have paved the way for some improvement in the mental health status of Sierra Leoneans. Nevertheless, the gap is huge and challenges enormous, hence a huge mountain needed to climb to adequately meet the mental health needs of the people of Sierra Leone. More is needed in areas of infrastructures, research, health workforce, socio-economic improvements of the people and finances if a significant step to improving the mental health of Sierra Leoneans is to be achieved.

References

1. Velazquez L. Sustainability Reporting on SDGs. InSDG9–Industry, Innovation and Infrastructure. Emerald Publishing Limited, 2021, 39-60.
2. Allen J, Balfour R, Bell R, Marmot M. Social determinants of mental health. International review of psychiatry,2014:26(4):392-407.
3. Fitts JJ, Gegbe F, Aber MS, Kaitibi D, Yokie MA. Strengthening mental health services in Sierra Leone: perspectives from within the health system. Health Policy and Planning,2020:35(6):657-664.
4. Hopwood H, Sevalie S, Herman MO, Harris D, Collet K, Bah AJ, *et al*. The burden of mental disorder in Sierra Leone: a retrospective observational evaluation of programmatic data from the roll out of decentralised nurse-led mental health units. International journal of mental health systems,2021:15(1):1-27.

5. Harris D, Endale T, Lind UH, Sevalie S, Bah AJ, Jalloh A, *et al*. Mental health in Sierra Leone. BJPsych International,2020:17(1):14-6.
6. Sabey CS. Implementation of mental health policies and reform in post-conflict countries: the case of post-genocide Rwanda. Health Policy and Planning,2022:37(10):1248-56.
7. Jailobaeva K, Horn R, Arakelyan S, Diaconu K, Kamara A, Ager A. Social determinants of psychological distress in Sierra Leone. Social psychiatry and psychiatric epidemiology,2022:57(9):1781-93.
8. Murthy RS, Lakshminarayana R. Mental health consequences of war: a brief review of research findings. World psychiatry,2006:5(1):25.
9. Secor A, Macauley R, Stan L, Kagone M, Sidikiba S, Sow S, *et al*. Mental health among Ebola survivors in Liberia, Sierra Leone and Guinea: results from a cross-sectional study. BMJ open, 2020, 10(5).
10. MoHS. "Ministry of Health and Sanitation Sierra Leone "[Docs], 2010.
11. United Nations. General Assembly. Universal declaration of human rights. Department of State, United States of America, 1949.
12. Moro MF, Kola L, Fadahunsi O, Jah EM, Kofie H, Samba D, *et al*. Quality of care and respect of human rights in mental health services in four West African countries: collaboration between the mental health leadership and advocacy programme and the World Health Organization QualityRights initiative. BJPsych Open,2022:8(1):e31.
13. Featherstone A, Worldwide IR. Keeping the faith: The role of faith leaders in the ebola response.
14. Lyons P, Winters M, Zeebari Z, Schmidt Hellerau K, Sengeh P, Jalloh MB, *et al*. Engaging religious leaders to promote safe burial practices during the 2014–2016 Ebola virus disease outbreak, Sierra Leone. Bulletin of the World Health Organization,2021:99(4):271.