POLICY BRIEF

The landscape of mental health care in Sierra Leone

Statement of Issue

Mental health disorders are among the most prevalent, burdensome and untreated health conditions globally. In low-to-middle income countries (LMICs), approximately 80% of people do not receive appropriate services for mental health issues.[1] In Sierra Leone, it was estimated that 98% of those with severe mental health disorders, in 2009, had not received treatment for their condition.[2] These treatment gaps are often exacerbated when LMICs experience a national emergency, such as conflict, natural disasters and political instability. Mental health disorders increase in prevalence, and the nation's health service system suffers serious destruction, or degradation. [3] Sierra Leone's civil war, which waged from 1991-2002, and the 2015-16 Ebola crisis had such an effect on the nation's mental health treatment gap.

- **The prevalence of mental health disorders in young adults impacts their well-being, employment, socio-economic status and their relationship with others**. Young adults that were children, or adolescents during the war experienced extreme violence and stress, as child soldiers or civilians. This experience has resulted in a high prevalence of mental health disorders – including depression, post-traumatic stress, anger, distrust, or paranoia – amongst young adults in the nation. [4] The Ebola crisis has had an impact on survivors of all ages; the experience of grief, long-term health issues and stigma have resulted in an increase in similar mental health issues. [5] Based on global prevalence rates, it is estimated that mental health disorders will impact 1 in 4 Sierra Leoneans during their lifetime.[6]

- **Global stigma around mental health care and mental health disorders inhibits diagnosis, patient recovery and community reintegration.** Social stigma against those seeking care for mental health inhibits many from attaining initial diagnosis and proper care. This exclusion stems from deep-rooted discrimination against those with mental health problems. A great deal of this discrimination is due to a lack of education about what mental health is. Community and government leaders need to emphasize advocacy in order to educate people about mental health and mental health care.[7]

- **Systemic issues in the delivery of mental health care are a significant barrier to treatment access.** WHO's 2017 Sierra Leone Annual Report revealed significant shortages in health care human resources. For a population of 7 million there are approximately 19,000 health care workers. Alongside shortages, the predominately urban distribution of health care workers places the rural majority population with limited access. There are currently 2 psychiatrists and 2 clinical psychologists in the entire nation.[8]

> "People living in poverty may have fewer educational and employment opportunities and may be exposed to adverse living conditions, thus placing them at higher risk of psychological stress. Furthermore, people with mental health conditions may be less productive at work and may encounter workplace discrimination or denial of employment opportunities."
>
> WHO Profile on mental health in development: Sierra Leone

- **Necessary mental health care reform and advocacy requires increased government prioritization.** The most recent National Health Promotion Strategy of Sierra Leone (2017-2021) cited older adolescents as the target audience of future government-

run health programming. However, the strategy did not discuss mental health, employment or the mental health implications of gender-based violence.[9] The nation is in the process of drafting a new Mental Health Bill that will address much needed human rights advances. Such advances include emphasis on voluntary admission and informed consent to care, or management.

Program Highlight: GIZ & TVET

Beginning in 2018, GIZ, with the support of the German Federal Ministry for Economic Cooperation and Development, has partnered with Sierra Leone's Ministry of Education, Science and Technology to strengthen TVET across the nation. The goal of this partnership is to improve upon the TVET education sector's ability to prepare TVET graduates to enter the job market.

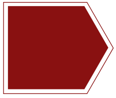
One of GIZ's key focuses is Youth Development, which aims to provide youth with marketable skills, increased income and increased resilience to economic shocks. These skills and outcomes are delivered through the following training models:

- Agro-Processing
- Solar Power PV Installation and Maintenance
- Psycho-Social Competencies
- Governance and Conflict Resolution
- Employability
- Entrepreneurship

GIZ recognizes the importance of equipping marginalized and unemployed youth with opportunity and education. GIZ has further opened the window to greater opportunities for young people in Sierra Leone, for example, by creating partnerships between public and private sectors. These partnerships have allowed young entrepreneurs to receive business coaching and training, as well as linkages to local financial institutions. [12]

- **Government commitment to human capital through entrepreneurship and vocational training recognizes the need for development in Sierra Leone, but holistic approaches that include mental health and psychosocial programming are necessary to fully address youth unemployment in meaningful and sustainable ways**. The current Government of Sierra Leone cites human capital as the key binding constraint to Sierra Leone's potential economic growth.[10] The government has, therefore, invested in human capital by generating government commitment to vocational training, namely Technical and Vocational Education and Training (TVET). TVET provides those older than 17 years old with the opportunity to study and receive hands-on training in a variety of 'practical' vocations. While TVET has the potential to promote employability, economic growth and individual well-being – there is doubt about its potential to be the primary driver of economic development in Sierra Leone.[11] Sierra Leone requires intervention across the economic, political and social arenas. In particular, youth in the country require interventions that address their mental and emotional well-being. As a result, TVET may be limited in it's usefulness for young adults, if this population continues to be afflicted by mental health issues in the workplace and in education opportunities.

Policy Options



Mental health interventions geared towards young adults in Sierra Leone. These would be integrated into pre-existing community structures, and would use primarily lay-workers. Interventions would be provided in a group setting.

- **Advantages:** Community-based interventions would allow individuals to remain with their community and family during treatment. This style of intervention is sensitive to the importance of community in Sierra Leonean culture; in which communities and family are central to recovery, and the ability to participate in the community is crucial to one's well-being.[13] The current shortage of health care workers, specialist and non-specialist, presents challenges to staffing interventions. Utilizing lay workers is a viable alternative to training health care workers, or relying on mental health specialists. The intervention would also garner the support of key community figures, and utilize community resources. Integrating mental health care into trusted community structures would be influential in decreasing the stigma around mental health. There are currently a handful of such programs that value the role of community in interventions. Youth Readiness Intervention (YRI) provides mental health interventions in a community setting; allowing youth to draw upon community leaders and resources for support. YRI is the product of 15 years of research on war-affected youth, a project headed by Youth FORWARD (Youth Functioning and Organizational Success for West African Regional Development). Youth FORWARD uses an Interagency Collaborative Team Approach, that includes various non-governmental partners, in-country experts and local stakeholders. With the help of a community advisory board this program has established an evidence-based mental health intervention led by lay-counselors. YRI is discussed in further detail in Annex 1.

The Role of CHWs

CHWs are part of a system of health workers focused on delivering accessible care to their community. CHWs have the potential to provide impactful care with proper supervision and training. The CHW Policy emphasizes extensive supervision, training and supply access as key to empowering CHWs. The work of CHWs focuses primarily on infectious diseases and maternal and child health. Mental health is not included under the CHW scope of work. However, there is opportunity for CHWs to recognize potential mental health issues during routine home visits throughout the community, or through referral services

- **Disadvantages:** Using lay workers requires strict guidelines and extensive training prior to and during employment. Training lay workers would require significant government public spending on health, which is at present notably low. Community mental health services in some instances may require that individuals be referred to an intervention by a primary health care provider. Referrals would prove to be difficult due to lack of mental health services at the primary health care level. Community health programs would, therefore, require extensive screening and outreach into the population.

Integration of mental health care into already existing primary care systems; this care would utilize non-specialist healthcare providers. Interventions and care would be provided to individuals in a non-group setting.

- **Advantages:** General primary care facilities are often socially accepted in the community. Whereas, psychiatric care settings are generally stigmatized against; barring individuals from seeking care there out of fear of retribution from their family and the community. Most individuals that do receive mental health care are admitted to treatment through generalized care systems that they originally turned to for related physical ailments.[15] Using non-specialized health care workers addresses shortages of specialized psychiatric care workers. The majority of primary care providers that currently have training in mental health care received certification through WHO's mental health Gap Action Programme (mhGAP).[16] This support from WHO has been impactful; as of 2017, 118 clinicians were trained in mhGAP. mhGAP is described further in Annex 1.

- **Disadvantages:** Relying on health care workers would require vast improvements in the nation's current health workforce. There are currently significant shortages of skilled healthcare providers, including doctors, nurses and midwives. Using non-specialized workers runs the risk of over-burdening workers that already have a significant task list.[17] Also, integrating psychiatric care into general medical care has the potential to medicalize human issues. Mental health treatments may be treated from a narrow medical approach based on a Western understanding of trauma and healing. Most notably, this approach emphasizes individualistic intervention; disregarding the social and cultural dimensions of suffering and healing in Sierra Leone.

The Westernization of Mental Health Treatment

Stark (2006) defines psychosocial interventions as being of one of two paradigms. The first paradigm is reflective of the Western understanding of trauma and healing, and emphasizes individualized treatment. The second paradigm is reflective of a spiritual understanding and respects the cultural significance of community. This perspective underscores the importance of group interventions and community inclusion in the recovery process.[14]

Policy Recommendation

Mental health interventions integrated into pre-existing community structures, alongside mental health care at the primary health care level would effectively address the mental health care treatment gap plaguing Sierra Leone. For many individuals the general health care system can serve as a gateway into mental health treatment, while avoiding the stigma of seeking out psychiatric care. The primary care system is also significantly more accessible for the general population, as opposed to specialized services and hospital care. This accessibility is both in terms of location and cost. Community-based interventions would be geared primarily towards young adults, being the population with the highest prevalence of mental health disorders. Interventions would be facilitated in a group setting and would draw upon community resources. Highly effective community health care engages in partnerships with different sectors, such as education, employment, recreation and religious institutions. These partnerships are key to creating a support system that facilitates mental health recovery and rehabilitation through all areas of an individual's life.

The proposed use of community-based interventions also calls for greater investment in the research of evidence-based interventions. Evidence-based interventions are often psychosocial and are held to a higher degree of scientific and academic rigor than other therapies - essentially they are proven methods. [19] Annex 1 covers a sample of recent mental health, evidence-based interventions that have been studied and implemented in Sierra Leone. These studies are the result of collaboration across a variety of sectors, including local NGOs, international and local governments and universities. Continuing to invest in such research can insure that Sierra Leoneans are receiving high-quality care in their communities.

Policy Highlight: Sierra Leone National Community Health Worker Policy 2016-2020 [18]

An Overview

The Community Health Worker (CHW) Policy outlines the framework for community-level care that aims to provide health services for families and individuals. The policy coordinates the efforts of community-based programs in a way that ensures complimentary services and equitable accessibility for all. Studies have indicated that the main barriers to receiving health care are lack of government support and resource constraints. The CHW Policy addresses these issues, highlighting monumental progress in providing quality, community-based health care.

Stakeholders and Community Ownership

This policy emphasizes commitment from the national government to the community level. Key stakeholders at the community level include, traditional leaders, local councils and faith-based organizations. Engaging community structures promotes community ownership and collaboration with local health services. Lawmakers also acknowledge the influential role of traditional healers as stakeholders. It is common in Sierra Leone that individuals whom feel they have an emotional, or spiritual issue will seek out traditional healers. Involving healers in the community health care system encourages referrals and awareness around mental health.

Community ownership is:

"a 'movement to encourage communities and individuals to take ownership of their own health and of their responsibilities in supporting a functioning health system.' This requires 'raising awareness on health issues, sensitizing community leaders on their roles and responsibilities and strengthening community groups… '"

- Basic Package of Essential Health Services, Sierra Leone Ministry of Health and Sanitation

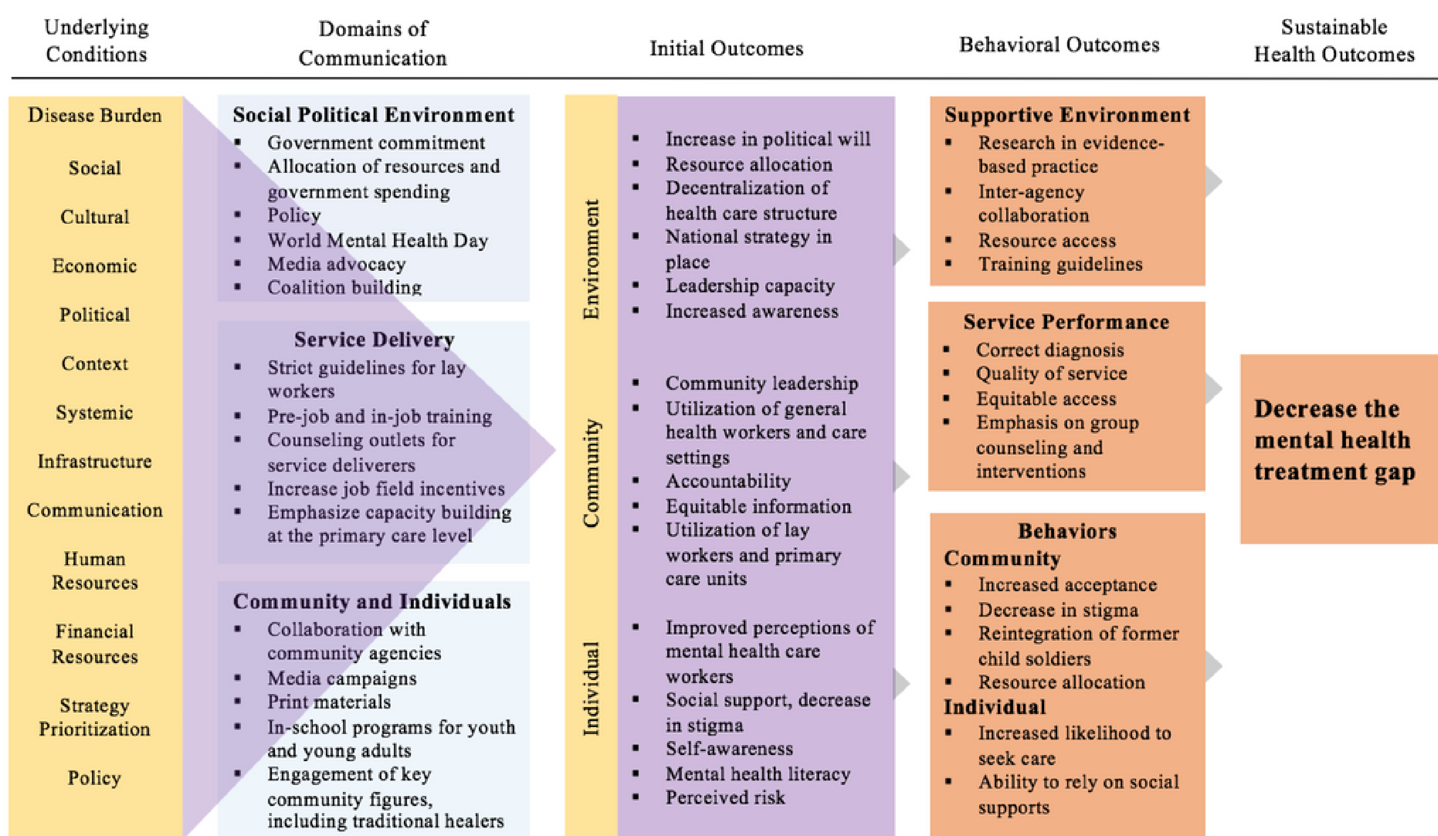
Enacting these reforms would require government commitment - including the prioritization of funding increases towards reinvigorating the mental health care system and drafting guidelines for the training of lay-workers and non-specialized health care workers. A study of mental health reform in Sierra Leone, since 2001, has demonstrated that significant reform can be generated with sufficient government interest. Successful mental health reform would require the desire of a new government to implement visible, successful reform and the drive of population health needs. [20] These are two factors that currently hold true in Sierra Leone today. The government's current commitment to investing in young adults in order to drive economic growth is illustrative of such desire. However, mental health remains to be the missing puzzle piece in strengthening the country's workforce.

Mental health impacts all areas of individual health, and goes beyond the individual to influence the productivity and livelihood of communities. Unfortunately, mental health continues to be a stigmatized topic in Sierra Leone today. This stigma is impacting access to care and the reintegration of afflicted persons into their social networks. It is the responsibility of government and community leaders to be advocates for the mental health of Sierra Leoneans. Annex 2 provides an overview of the pathways in which leaders can address the mental health treatment gap by working to de-stigmatize illnesses that affect thousands in Sierra Leone.

Annex 1 - Mental Health Interventions in Sierra Leone

Intervention	Type	Delivery	Description
Rapid-Ed Intervention (2008) [21]	Psychosocial **Evidence-based** Tested in a randomized control trial	• 4 weeks • Group sessions • Facilitated by Rapid-Ed trained camp teachers	• Aims to normalize lives of displaced children and alleviate psychological distress • Utilizes basic education, trauma healing activities and recreational activities • Emphasizes normalizing emotional reactions, sharing narratives and developing hope
mental health Gap Action Programme (mhGAP, 2008) [22]	Psychosocial & Pharmalogical Based on a systematic review of studies	• Duration determined on an individual basis • Individual sessions • Facilitated by trained, non-specialist, health care providers	• Aims to advocate and raise awareness, assess physical and mental health and to manage health conditions • Emphasizes provision of treatment, developing communication skills and promoting respect and dignity
Youth Readiness Intervention (YRI, 2014) [23]	Psychosocial **Evidence-based** Tested in a randomized control trial Hybrid type-2 study underway	• 10-12 sessions • Group sessions • Facilitated by YRI-trained, local, mental health workers	• Aims to equip war-affected youth with tools to succeed in education and employment settings • Utilizes cognitive-behavioral therapy and group interpersonal therapy • Emphasizes trauma psychoeducation, self regulation, cognitive restructuring, behavioral activation, communication skills and problem solving
Acceptance and Commitment Therapy (ACT, 2016) [24]	Psychosocial Preliminarily evaluated through a qualitative study	• 1-time workshop • Group session • Facilitated by ACT-trained, non-specialist workers employed by local NGOs	• Aims to reduce psychological inflexibility and address a range of mental health difficulties • Utilizes a behavior-based approach • Emphasizes practicing mindfulness, identifying key life values and verbal thought assessment

Annex 2 - Pathways Framework for mental health advocacy and recovery[25]



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