

# COUNTRY PROFILE

# SIERRA LEONE

## Analysis for mental health campaigning and advocacy

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# THE PURPOSE

of these profiles is to inform effective mental health advocacy by identifying and documenting national priorities for mental health campaigning efforts. This country profile is the culmination of desk research and interviews with experts in Sierra Leone. Based on the PESTLE<sup>1</sup> framework of analysis, covering Political, Economic, Social, Technological, Legal and Environmental factors, it seeks to outline issues relevant to mental health, identifying resource gaps, challenges, opportunities and priorities of people affected, leading to recommendations for key actors working in mental health campaigning and advocacy in Sierra Leone. The development of country profiles was implemented through a partnership between the Speak Your Mind Campaign and the Mental Health Innovation Network.



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<sup>1</sup> Perera R. 2017. The PESTLE analysis.



Photo: Denise Miller, The Skyline of Freetown, Sierra Leone. 2011. [LINK](#)

## Political Factors

**Institutional Framework:** Sierra Leone's political landscape has been shaped by a history of colonialism and civil war, the latter of which resulted in thousands of casualties and left millions of citizens internally displaced. Sierra Leone is a constitutional republic that elects leadership based on a popular majority for a 5-year term. The health care system is divided into three levels i.e. primary care which covers peripheral healthcare units (PHUs), including expanded community health programmes, secondary care (with district and referral hospitals) and then the tertiary care which are largely concentrated in the capital city, Freetown

and include specialist care<sup>2</sup>. Sierra Leone's PHUs serve a large maternal and child health population as this area was registered as a public health priority by the state. A policy was launched in 2010, introducing the Free Health Care Initiative (FHCI) that provides free health care for children under five, lactating mothers and pregnant women. People with disabilities, mental health users and Ebola survivors were later in principle included in the package of care.

In 2019, Sierra Leone launched a National Action Plan for Health Security (2018-2022) as part of a 5-year plan to strengthen the country's core-capacities for health in compliance with the 2005 International Health Regulations<sup>3</sup>.

<sup>2</sup> Robinson C. Primary health care and family medicine in Sierra Leone. *African journal of primary health care & family medicine*. 2019;11(1):1-3

<sup>3</sup> Government of Sierra Leone, Ministry of Health and Sanitation. National Action Plan for Health Security (NAPHS) 2018-2022. [LINK](#)

While the action plan highlights the government's commitment to improve quality of, and access to, Universal Health Coverage in Sierra Leone, it does not explicitly mention efforts to improve mental health service delivery as a priority. Despite this, Sierra Leone's government has in recent times been progressively vocal about the importance of committing to mental health investment. In June 2020, President Dr. Julius Maada Bio commissioned the renovation of the Sierra Leone Psychiatric Teaching Hospital Complex and publicly acknowledged the international and regional partnerships e.g. ECOWAS & UNODC working alongside the government to improve efforts driving accessible and equitable mental health care in the country<sup>4</sup>. The Ministry has also made progress in revising the Mental Health Strategic Plan (2019-2023) which incorporates a multi-level coordinated effort to 1) improve mental health awareness at the community level; 2) build demand for services; and 3) improve capacity of healthcare workers from community to tertiary hospitals to improve mental health service provision<sup>5</sup>.

**Mental Health System:** In 2016 the Ministry of Health and Sanitation (MoHS) in Sierra Leone established a Directorate for NCDs and Mental Health to manage mental health services and supervise partner mental health planning<sup>6</sup>. Mrs. Kadiatu Savage is the National Mental Health Coordinator in the NCD department at the Sierra Leone Ministry of Health and Sanitation and coordinates all national programmes for mental health in the country.

The Directorate also developed Sierra Leone's first Mental Health Policy 2010-2015

which focussed primarily on the reorganisation and integration of mental health services within the country's primary health care system<sup>7</sup>.

Goals outlined by the policy document included the integration of mental health into areas of reproductive and child health, school and adolescent health, HIV/AIDS and TB. While an evaluation of the policy's implementation was planned in 2016, it still pending publication<sup>8</sup>. The mental health system in Sierra Leone has gained substantial investment as part of international development efforts, including during emergency response, when there tends to be more attention to wellbeing. Unfortunately this investment is unreliable and more sustainable government support is needed for reform that follows the good policy to be implemented.

## Economic Factors

As a result of multiple challenges related to post-conflict factors like residual political violence, unemployment, weak governance as well as the Ebola Outbreak in 2014, Sierra Leone is still characterised as a Low-Income Economy by the World Bank<sup>9</sup>.

4 Government of Sierra Leone, State House. News - President Julius Maada Bio explains why massive investment in mental health matters in present-day Sierra Leone, 2020. [LINK](#)

5 JSI Research & Training Institute Inc. Strengthening Access to Mental Health Services in Sierra Leone, 2020. [LINK](#)

6 Harris D, Endale T, Lind UH, Sevalie S, Bah AJ, Jalloh A, Baingana F. Mental health in Sierra Leone. *BJPsych International*. 2020 Feb;17(1):14-6.

7 World Health Organization. MiNDbank: Sierra Leone Mental Health Policy 2010-2015 [LINK](#)

8 World Health Organization. Improving access to mental health services in Sierra Leone, 2016. [LINK](#)

9 The World Bank. Sierra Leone Data [LINK](#)

Healthcare spending breakdown

**SIERRA LEONE'S GOVERNMENT SPENDS APPROXIMATELY 21.7% OF THEIR GDP ON HEALTH OR \$160 PER CAPITA**



THE STATE CONTRIBUTES **AROUND 7.4%** TO THE AMOUNT<sup>10</sup>, WITH THE REST COVERED BY HOUSEHOLD SPENDING OR OUT-OF-POCKET EXPENDITURE (**50%**), DONOR FUNDING AND NON-GOVERNMENTAL ORGANISATIONS<sup>6</sup>.

Despite the existing economic challenges facing the country however, in 2010 Sierra Leone took a bold move to launch their **FREE HEALTH CARE INITIATIVE (FHCI)** for expectant mothers and children under the age of 5.

The initiative came as a response to the **HIGH MORTALITY RATES** for mothers due to childbirth and children



**1 in 8 women**  
die due to childbirth



**1 in 12 children**  
die by age 1

and is a positive step in the country's ultimate goal towards obtaining Universal Health Coverage for all populations.

<sup>10</sup> Government of Sierra Leone. General Purpose Financial Statements for 2019 [LINK](#)

However, Sierra Leoneans still have to pay out-of-pocket for many other health conditions, with an approximate 50% of out-of-pocket expenditure by households as a share of current health expenditure registered in 2017<sup>11</sup>.

**Mental healthcare spending:** There is no single budget line allocated to mental health in Sierra Leone and it is challenging to identify a figure from annual financial reports due to mental health spending being integrated across the expenditure on NCDs within the country. Mental health funding also does not come directly to the Directorate for NCDs and Mental Health (Dr. Kadiatu Savage notes) and is instead directly allocated to the Sierra Leone Psychiatric Hospital (previously known as the Kissy Lunatic Asylum) through the directorate of hospitals which is the only large-scale in-patient facility<sup>5</sup> in the country. The treatment gap for mental health conditions is significant in Sierra Leone, given the limited human resources and specialists in the country, although measures to build capacity with-in nurses (to date 21 community mental health nurses have been trained and eight still in training) to respond to specific mental health concerns, including screening are being put into place by the Directorate (Kadiatu Savage). In addition to the dearth of mental health workers, there is also a shortage of mental health drugs. While psychotropics are included through the free health care initiative, there is low supply and procurement as they are not considered a priority by the government. Procurement relies on INGOs like CBM to make these available through the Mental Health Coalition and Partners in Health.

### BREAKDOWN OF MENTAL HEALTH SERVICES AND RESOURCES<sup>12</sup>

MENTAL HOSPITAL	1 – Sierra Leone Psychiatric Hospital <sup>6</sup>
TOTAL NUMBER OF MENTAL HEALTH PROFESSIONALS (INCLUDING GOVERNMENTAL AND NON-GOVERNMENTAL STAFF)	51
PSYCHIATRIC UNITS IN GENERAL HOSPITALS	Not reported
MENTAL HEALTH REHABILITATION UNITS	1 <sup>13</sup>
GENERAL MENTAL HEALTH STAFF (RATE PER 100,000 OF THE POPULATION)	Psychiatrists: 0.04 Child Psychiatrists: None Psychologists: 0.03 Social workers: 0.3 Mental health nurses: 0.33 Occupational Therapists: Not reported

<sup>11</sup> Knoema. World Data Atlas. Sierra Leone Health Expenditure, 2017. [LINK](#)

<sup>12</sup> World Health Organization. Mental Health Atlas, Sierra Leone, 2017 [LINK](#)

<sup>13</sup> Mental Health Coalition, Sierra Leone. City of Rest Rehabilitation Centre [LINK](#)

**International Financial Assistance:** About 46.9% of Sierra Leone’s expenditure on health comes from donor funding. Financial assistance has been a contributing factor to the country’s health system as well as humanitarian response to the health needs caused by the protracted civil war and the Ebola virus epidemic. In 2015, Sierra Leone received an approximate total of USD\$ 916 million of ODA, but this has progressively decreased over the years (USD\$ 534 in 2017)<sup>14</sup>.



Photo: bobthemagicdragon, Tokeh Beach, Sierra Leone. 2011. [LINK](#)

## Social Factors

Sierra Leone is a West African country with a population of approximately 7.81 million (in 2019). Approximately 18 different ethnic groups make up Sierra Leone and while English is the official language, it is typically spoken among the literate minority, with krio being spoken most widely. In terms of religion, the majority of people in Sierra Leone are Muslim (60%) with a minority consisting of Christian (10%), and people with indigenous beliefs (30%).

<sup>14</sup> OECD. Financing Sustainable Development; Statistics by Region Africa, 2019. [LINK](#)

The mix and variety of culture, language, and beliefs have implications on attitudes to health (mental and physical) as well as health practices. Mental health problems are widely believed to have supernatural causes and many people prefer to go to traditional and faith healers before seeking care at healthcare settings<sup>16</sup>.

**Risk Factors:** Political instability and the civil war from 1991-2001 in Sierra Leone significantly increased the risk factors for mental ill-health. During the conflict one-third of the population was displaced, thousands lost their lives and 90% of the population experienced physical and sexual abuse, including vulnerable populations like women and children (many of whom were recruited as child soldiers). In 2014, the country suffered from another major crisis, an outbreak of the Ebola Virus which affected over 25,000 people and caused 11,316 deaths (by 2016). The crisis weakened an already struggling health system, with health workers at high risk of contracting and succumbing to the virus and healthcare service provision was reduced by 50%<sup>17</sup>.

The conflict and Ebola virus epidemic have contributed to a rise in drug abuse, poverty, discrimination, and stigma in society<sup>18</sup>. Rates of depression, anxiety and trauma-related symptoms also increased as a result of the 2013 Ebola outbreak. A national survey found that 50% of respondents reported at least one depressive or anxiety symptom and 75% reported at least one symptom for PTSD<sup>19</sup>.

Moreover, migration of skilled mental health workers to seek better opportunities ('brain drain') is common in Sierra Leone due to the repeated political, economic and pub-

lic health crises, poverty and lack of work opportunities. Lack of financial security is also a major contributor to the poor health-care access of mental health services in the country<sup>20</sup>.

### **Prevalence of mental health conditions:**

The burden of disease in Sierra Leone is largely through communicable diseases, with 25% of deaths caused by malaria and 9% due to hypertension and maternal causes respectively<sup>2</sup>. Poor M&E information systems prevent an accurate picture of the prevalent mental health conditions within the population, but a WHO ProMind assessment in 2012 found that up to 10% of the population may have mental health conditions. The likelihood of depression, anxiety, PTSD and substance abuse is likely to be much higher<sup>5</sup> but is under-reported and hence is not an evidence-based statistic. Substance abuse is a particularly significant issue in the country, and interviews with local experts estimate that nearly 60% of people being seen at the SLPH come with presenting substance abuse problems (Abdulai Jawo Bah Interview).

## **Technological Factors**

**Media:** While Sierra Leone's constitution guarantees freedom of speech to the press, and though media is governed by an Independent Media Commission (IMC), these rights are limited in reality. A low literacy rate together with the increasing cost of newspapers and televisions make radio the most accessible means of obtaining information, with nearly 81% of Sierra Leoneans reported having access to a radio in 2015.

17 CDC. The cost of the Ebola Epidemic, 2016 [LINK](#)

18 Relief Web. Invisible Scars? Mental Health provision in Sierra Leone, 2017 [LINK](#)

19 Jalloh MF, Li W, Bunnell RE, Ethier KA, O'Leary A, Hageman KM, Sengh P, Jalloh MB, Morgan O, Hersey S, Marston BJ. Impact of Ebola experiences and risk perceptions on mental health in Sierra Leone, July 2015. *BMJ global health*. 2018 Mar 1;3(2):e000471.

20 World Health Organization. ProMind Mental Health Profiles: Sierra Leone, 2012. [LINK](#)



Mobile phone ownership continues to rise rapidly, with 65% of men and 45% of women owning their own mobile phones in 2017. Only 16% of the population however, have access to an internet service. A move towards online information technology and social messaging apps such as Facebook and Whatsapp are opening up promising avenues for people to share information. The survey also reported that people rely on health professionals for official sources of news on health issues and so there is an opportunity in promoting this role more officially through media advocacy<sup>21</sup>.

**Health information systems:** Sierra Leone's health system employs a largely paper-based data collection system at the individual, facility and population levels. The utility of mental health records depends both on the ability of providers to identify and diagnose mental illness and on the physical infrastructure to store and share records. A survey looking at officials in administrative roles and those working within advocacy groups mentioned how the lack of data available on mental illnesses has limited service planning, policy action, effective campaigning and messaging action<sup>5</sup>.

## Legal Factors

**Mental Health Law:** Other than the Lunacy Act of 1902, a remnant of the country's time under colonialism, there is no mental health law in Sierra Leone. However, the Mental Health Coalition of Sierra Leone has supported the drafting of a revised Mental Health Law to address the need for more inclusive legislation and to protect the human rights of people with psychosocial disabilities in the country. The development of the new Mental Health Law sought engagement with a variety of stakeholders includ-

ing service users, families, lawyers, civil society representatives among others in order to ensure that it produced locally relevant and inclusive guidelines for the country. It has been presented to the Minister for onward presentation at the Cabinet but due to delays caused by the COVID-19 response in 2020 this presentation was only made in June 2020. According to the Minister of Health and Sanitation during the launch of the Mental Health Policy and Strategy (2019-2023) the rewriting of the act was finalized and planned to be launched in 2020, however the process to review and approve the legislation has been delayed. Experts claim that the new Law is a monumental achievement for Sierra Leone, as it not only puts into place legal mechanisms for people with psychosocial disabilities, but addresses cross-sectoral discrimination towards mental ill-health at multiple levels and denounces practices like shackling (which are still prevalent in certain regions). While a good relationship with the Directorate of NCDs and Mental Health has aided efforts in this area, a continual lack of priority towards mental health by government officials continues to act as a barrier for the publication of the law (Abdulai Jawo Bah Interview).

**Challenges:** Advocacy around mental health legislation is largely being led by the Mental Health Coalition, however a lack of research conducted within the space limits their messaging and lobbying power. While the Coalition does have researchers represented within the group, they work on a volunteer-basis and have an opportunity to play a more essential role in the development of research and evidence which can be used in campaigning efforts towards influencing policy and practice (Abdulai Jawo Bah Interview).

<sup>21</sup> BBC Media Action Report on Sierra Leone Media Landscape, 2019. [LINK](#)

A positive sign of change is the good relationship between psychiatrists and mental health campaigners as well as their contribution and support towards the new Mental Health Law. A lack of critical mass however (only 3 psychiatrists, all in Freetown) doesn't create the pressure needed by health professionals to push the government to act (Abdulai Jawo Bah Interview).

curing psychotropic medication supply has been challenging but people with chronic mental health conditions like epilepsy can get a month's supply from the pharmacies in the psychiatric hospital or from signing up to their Local Health Associations (Abdulai Jawo Bah).

## Environmental Factors

**Natural Disasters:** In 2017, Freetown suffered from a destructive mudslide and flood that resulted in the death of approximately 500 people, over 600 missing persons, and many homeless due to the devastation to houses and infrastructure<sup>22</sup>. Humanitarian response for the flood survivors was coordinated by the Office of National Security, including the provision of Psychological First Aid by mental health nurses and frontline workers to address the adverse psychosocial consequences caused by the disaster. While Sierra Leone only has 19 functional mental health nurses in the districts' hospitals, the coordinated effort saw the responders deliver over 1000 interventions to affected individuals within one week of the floods.

**COVID-19:** On the 31st of March, Sierra Leone registered its first COVID-19. The crisis reminds many of the trauma caused by the Ebola Virus outbreak but the country has so far managed to keep their number of cases low due to state mandated lockdown. There is a lot of misinformation regarding COVID-19 but volunteers in community run awareness raising projects to keep people abreast of current news and guidelines for care. While the SLPH is still open, people are avoiding healthcare facilities so the caseload of these facilities is fairly low. Se-

<sup>21</sup> BBC Media Action Report on Sierra Leone Media Landscape, 2019. [LINK](#)

**LOCALLY-LED AND  
EVIDENCE INFORMED  
RECOMMENDATIONS  
FOR MENTAL HEALTH  
CAMPAIGNING IN  
SIERRA LEONE**

1

## Push for the government to expedite the review of the mental health law for publication

**a.** After the COVID emergency response, the Mental Health Bill should be finalised and signed into law. There is a need to encourage the government to commit to investing in the implementation of the law across mental health practice and other sectors across the country, and put in place a transparent monitoring framework for its evaluation.

**b.** All mental health stakeholders (including government and civil society organisations, and the Mental Health Coalition of Sierra Leone) should be engaged to understand the law and to explore practical means of implementing it, focusing on human rights abuses experienced by people with severe mental illness.

2

## Commit to increased investment in mental health by the government

**a.** While the Sierra Leone government has made strong commitments towards investing in mental health, this has not yet been realised. A clear proportion of 5% of the total health budget (based on international recommendations) should be allocated for mental health, along with regular and rigorous reporting mechanisms to comprehensively evaluate financial mechanisms.

**b.** This funding should be clearly directed towards the implementation of the Mental Health Policy, guided by the Mental Health Law and largely focused on reforming the mental health system towards access to decentralised and high quality services, medication and promotion.

3

## Form stronger relationships with the media sector for extended reach of advocacy and messaging

**a.** Use the coverage of popular radio stations to address disinformation, stigma and prejudice regarding mental health conditions in the country.

**b.** Train journalists to promote appropriate use of , follows guidelines for the reporting of suicide, using non-stigmatising language that promotes the dignity of people with psychosocial disabilities.

4

## Engage with researchers to build more evidence-informed campaigning

**a.** Strengthen the contribution of researchers from the College of Medicine and Allied Health Sciences (COMAHS) to the work of the Mental Health Coalition of Sierra Leone to shape and inform research priorities and mental health programming to meaningfully address the needs of people with psychosocial disabilities in the country.

**b.** Actively support researchers in the uptake of evidence generated on mental health concerns (e.g. human rights abuses and the high cost of care and treatment) and the promotion of innovative and cost-effective approaches in Sierra Leone to create stronger advocacy messages targeted towards policy makers.