

Mental Health Policy and  
Mental Health Strategic Plan:  
Where we begun

Ms Kadiatu Savage

Mental Health Coordinator  
Ministry of Health and Sanitation

Where the journey begun and where we are today.

- 17<sup>th</sup> December 2015 at the Annual Review Meeting...set objectives
  - To develop the Mental Health Act,
  - Mental Health Policy and Strategic Plan
- January 2016 Meetings with MOHS (Dr Muana)/WHO, Plans where started to developed Mental Health Policy and Strategic Plan.
- February/March 2016: Meetings begun, first one at Family Kingdom
- May 2016, Sustainable Development Goals (SDG) and MH advocacy event was held, attendance was very successful.

# Where the journey begun and where we are today...contd...

- 29<sup>th</sup> August 2016: Discussions with those doing Situation analysis for adolescent health policy was strated.
- 14<sup>th</sup> September 2016: Meeting with Dean, Faculty of Nursing, COMAHS
- 27<sup>th</sup> Sept 2016: Meeting with Community Health Workers staff at MOHS
- 27<sup>th</sup> Sept 2016: Meeting with WHO, Chief CHO, and Dr Muana
- 24<sup>th</sup> October 2016: Discussion on Child and Adolescent Mental Health....with Dr Muana, Dr Helen, Dr Anna (King's Health) and Nurse Mohamed
- 30<sup>th</sup> March: Meeting with Margaret Phiri, WHO consultant for Nurse training

# Where the journey begun and where we are today...contd..

- October 2016 to January 2017: It was agreed to hire a Consultant to develop the Mental Health Bill.
- January 2017: Legislation situation analysis completed, Draft Mental Health Bill completed, an introduction of the proposed work made to Parliamentary committee for Health and Finance, still ongoing.
- JSI/USAID consultant, Rose Baryamutuma, developed the Implementation Plan and the Performance Measurement plan through a participatory process with MoHs and Partners.

# Where the journey begun and where we are today...contd...

- Meetings of the Technical Working Group continued at EOC, including one at WHO offices
- Draft Documents has been Validated, reviewed and edited.

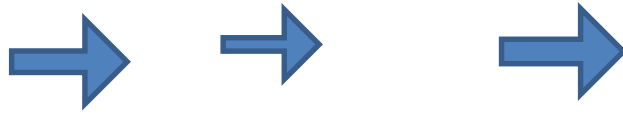
## Next steps....



1. What do we want to accomplish by the end of this year?.....this will determine by MoHS/WHO.
2. What do we want to accomplish, today from this PRIME workshop?
3. Suggested Launch in March 2019...

# Burden of Mental Disorders

- The burden of mental disorders in Sierra Leone was not taken seriously.
- Until when Sierra Leone went through traumatic events – decade civil war, Ebola, mudslide & flooding
- evidence of increase in mental disorders
- Systematic needs assessment by Ministry of Health in 2002- 2% psychosis; 4% depression; 4% substance abuse; 1% mental disability & 1% epilepsy.
- Hospital-based study at Kissy Mental Hospital in 2016/2017- 74% psychoses, 45% substance use disorder; 43% PTSD, 11% major depression
  - Males(15-24 yrs) are mostly affected
  - In women quite prominent among the unemployed, widows & orphans

# Governance and Leadership



- Directorate of Non-Communicable Diseases (NCD) & Mental Health
- Director  - National mental health coordinator  
District MH Focal Persons -  - Community Health Officers/Mental health Nurses.
- MH Steering Committee for inter-sectoral collaboration
- No autonomy. However, help to plan, budget, implement and review with partners based on national strategic plan and policy



# Legal and policy framework

- WHO & Ministry of Health are working on a new Mental Health Act with human rights provisions to replace existing Lunacy Act of 1902
- MH policy & strategic plan completed, working towards printing & launching
- These are linked to the Implementation Plan & no communication plan
- Policy promotes decentralization of services & integration into all levels of mental care in Sierra Leone
- No provision for roaming mentally ill persons & suicide is illegal

# Financing

- Mental health programmes are financed by Government, WHO and other partners
- The budget allocated to mental health is grossly inadequate
- There are initiatives to obtain funds from the private sector but very challenging due to the poor mobilisation of resources and partnership

# Organization of Mental Health(MH) Services (1)

- Mental health service was initially in the tertiary level
- Last 2 yrs, services are now integrated into secondary and primary levels.
- 16 district hospitals have mental health units headed by Mental health Nurse
- The integration being done by training of CHOs, Medical doctors and nurses on mhGAP (mental health Gap Action Programme) & PFA,
- Also, establishment of outpatient mental health units in each district hospital

# Organization of Mental Health Services

## (2)

- One psychiatric hospital in the country that provides purely mental health services
- Opportunities for integrating patients back into the society is by training nurses and CHOs on mhGAP and social community workers on PFA
- No MH services are available in schools, workplaces & prisons
- There is a Mental Health Disaster Sub-committee for disaster management.

# Human resources

- Four psychiatrists
- Six Child & Adolescent Mental Health (4 doctors & 2 nurses with MSc)
- 19 Mental Health Nurses
- CHOs, MH nurses take up the task of psychiatrists in the district & chieftdom levels using the mhGAP intervention guide
- Lack of man power across the board is a big challenge
- Initiative to improve MH is the recruitment & deployment of specialist in regional hospitals for advanced services & supervised District MH Nurses in their respective regions

# Drugs

- Availability of psychotropic drugs is poor
- Previously, not included in the national essential drugs list
- PIH has provided the hospital with well furnished pharmacy and stock drugs.
- Other NGOs usually donate some of these drugs to the hospital
- Services are free of charge in all levels to increase access to drugs and care
- No local production of psychotropic drugs
- Training of Traditional healers on PFA & their limitations for prompt referrals was deemed necessary
- Awareness raising & outreach services

# Mental health information system

- Mental health information system is vertical
- Reporting channel
  - Through the directorate of NCD & SLPH then into
  - Health Management Information System (HMIS) in the M & E unit -one line for mental disorders
- Data collection is hospital based
- On the process of formulating a reporting tool
- Started collecting data outside the hospitals from trained doctors, CHOs & nurses.

# Educational Opportunities & Career Pathways

- Diploma in counselling psychology
  - University of Makeni
- Diploma in mental health
  - COMAHS
  - 8 nurses began 2019
- Career Pathway established and pending approval



# Challenges

- To repeal and replace the 1902 “Lunacy Act” which is stigmatizing
- Disconnect between the district health service and district hospitals
- Integration of MH into the Nursing and Midwifery Policy & lack of career pathway
- Infrastructural upgrading of the hospital & establishment of specialised MH units in Regional Hospitals. PIH is doing very well in upgrading the hospital, but need other partners on board
- Lack of specialist training opportunities
- Very limited human resources across all board
- Inadequate budget line in the Ministry’s budget
- Lack of knowledge leading to stigmatisation & discrimination of persons with mental disorders
- Lack of medical products and technologies & inclusion of MH drugs in the Essential Medicines List (EML).

# Best Practices

- The establishment of a MH Sub-committee on disaster management have had high impact on mental health service delivery
  - Established in January 2017 and within six months was tested with the mudslide and flooding disaster
  - Grave diggers and burial teams
- MH Research Technical Working Group collaborate with the Mental Health Steering Committee, partners & academic institution

# Priority interventions

## Short

- Completed strategic plan and policy to be printed and Launch
- Strengthening MH units in all levels
- Establishing Community Mental Health Services in the country.
- Increase budget line for mental health
- Drug supplies.

# Priority interventions

## Medium

- Pass the mental health Bill
- Recruitment and deployment of MH professionals
- Establishment of specialise units in regional hospitals

THE END

THANK YOU

