OFFICIAL REPORT

IMPLEMENTING MENTAL HEALTH CARE

GOVERNMENT OF SIERRA LEONE
MINISTRY OF HEALTH
AND SANITATION

STAKEHOLDER WORKSHOP SIERRA LEONE, FREETOWN 8TH AND 9TH FEBRUARY 2019

PRIME
programme for improving mental health care

ACKNOWLEDGEMENTS

The workshop described in this report was conducted as part of activities of the PRogramme for Improving Mental health carE (PRIME) in collaboration with the Sierra Leone Ministry of Health and Sanitation. PRIME was funded by the UK Department for International Development (DfID) [201446]. The views expressed in this article do not necessarily reflect the UK Government's official policies.

The workshop report was drafted by Dr Charlotte Hanlon, PRIME Research Director, King's College London (Centre for Global Mental Health, Institute of Psychiatry, Psychology and Neuroscience) and Addis Ababa University (Department of Psychiatry, WHO Collaborating Centre in Mental Health Research and Capacity-building, School of Medicine, College of Health Sciences), Ethiopia, and approved by Sierra Leone Ministry of Health and Sanitation.

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INTRODUCTION

SUMMARY

A workshop bringing together mental health stakeholders in Sierra Leone was convened by the Ministry of Health and Sanitation, Sierra Leone, supported by the PRogramme for Improving Mental health carE (PRIME)[1].

The goal was to share experiences and lessons learned from the PRIME project (operating in Ethiopia, Uganda, South Africa, India and Nepal since 2011) in order to catalyse the process of translating the forthcoming Sierra Leone National Mental Health Policy and Strategic Plan into action on the ground. PRIME investigators from Ethiopia and the World Health Organization (WHO) participated.

After hearing about the experiences of PRIME in Ethiopia, including the successes, areas that did not work so well and potential solutions, participants focused on how the PRIME-informed WHO mental health Gap Action Programme Operations Manual could be applied to Sierra Leone. Key areas of the Strategic Plan that required priority action were identified, separating out activities that could be conducting within existing resources and those which would require additional resources.

Advocacy to improve the priority of mental health within the country emerged as an important short-term activity that could be tackled within existing resources, with potential to positively impact on political commitment to expanding the mental health budget and procurement of essential psychotropic medication on a sustainable basis.

Other key actions included: continuing to invest in expansion of the specialist mental health workforce alongside a task-sharing approach to expanding mental health care with general health workers, and integrating supervision, monitoring and evaluation activities for mental health within existing mechanisms.

Stakeholders expressed their commitment to improve mental health care in Sierra Leone and contribute where they could to the implementation of the Strategic Plan.

[1]PRIME is a Research Programme Consortium (RPC) operating in five countries (Ethiopia, South Africa, Uganda, India and Nepal) funded by the UK government's Department for International Development (DFID). See www.prime.uct.ac.za

WORKSHOP GOALS

1) Share learning from the Programme for Improving Mental health carE (PRIME) project on district level planning and implementation of mental health care

2) Familiarise stakeholders with the WHO Operations Manual for supporting mental health care implementation

3) Start the process of developing a district level implementation plan for mental health

4) Develop plans to increase the likelihood of getting funding for mental health

AGENDA: DAY 1

8th February 2019

08:30	Opening of meeting Introductions	Sierra Leone Ministry of Health and Sanitation (MoHS)
08:50	Where are we now? What do we want to achieve from this workshop? Overview of the Sierra Leone National Mental Health Plan SWOT analysis of current SL situation for implementing mental health care	Mrs Kadiatu Savage, Mental Health Co-ordinator, MoHS
09:30	Implementing and scaling up mental health care in Ethiopia: sharing experiences and lessons learned	Professor Atalay Alem Dr Charlotte Hanlon
10:40	**Break**	
11:00	The World Health Organization Operations Manual: a practical toolkit for implementing mental health care Discussion: deciding on focus for small group discussions	Dr Neerja Chowdhary
12:30	**Lunch**	
13:30	Small groups	
15:00	Break	
15:30	Small groups	
16:00	Feedback from small groups	
16:30	Setting the agenda for day 2	

AGENDA: DAY 2

9th February 2019

08:30	Recap: agenda for the day Introductions	
08:45	Presentations from partners working in mental health in SL	Handicap International Mental Health Coalition Service User and Family Member Association (SUFMA)
10:00	**Break**	
10:30	Small group work and feedback	
13:00	Next steps: who will do what and when?	
13:30	Closing	
14:00	**Lunch**	

PARTICIPANTS

	Name	Organisation
1	Richard Kaimbay	Deputy CCHO/MoHS
2	Mrs Kadiatu Savage	Mental Health Co-ordinator, NCD and Mental Health Directorate, MoHS
3	Lieutenant Colonel (Dr) Stephen Sevalie	Commanding Officer, Joint Medical Unit, Royal Sierra Leone Armed Forces
4	Professor Atalay Alem	PRIME co-investigator, Professor of Psychiatry & Consultant Psychiatrist, Addis Ababa University, Ethiopia
5	Dr Neerja Chowdhary	PRIME co-investigator and Technical Officer, Mental health and substance use unit, World Health Organisation, Geneva
6	Dr Charlotte Hanlon	PRIME Research Director, Reader in global mental health & consultant psychiatrist King's College London & Addis Ababa University, Ethiopia
7	Abu Bakar Kamara	Royal Sierra Leone Armed Forces
8	Dr Abu Bakar Koroma	NCD and Mental Health Directorate, MoHS
9	Leslie Senesie	NCD and Mental Health, MoHS
10	Shiaka Conteh	NCD and Mental Health, MoHS
11	Michael Alex Conteh	NCD and Mental Health, MoHS
12	Christiana Robert	Health Education Directorate, MoHS
13	Reynold Sonasi	Scientific Officer, MoHS
14	Adama Mambu	MoHS
15	Loretta Koroma	MoHS
16	Solomon Rogers	MoHS
17	Musa Feka	Emergency Operations Centre
18	Richard Musa	DPHC/MoHS
19	Mohamed Dumbuya	Planning Specialist, MoHS
20	Solomon Rogers	MoHS
21	Abubaker Sesay	Ministry of Youth
22	Mohamed Korome	Connaught Hospital Child and Adolescent Mental health service, MoHS
23	Jennifer Duncan	Connaught Hospital, Mental health unit, MoHS
24	Andrew Massagie	District Mental Health Team
25	Hege Lund	Handicap International

PARTICIPANTS (CONTINUED)

	Name	Organisation
26	Mamoud Kargbo	Handicap International
27	Joshua Duncan	Mental Health Coalition
28	Edward Jah	Mental Health Coalition
29	Paul Kaikai	Service User and Family Member Association (SUFMA)
30	Edna Brona	Service User and Family Member Association
31	Haja Wurie	College of Medicine and Allied Health Sciences
32	Emmanuel Mac Boima	College of Medicine and Allied Health Sciences /Harvard
33	Brima Bangue	HME
34	Foday Kamara	Conforti
35	Dorcas Koroma	UNFPA
36	Ryan Borg	Caritas/Boston
37	Abdul Bangura	Traditional Healers
38	John Durgavich	John Snow Institute
39	Kate Hanselman	Kings Sierra Leone Partnership

ABBREVIATIONS

MHC	Mental Health Coalition
mhGAP	Mental Health Gap Action Programme
mhLAP	Mental Health Leadership and Advocacy Project
MoHS	Ministry of Health and Sanitation
NCD	Non-Communicable Diseases
PRIME	Programme for Improving Mental health care
SL	Sierra Leone
SUFMA	Service User and Family Member Association
WHO	World Health Organization

REPORT ON WORKSHOP DAY 1

OPENING PRESENTATION BY MRS KADIATU SAVAGE, MENTAL HEALTH CO-ORDINATOR, MINISTRY OF HEALTH AND SANITATION

Mrs Savage presented the series of activities that led to the development of the National Mental Health Policy and Strategic Plan for Sierra Leone. The Policy and Strategic Plan are awaiting formal ratification and it is hoped that they will both be launched shortly. Mrs Savage gave an overview of the context for implementation of the Strategic Plan and identified several challenges:

- Outdated and stigmatising mental health legislation
- Very limited human resources
- Lack of mental health specialist training opportunities
- Need to integrate mental health into the nurse and mid-wife policy and develop career pathways
- Lack of integration of district mental health nurses with the district health service
- Inadequate budget, only supporting the psychiatric hospital
- Unreliable medication supplies and erratic inclusion of mental health medications in the Essential Medicines List
- Need to expand efforts for upgrading of infrastructure to develop specialised mental health units in regional hospitals
- Low awareness about mental health conditions, leading to high stigma and discrimination towards people with mental health problems
- Only one mental health indicator in the Health Management Information System

Priorities for action included:

Short-term

- To launch the National Mental Health Policy and Strategic Plan
- Completing mental health legislation
- Strengthen mental health units at all levels
- Establish community-based mental health care
- Increase the budget for mental health
- Avail psychotropic medications

Medium-term

- Pass revised mental health legislation
- Recruit and deploy mental health professionals
- Establish specialist mental health units in regional hospitals

See Appendix A at https://zivahub.uct.ac.za/s/8557d8e7546b6f72afb9 for full presentation.

PRESENTATION BY DR CHARLOTTE HANLON

Dr Hanlon explained about the experience of implementing mental health care in Ethiopia, with particular focus on the approach taken by the Programme for Improving Mental health carE (PRIME) for district level implementation of mental health care.

Dr Hanlon shared some of the lessons learned, including successes, things that worked less well and potential solutions. She emphasised the crucial importance of focusing on key health systems interventions to support scale-up of mental health care. More information about PRIME can be found on the website (www.prime.uct.ac.za).

See Appendix B at https://zivahub.uct.ac.za/s/8557d8e7546b6f72afb9 for full presentation.

PRESENTATION BY PROFESSOR ATALAY ALEM

Professor Alem spoke of the experience in Ethiopia of expanding the numbers of mental health specialists as an important priority to support task-shared mental health care by general health workers. Ethiopia started with only ex-patriate psychiatrists.

Then the number of psychiatrists was expanded by sending interested candidates overseas. Even while the number of Ethiopian psychiatrists remained very small, the next focus was on expanding the mid-level cadre of mental health specialists. At first, diploma level psychiatric nurses were trained (with 12 months of training) and deployed to run out-patient units around the country (currently numbering > 40 units). They were supported by supervision and regular refresher training. These nurses remain an important part of the mental health system in Ethiopia, able to prescribe psychotropic medication and manage first-line care for most presentations of mental health conditions. In order to retain these nurses working as mental health specialists, a career pathway was developed: first Bachelor level psychiatric nurses and now Master's level psychiatric practitioners and even PhD level mental health researchers (trained within Ethiopia).

Professor Alem also spoke of being the chairman of the board of the Mental Health Society of Ethiopia, a caregiver-led advocacy group for mental health in Ethiopia. One of Professor Alem's happiest achievements was to support the development of a service user-led organisation in Ethiopia. He emphasised how important the voice of mental health service users has been in developing services, and where they can contri-

PRESENTATION BY DR NEERJA CHOWDHARY

Dr Chowdhary's presentation can be found in Appendix B. Dr Chowdhary gave an orientation to the mhGAP Operations Manual and how this could be an important tool to support Sierra Leone's efforts to translate the Strategic Plan into actual implementation on the ground.

Drawing on lessons from PRIME, the operations manual takes a district level approach to planning integrated mental health care. Necessary activities are divided into Planning, Preparation and Provision, underpinned by a robust Monitoring and Evaluation framework. Dr Chowdhary also highlighted other tools, including training manual and checklists for mental health supervisors.

See Appendix C at https://zivahub.uct.ac.za/s/8557d8e7546b6f72afb9 for full presentation.

RESOURCES DISTRIBUTED

A brief orientation was given about the resources included on the flash drives distributed to all participants:

- The WHO mhGAP Operations Manual (https://www.who.int/mental_health/mhgap/operations_manual/en/)
- Full text of Where there is no Psychiatrist (Patel & Hanlon https://www.cambridge.org/core/books/where-there-is-no-psychiatrist/47578A845CAFC7E23A181749A4190B54)
- PRIME-RISE manual for community-based rehabilitation for people with schizophrenia (Asher et al.; Ethiopia https://www.mhinnovation.net/resources/rise-manual-community-based-rehabilitation-workers)
- PRIME Psychosocial Rehabilitation manual (facility-based) for people with schizophrenia (Brooke-Sumner et al.; South Africa: http://www.prime.uct.ac.za/prime-manuals)
- The PRIME Community Informant Detection Tool (Jordans et al.; Nepal: http://webcms.uct.ac.za/sites/default/files/image_tool/images/446/tools_documents/Final%20CIDT%20in%20English.pdf)
- PRIME counselling manuals for depression (Petersen et al.; South Africa: http://www.prime.uct.ac.za/prime-manuals)
- Ministry of health mental health training materials for community health workers (Ethiopia): http://www.tinyurl.com/heatplus
- PRIME-Open University mental health pocket guide for community health workers (Ethiopia): http://www.tinyurl.com/heatplus

The participants were also introduced to the Ethiopian version of the 'Practical Approach to Care Kit' (PACK) (https://pack.bmj.com/), an integrated approach to standardising the care delivered to people attending primary care, based on the best available evidence contextualised for low- and middle-income countries. PACK takes a symptom-based approach to identification of common presentations in primary care and uses mhGAP-aligned clinical guidelines for mental health conditions.

The PRIME district situation analysis tool is available here: http://www.prime.uct.ac.za/situational-analysis-tool.

DISCUSSION POINTS FROM OPENING SESSIONS

- There is a need for follow-through of the monitoring of health workers trained in mhGAP, co-ordinated by the Ministry of Health and Sanitation.
- Training materials and a translated flow chart are available for use with community health workers and need to be made available to all partners.
- There is a need for mental health care activities to be integrated within sustainable systems.
- Monthly reports of mental health activity from primary healthcare units need to be integrated within the existing reporting system.
- Regular supervision of mental health-trained staff is essential for monitoring quality and activity.
- Research and Monitoring and Evaluation data are important for identifying problems and successes to drive implementation.
- Existing research and reports on mental health activities in Sierra Leone need to be collected together in a repository which can be accessed by all interested parties.
- Evidence from Sierra Leone needs to feed into policy and planning.

SELECTION OF AREAS NEEDING FOCUS

From the presentations and discussions, the following areas were identified as needing urgent focus:

- Financing mental health care and the inadequate budget
- Political commitment and oversight/co-ordination for mental health programmes
- Human resources (capacity-building, supervision)
- Reliable supplies of psychotropic medications
- Service delivery: quality
- Community awareness-raising and mobilisation
- Monitoring and evaluation systems
- Sustainability of efforts

SMALL GROUP WORK: DAY 1

Topic areas for day 1: human resources, medication supply, community awareness and monitoring and evaluation.

Each group was asked to do the following:

1) Identify the urgent/priority tasks and classify as short-term (2019) and longer-term

2) Suggest what could be done to achieve these tasks:

a. Within existing resources
b. If further resources were available

The output of the group discussions is summarised below.

GROUP 1: HUMAN RESOURCES

Priority short-term tasks within existing resources

- Deploy current trained mental health personnel and map out where current personnel are working
- Identify the current unmet need for human resources in mental health
- Develop a short-term capacity-building plan for mental health care delivery
- Improve supervision and co-ordination of mental health care
  - Identify supervision frameworks
  - Identify supervision content for mental health, drawing on mhGAP Operations material and PRIME
  - Identify personnel with good performance and utilise as supervisors

Priority longer-term tasks

- Strengthen existing capacity for mental health care delivery by follow-up of initial mhGAP training, including delivery of refresher training and establishing continuing professional development
- Advocate within MoHS via the health commission to agree a scheme of service to create sustainable mechanisms for job placement of trained mental health personnel

GROUP 1: HUMAN RESOURCES (CONTINUED)

Priority longer-term tasks

- Train and retain new personnel in mental health care
- Monitor the numbers of mental health trained workforce in Sierra Leone through establishment of a database to capture all training activities, including those organised by government, non-governmental organisations and the private sector
- Develop a longer-term capacity-building plan for human resources for mental health, including training curricula and mechanisms to incentivise mental health work

Key discussion points

- Need to consider the mix of personnel required to deliver comprehensive mental health care in Sierra Leone, e.g. psychologists, occupational therapists. Also, important to consider the types of personnel outside the health sector who may need to be trained e.g. in schools, prisons.
- The need to attend to career pathways for mental health specialists e.g. what opportunities will there be for diploma mental health nurses to further their careers and be retained within the government system. Related to this, how can mental health work be made more attractive (in a context of high demand for health workers in general)?

GROUP 2: MEDICATION SUPPLY

Priority short-term tasks within existing resources

- Strong and sustained advocacy by all partners for a budget line for psychotropic medication at the Ministry of Health and Sanitation
- Co-ordinated and sustained advocacy to ensure psychotropic medications remain on the essential drug list
- As a stop-gap measure, secure sustainable supplies of psychotropic medications from non-governmental partners
- MoHS to request that mental health nurses receive official training in prescribing so that they can be recognised officially for this crucial role

GROUP 2: MEDICATION SUPPLY (CONTINUED)

Priority longer-term tasks

- Ensure psychotropic medications are sustainably procured by the MoHS, which requires:
  - Development of a plan for procurement, co-ordination and distribution
  - Establishment a well-managed supply chain
  - Improved data collection to show the demand for psychotropic medication and effectiveness
- Establish sustainable cost-recovery mechanisms to ensure accessibility while maintaining affordability

Key discussion points

- The value of mental health treatment is not appreciated by policy-makers and planners, in part because of low awareness and prevailing stigma against mental health. As a result, there is low motivation to support procurement and drug supply chains for psychotropic medication.
- Who can prescribe mental health medications? Discussion on the pros and cons of allowing non-doctors to prescribe mental health medications, as is done in Ethiopia. Pros include the substantial impact on accessibility of care, good evidence for the safety and acceptability of that approach. Cons include the tendency for sub-therapeutic prescribing or failing to escalate treatment in response to clinical status (although this is also regularly seen with doctors and mental health specialists as well). Noted that if prescribing is expanded, it may be important to consider whether some psychotropic medications (carbamazepine, valproate) are restricted to more senior staff (e.g. CHCs) because of the risks in pregnant women.
- Making medication totally free may not be desirable because (1) it may not be valued by recipients, and (2) this may contribute to difficulties ensuring a continuous supply. This needs to be balanced against the risk that people with severe and enduring mental disorder are often impoverished by their illness and may not be able to afford to stay engaged in care if they must pay for treatment.
- The challenge of accurate drug quantification to inform procurement. This requires someone well-trained and involves making realistic estimates of medication needs based on

actual use (not based on population level estimates) in order to avoid expired medications. Improvements in the monitoring and evaluation of mental health programmes underpin this challenge.

- Need for a commodity securing policy for the longer-term approach to medications.
- Linked to awareness about mental health. Having Sierra Leonean epidemiological data on the burden of mental health problems might help to sensitise key people.
- Implications of not being able to get a continuous supply of medication for people with a chronic illness are substantial. Thus, access to affordable and reliable supplies of mental health medications are important and urgent priorities.

GROUP 3: COMMUNITY AWARENESS

Priority short-term tasks within existing resources

- Take every opportunity to tackle myths and misconceptions about mental health problems to reduce stigma, discrimination and physical restraint of people with mental health conditions
  - Co-ordinated voice of mental health stakeholders in Sierra Leone to develop key messages on mental health
  - Utilise community health workers and traditional healers to disseminate accurate messages
  - Make use of existing community structures and events to spread mental health education messages

Priority longer-term tasks

- Overcome social exclusion so that people are integrated and can participate in society
  - Mass media campaigns
  - Printing and distribution of Information, Education and Communication materials on mental health
  - Active community engagement sessions e.g. workshops, training, focus group discussions

Key discussion points

- A powerful approach to raising awareness is to respect the existing community structures and work through chiefs and traditional healers, where possible. There is a strong precedent for spreading health education messages in this way. Can include chiefs, youth groups and other relevant groups
- The low level of discussion about mental health in the media, which fuels the low awareness and stigma.
- How important it is to include mental health as part of health education in schools, so that young people will have awareness from early on (and can look after their own mental health/seek help) as well as educating their parents and other family members in the household.
- Mental Health Coalition has a good experience with establishing cross-referral systems between mental health care and traditional healers.
- If traditional healers are effectively engaged this could make a big difference in terms of surveillance of cases in the community.

GROUP 4: MONITORING AND EVALUATION

Priority short-term tasks within existing resources

- Identify and advocate for mental health indicators (for Health Management Information System) that will support service monitoring and planning
  - Literature review to identify available indicators for low- and middle-income countries and identify what might be applicable for Sierra Leone (review mhGAP Operations Manual indicators and tested indicators from Ethiopia: Appendix C)
  - Conduct stakeholder validation of mental health indicators

Priority longer-term tasks

- Develop a sustainable monitoring mechanism for mental health indicators integrating into existing M&E functions, including into DHIS-2
- Establish data flow for mental health indicators
  - Follow existing reporting from community to facility to district to national (DHIS-2)
- Develop data collection tools for mental health indicators
- Collate the findings of existing mental health research from Sierra Leone and seek funding and collaborations to support relevant new research studies

Key discussion points

- Need for more M&E support at the MOHS level so that the reports from Sierra Leone Psychiatric Hospital and the District mental health nurse units can be collated and reviewed.

Challenge to retain individuals in this post.

- Districts should be able to know 'at a glance' the status of the mental health programme and respond to fluctuations in numbers of differences compared to other districts
- Research considered to be very important as a means of providing data which can convince people of the relevance of mental health and where resources need to be directed
- How can M&E systems encompass partner activities and thus avoid fragmented planning?

REPORT ON WORKSHOP DAY 2

PRESENTATION OF MENTAL HEALTH ACTIVITIES BY PARTNERS

HANDICAP INTERNATIONAL (PRESENTER: HEGE LUND)

Project: 'Touching minds, raising dignity' (2018-2021) which includes four countries. The overall aim is community-based prevention and response strategies to support people with mental health conditions and improve quality of life. The focus settings are vulnerable communities around Sierra Leone Psychiatric hospital and on the outskirts of Freetown. The activities include:

- Establishment of community support groups for people with psychosocial distress. They have also carried out a socio-anthropological study to examine knowledge, attitudes, practices regarding mental health and barriers to seeking care, with attention paid to equity (gender, disability). The findings were fed back to participants, which was well-received.
- Refresher training in mhGAP for community health offices (in CHCs in four target communities), together with mental health nurses. This was conducted in Summer 2018.
- Supporting refurbishment of Sierra Leone Psychiatric Hospital and building occupational therapy space, including equipment. Support groups to be started within the hospital.
- Supporting Service User and Family Members Association (SUFMA).

MENTAL HEALTH COALITION (PRESENTER: JOSHUA DUNCAN)

The mhLAP stakeholder group works through the Mental Health Coalition, partnering with MoHS and the Ministry of Social Welfare and Gender Affairs. Their remit is specifically around: awareness-raising, capacity-building and advocacy. The contributions of mhLAP and the mental health coalition are as follows:

- Conducted a situation analysis of mental health in Sierra Leone. Partnered with MoHS and shared the findings.
- Through the Building Back Better programme, contextualised the mhGAP intervention guide.
- Sponsored a master trainer in mhGAP.
- Trained 23 mhGAP trainers within SL (20 of these were medical doctors, 1 was clinical psychologist, 1 professional counsellor, 1 pharmacist) supported by King's College London.

- Initiated a cascade of training to 60 medical doctors who were then supervised by WHO/CBM.
- Provided supervision of the mental health nurses across the country.
- Organised continuing professional development for the mental health nurses on a quarterly basis.
- Advocated for mental health unit within MoHS and establish the mental health steering committee. Success to get an NCD and mental health directorate.
- Established and supported a national mental health conference which rotates around cities of SL and enables experience-sharing from Ghana, Liberia and other settings.
- Conducted a study of the medication distribution chain.
- Responded to the flash flood/mud slide disaster.
- Using WHO QualityRIghts toolkit at Sierra Leone Psychiatric Hospital.
- Partnering with community-based organisation
- Trained M&E officers, pharmacists and supported collaborations amongst them.

Key discussion points

- The challenge of non-sustainability of project activities. Is the MoHS able to take over activities initiated by partners in collaboration with the MoHS e.g. continuing professional development for mental health nurses?
- Substance use problems amongst young people are well-recognised. Can they be actively involved in the mental health coalition activities?
- Previous experience of high-profile World Mental Health day which was attended by the first lady. Can such activities be reinvigorated?

SERVICE USER AND FAMILY MEMBERS ASSOCIATION (SUFMA) (PRESENTER: PAUL KAIKAI)

SUFMA focuses on the dignity and well-being of people with mental health conditions and supporting their coping strategies. The limited expansion of mental health care to date has already had positive impacts on the lives of people with mental health problems. SUFMA is seeking to reach as many people as possible with information and hope. On the positive side, it is encouraging that some attention is now being given to mental health in the country. However, traditional beliefs remain a barrier to care. Another substantial barrier to care is the difficulty people with mental health conditions face in paying for psychotropic medications given their marginalised and impoverished status. This needs to be addressed.

Key discussion points

- Request for a strong advocacy campaign for free medications and equitable access to ambulances to support access to care.
- There is an urgent need to consider livelihoods training alongside treatment so that people with mental health conditions can improve their economic status.
- Although there may be limited numbers of high-profile people to champion the course of mental health, there are mental health ambassadors within the communities.
- SUFMA may benefit from connecting to the new peer network for service user groups across Africa led by the Movement for Global Mental Health
- Asked about messaging to optimise advocacy: 'mental health for all'; 'mental health problems can be treated' are the key messages.
- Discussion about need for standards for quality of care (related to concerns about the quality of care). Some health workers may be going beyond what they are legally mandated to do, although they have a good intention to expand access to mental health care.

SMALL GROUP WORK: DAY 2

On day 2, the small groups focused on the following areas: financing, political commitment/co-ordination and service quality.

GROUP 1: FINANCING OF MENTAL HEALTH CARE

Priority short-term tasks within existing resources

- Unified and sustained advocacy by mental health coalition and other stakeholders to get increased budget allocation for mental health care.
  - Advocacy reference point is the Lancet Commission (2018) recommendation that mental health budget for low-income countries should be 5% of the total health budget
- Mobilise additional funds from partners
  - Advocate for relevance of mental health to priority health programmes (e.g. maternal health)
- Mobilise additional funds from private sector
  - Raise awareness and engage private sector organisations in fund-raising activities for mental health care

Priority longer-term tasks

- Increase other governmental sources of funding for mental health care
  - Advocate for increased taxes on products that can be attributed to mental health conditions e.g. alcohol and commitment of a proportion of the revenue to mental health care
- Draw on research collaborative networks to seek funding for large implementation research projects

Key discussion points

- The need to recognise the vital contribution of the Ministry of Health and Sanitation and not just look to external donors. Although there are many competing priorities within the MoHS, important to signal to donors that there commitment even if the size of the budget is inadequate. Although funding is better for the other non-communicable diseases, a strong case can be made for the importance of mental health (in terms of co-morbidity).

- Advocate for recent Lancet Commission recommendation that 5% of health budget should be dedicated to mental health.
- Need for a comprehensive budget and advocacy gap tool to help to mobilise resources.

GROUP 2: POLITICAL COMMITMENT AND CO-ORDINATION

Priority short-term tasks within existing resources

- National Mental Health Policy and Strategic Plan receives official approval and is launched and implemented
  - Follow-through by NCD and mental health directorate
  - Sustained efforts from mental health stakeholders to keep this on the agenda
- Seek to strengthen political commitment
  - Identify more champions and ambassadors for mental health
  - Improve messaging at all levels (communities, facilities, planners and policy-makers) so that impact on raising the priority of mental health is greater
- Improve co-ordination of partner activities
  - Ensure that quarterly meetings with partners occur
  - Map out partner activities
- Greater integration of mental health into existing programmes
  - Advocacy for integration of mental health into all relevant health platforms (maternal and child health, other non-communicable diseases) and non-health (e.g. schools, prisons)

Priority longer-term tasks

- Increased regulation of substance use
  - Sustained advocacy on regulatory bodies for better oversight of the use of tramadol medically and control of non-medical use.
  - Mental health stakeholders to consider advocacy to regulate advertising of alcohol

GROUP 3: SERVICES

Priority short-term tasks within existing resources

- Increase coverage and demand
  - Studies to quantify the unmet community need for mental health care
  - Engage with community to increase uptake and demand for mental health care
- Carry out small-scale facility-based research studies in collaboration with existing research partners to develop better mental health evidence
- Assess quality of service provision
  - QualityRights assessment of mental health care is already underway

Priority longer-term tasks

- Rigorous and large-scale research focusing on service implementation and contextually appropriate interventions for mental health care
- Maintain quality of care through ongoing supervision and continuing professional development of practitioners
- Map out and improve referral pathways to reduce inefficiencies

NEXT STEPS

Stakeholders expressed their commitment to improve mental health care in Sierra Leone and contribute where they could to the implementation of the Strategic Plan.

Advocacy to improve the priority of mental health within the country emerged as an important short-term activity that could be tackled within existing resources, with potential to positively impact on political commitment to expanding the mental health budget and procurement of essential psychotropic medication on a sustainable basis.

Other key actions included: continuing to invest in expansion of the specialist mental health workforce alongside a task-sharing approach to expanding mental health care with general health workers, and integrating supervision, monitoring and evaluation activities for mental health within existing mechanisms.

The development of co-ordinated district level plans for mental health care activities can be facilitated by the WHO mhGAP Operations Guide.