

REFLECTION



The Importance of Applying a Comprehensive Approach to Mental Health Interventions in Fragile States

INTRODUCTION

Globally, 13 percent of the Global Burden of Disease is attributed to mental, neurological, and substance use disorders,ⁱ with depression ranking number one for sub-Saharan Africa. In Sierra Leone, a systematic needs assessment conducted by the Ministry of Health and Sanitation (MoHS) in the immediate post-conflict period (2002)ⁱⁱ revealed the presence of significant mental health (MH) problems, including severe depression (4%), severe substance abuse (4%), psychosis (2%), mental disability (1%), and epilepsy (1%).

Despite these findings, when the Ebola Virus Disease (EVD) outbreak hit Sierra Leone just over a decade later (2014), MH services were still lacking across the country, and there was a legacy of MH problems, many of which stemmed from the earlier war years. Furthermore, information from surveys on EVD survivors and affected family members indicates that mental disorders are quite prominent and persistent within these populations.ⁱⁱⁱ

In 2012, the World Health Organization (WHO) estimated that more than 700,000^{iv} people are affected by severe or significant MH problems. This situation has clearly imposed a substantial burden to the country, especially considering that estimates suggest that fewer than 1 percent of people affected by a MH disorder are actually receiving treatment. This is mainly due to limited knowledge of what mental disorders are, what treatments can be provided, and where services are best provided—along with a high level of stigma at the community level regarding mental health problems.

Overall, MH services countrywide are limited in scope, and trained personnel are lacking. When compared to Ghana, a middle-income country that has experienced considerably less national trauma, it is evident that in Sierra Leone, the human resources dedicated to MH are not sufficient (Table 1).

Table 1. Mental Health Resources, Sierra Leone vs. Ghana

Country Characteristics	Sierra Leone ^v	Ghana ^{vi}
Population	7.39 million	28.2 million
GDP	US\$3.66 billion	US\$42.69 billion
Psychiatric nurses/100,000	19	1,068
Psychiatrists/100,000	2	18
Psychologists in MH	1	19

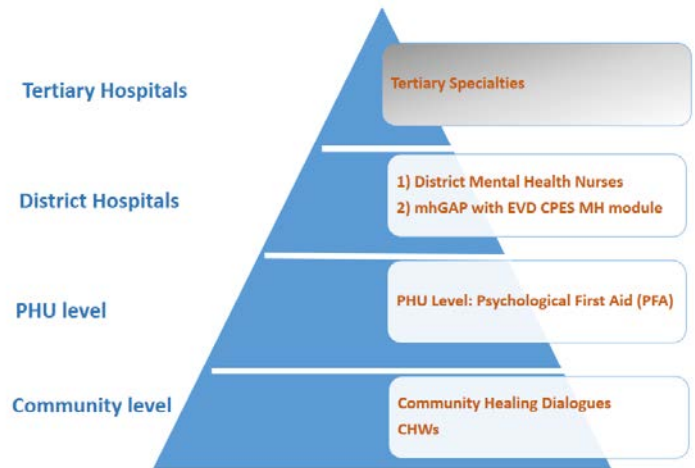
THE ROAD TO A NATIONAL HOLISTIC APPROACH

Despite the high need for MH services in Sierra Leone, awareness and acceptance of MH is low, and the health sector’s capacity to provide services is poor. The health system context has also been accompanied by a "silo" approach (with services isolated, rather than integrated, at various levels of interventions). These factors have limited the national capacity to tackle MH issues in a holistic manner.

It is against this backdrop and in the wake of the Ebola outbreak that the MoHS set out to develop a national strategic plan for MH services. The strategy sought to apply a multilevel approach—to improve community awareness, build demand for services and improve service provision via specialized health care workers.

This strategic process was supported by the Advancing Partners & Communities (Advancing Partners) Project and other stakeholders, including WHO and Build Back Better. Together, they supported the MoHS with finalization of the MH policy and strategic plan, and also with its implementation by applying, as far as possible, the holistic approach to MH shown in Figure 1, which targets multiple levels of intervention.

Figure 1. MH Framework of Implementation



Note: Tertiary level is in gray because the partners did not implement at that level.

SUPPORTING A NATIONAL ROLLOUT OF MENTAL HEALTH SERVICES

To support the national multilevel strategy initiated by the MoHS, Advancing Partners designed interventions to 1) improve awareness about MH issues among HCWs at the community and primary levels, to increase demand and reduce stigma; 2) build capacity on MH care among health care workers at the specialty care level, to provide quality MH services, to address increases in demand and referrals; 3) support the MoHS to proceed towards formal accreditation of MH nurses as specialty service providers, and to establish a postgraduate diploma in MH. This support was provided within the project’s mandate to improve the health and well-being of EVD survivors at all levels of the health system, while specifically addressing stigma, supporting community reintegration, and strengthening the overall health system.

IMPROVING THE DEMAND FOR SERVICES

At the community level, the project worked with the MoHS through two main interventions: establishing Community Healing Dialogues (CHDs) groups in districts with the highest number of EVD survivors; and facilitating training on MH for community health workers (CHWs), using training modules approved by the MoHS (including job aids such as the one seen in Figure 2). CHDs provide community members (15–18 per group) a platform in which they can discuss challenges, find and adapt coping mechanisms, and provide mutual support for psychosocial problems. CHDs help to strengthen the overall resilience of these communities and to reduce stigma. The training of CHWs, who are key health advocates in their communities, further facilitated program efforts to improve MH awareness at the community level, reduce stigma towards MH, and facilitate referrals from communities to health facilities.

Figure 2. CHW Job Aid on Mental Health

Symptoms	Referral
Looking/feeling sad	Urgent referral to Mental Health Nurse for any of the following symptoms:
Seeing or hearing things others don't	Self-harm
Feeling weak	Aggression
Poor sleep	Not eating for 3 days
Change in appetite	Not sleeping for 5 days
Change in behaviour	Substance abuse
Strange beliefs	Confusion
Substance abuse	Refer to: Francis Kamohai, Moyamba Dist. Hospital, 076-257265 Fanny Isha Conteh, Makonde Njala University Hospital, 076-398947
Confusion	Other symptoms: Refer to local PHU for Psychosocial First Aid
Self-harm	
Aggression	

STRENGTHENING SERVICE DELIVERY

Recognizing that increased awareness of MH needs at the community level can lead to greater demand for MH services, Advancing Partners, WHO, and the War Trauma Foundation worked together to train HCWs at peripheral health units (PHUs) in psychological first aid. Skills from this training have enabled HCWs to recognize distress symptoms in themselves and in patients, manage basic counseling, and refer to higher levels of care when appropriate. The program also provided them with decision-making tools to identify and refer MH cases to higher-level services.

To complement the support provided to PHU staff, the program targeted higher-level cadres of staff,^{vii} enabling them to provide specialized MH services in health centers and district and tertiary level hospitals across the country. The program also provided continuous mentorship and professional development for 19 MH nurses located at these hospitals, encouraging them to raise MH awareness among facility colleagues, and to expand services to the community level to identify and treat potential MH cases. Finally, the program provided MH nurses across the country with specialized drugs for the treatment of MH problems in EVD survivors and other groups within Sierra Leone's Free Health Care Initiative, specifically pregnant and lactating mothers.

ENHANCING MENTAL HEALTH GOVERNANCE

At the national level, the program and WHO supported the MoHS to strengthen the national MH policy framework to ensure that access to quality mental health services is integrated into all levels of care. To do so, the program engaged with the Nursing and Midwifery Board to support official recognition and accreditation of MH nurses within the MoHS system. Another key program activity, meant to secure greater access to specialized care over the long term, was the development of a Postgraduate Mental Health Diploma course at College of Medicines and Allied Health Sciences.

HIGHLIGHTS

By addressing gaps in MH care at each level of the public health care system, the support of the Advancing Partners Project opened up opportunities for vulnerable populations, such as EVD survivors and war-affected individuals, to access MH services. Access to services for the general population has also improved.

At the community level, the program reached almost 700 people through the CHDs, and contributed to the establishment of a model that can continue to strengthen communities' resilience. Advancing Partners directly trained over 1,300 CHW peer supervisors, and indirectly trained almost 14,000 CHWs across the country, increasing MH awareness at the community level, and improving the public sector's capacity to recognize MH signs and symptoms and refer when needed.

As a result of the improved awareness of MH issues at the community level and better access to services, use of MH services increased. Between 2015 and 2018, there was a monthly increase from 66 to 176 patients (a 267% increase) across the 14 MH clinics within the district hospitals.

In addition, HCWs showed a significant reduction in negative attitudes toward MH. When tested through the Mental Illness: Clinician's Attitudes scale,^{viii} a self-administered instrument that assesses clinicians' views about psychiatry and people with mental illness, the attitudes of MH nurses improved, with stigmatization decreasing from 44.4 to 36.5 points on a scale ranging between 16 and 96 (96 being the highest level of stigmatization).

LESSONS LEARNED AND RECOMMENDATIONS

Though Advancing Partners primarily focused on EVD survivors, it was quickly understood that MH needs were far wider, and that it was important to integrate the program's activities into the broader health system, so that the program will provide holistic mental health benefits beyond EVD survivors and throughout the general population.

Furthermore, the project's implementation approach, which placed the MoHS in the driver's seat, demonstrated that strong coordination among partners can be valuable for ensuring that MH interventions are aligned with government strategies for health systems strengthening. In Sierra Leone's case, this includes the national Free Health Care Initiative, the Health Information Management System, the Community Health Worker Program, and others.

This comprehensive approach emphasized by the MoHS prevented interventions running in parallel, or in silos, and allowed for integration of MH services and strengthening of linkages among the various levels of the health system.

Despite the MH improvements made since the end of the EVD outbreak at the community and health facility levels, MoHS and its partners need to:

- Continue investing in activities at the community level to improve awareness of MH issues and needs, and to identify and follow up on cases that require specialized support, in order to continue to improve demand and reduce stigma.
- Invest to strengthen the specialized health services required for MH to ensure that an increase in the demand can be adequately addressed, in terms of both volume and quality, by a well-trained, specialized health care workforce.

The impact of the work done during this program, particularly on capacity building and continued professional development for MH nurses, quickly became evident. During the Freetown mudslides in August 2017, MH nurses were able to immediately deploy and provide vital services to those in the most affected areas (see Figure 3). This suggests that with greater capacity to address mental health, the country is more resilient in a crisis situation than in the past.

This episode demonstrated the importance of further investment in MH as a component of emergency preparedness. A strong MH capacity strengthens national capacity to respond to a crisis in a systemic and organized manner, rather than providing an uncoordinated response by nonspecialized staff, to MH challenges that will arise during any crisis.

Figure 3. Demonstrating Resilience: The Freetown Mudslides, August 2017

The 19 MH nurses supported by the program were deployed within 36 hours of the disaster. They provided more than 2,000 counseling sessions to affected individuals through psychological first aid and more specialized mental health inputs during the first 15 days. The nurses also acted as focal points for referrals of more complex cases. Several were stationed at Connaught Hospital and Lumley Hospital to provide support to injured survivors, building upon their liaison skills to provide holistic, individualized support.



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- ⁱ Vigo, Daniel, Graham Thornicroft, and Rifat Atun. 2016. "Estimating the True Global Burden of Mental Illness. *Lancet Psychiatry* 3(2): 171–178.
- ⁱⁱ Draft Sierra Leone *Mental Health Strategic Plan (2018–2027)*.
- ⁱⁱⁱ Jalloh, Mohamed F., Wenshu Li, Rebecca Burnell, et al. 2018. "Impact of Ebola Experiences and Risk Perceptions on Mental Health in Sierra Leone, July 2015." *BMJ Global Health* 3(2).
- ^{iv} World Health Organization. 2012. *WHO proMIND: Profiles on Mental Health in Development: Sierra Leone*, available at http://www.who.int/mental_health/policy/country/sierra_leone_country_summary_2012.pdf
- ^v <https://www.afro.who.int/news/improving-access-mental-health-services-sierra-leone>
- ^{vi} Roberts, Mark, Caroline Morgan, and Joseph B. Asare. 2014. "An Overview of Ghana's Mental Health System: Results from an Assessment Using the World Health Organization's Assessment Instrument for Mental Health Systems," *International Journal of Mental Health Systems* 8(16), doi: 10.1186/1752-4458-8-16
- ^{vii} Almost 100 community health officers (CHOs) and other MoHS staff received mhGAP (Mental Health Gap Action Programme) training, in collaboration with WHO. The mhGAP training curriculum was adapted to include a Sierra Leone-specific module.
- ^{viii} <https://www.kcl.ac.uk/ioppn/depts/hspr/archive/cmh/research-projects/sapphire/measurements/mica.aspx>.
- The version of the MICA scale utilized in Sierra Leone to test the MH nurses' attitude is version 4.