

2017

Mental Health Policy and Strategic Plan

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Government of the
Republic of Sierra Leone

Ministry of Health and Sanitation



MINISTER'S FOREWORD

DRAFT

Chief Medical Officer's Remarks

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ACRONYMS

| | |
|---------|-----------------------------------|
| CHO | Community Health Officer |
| DHMT | District Health Management Team |
| EVD | Ebola Virus Disease |
| M and E | Monitoring and Evaluation |
| MD | Medical Doctor |
| MHN | Mental Health Nurse |
| MOHS | Ministry of Health and Sanitation |

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INTRODUCTION

Mental health is an essential and integral component of health as defined by the World Health Organization (WHO). Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity.

As is the case in most other countries in the sub-region, mental health has been a neglected area in Sierra Leone. According to WHO, 'mental health is a state of complete mental well being and not merely the absence of mental disorders or illness'. Mental health services in Sierra Leone have generally been hospital based and are not provided at primary and secondary levels of care. As a result, the treatment of patients far from their homes usually disrupts their normal daily life, employment and family life or prevents them from seeking treatment. Removing individuals from their normal family and community supports, which may be essential to their recovery, delays the recovery process, and in most instances, imposes more of a burden on families and health care providers.

Globally, as well as in Sierra Leone, there is increasing awareness of the need to shift the emphasis towards community-based mental health programmes. Mental health services should be integrated into the overall primary health care (PHC) system and community-based psychosocial care services in the country. This is a major strategy to address access to mental health care for all. In addition, integrating mental health into primary care is the most viable way of closing the huge treatment gap and ensuring that people get the care they need. To be fully effective and efficient, mental health care must be coordinated with a network of services at different levels of care and complemented by a broader health system development. The potential reduction in the stigma associated with receiving mental health services in primary care where all the health care providers and the community members know each other can also mean that people with mental disorders and their families will be less likely to experience discrimination within their communities. Thus, the integration of mental health services into primary care will reduce the burden on individuals, families and society, thereby ensuring a smoother social integration, and better chances of recovery.

This is the renewed focus of the Ministry of Health and Sanitation (MoHS) particularly as Sierra Leone, in the post-conflict and post-Ebola context, faces mental health issues arising directly or indirectly from high unemployment, domestic violence, trauma, depression associated with chronic diseases such as HIV/AIDS and tuberculosis, excessive consumption of alcohol, and other substance use, all major public health problems in the country. The country presently has only one psychiatric hospital, which is grossly under staffed and uses outdated care protocols. The human resource needs are enormous as evidenced by the presence of only one psychiatrist, who is retired from active government service, and two trained psychiatric nurses who are trying to manage the 400 bed hospital.

In order to address the mental health problems in the country the following priority areas need to be considered:

- Reorganization of the mental health services i) to integrate into primary health care; ii) to decentralize to the districts and iii) to establish community mental health services.
- Human resource development for mental health
- Financing of mental health care services
- Integration of mental health into other programmes, such as reproductive and child health (RCH), school and adolescence health, HIV/AIDS and TB among others.
- Integration into other line Ministry programming, outside of the health sector

SITUATION ANALYSIS

The capacity of the MOHS to deal with mental health disorders country-wide is very limited due to the lack of trained personnel and other resources needed to run an effective mental health service. Prior to and after the decade long civil war, there was only one psychiatrist in the country. Although there was no documented evidence of the mental health situation in the country, there was anecdotal evidence that mental disorders were on the increase; thereby creating a burden on the resource limited health delivery service of the country. During the war, there was a complete collapse of the health delivery system in most part of the country, including Kissy National Referral Mental Hospital. During this period, a huge burden of mental disorders was represented by double-diagnosis (co-morbidity between mental disorders and substance abuse).

Based on a systematic needs assessment conducted by the Ministry of Health and Sanitation in the immediate post conflict period (2002), revealed prevalence rates of 2% (50,000) for psychosis; 4% (100,000) for severe depression; 4% (100,000) for severe substance abuse; 1% (25,000) for mental disability, and 1% (25,000) for epilepsy. Mental disorders in Sierra Leone cause a substantial burden due to the following factors.

Most recently, the West African Ebola Epidemic, March 2014 to November 2015, further ravaged the already weak health and mental health system. Health care workers were directly affected by the Ebola Virus Disease (EVD), some got infected, some died, some recovered and now suffer the sequelae. There are also very many survivors, as well as the family members and others who were closely associated with the EVD victims. The numbers of orphans, widows and widowers are not accurately recorded. Follow up of survivors and surveys carried out on affected family members and communities indicate that mental disorders are quite prominent and persist among these populations¹.

- A very high percentage of people with mental disorders are not treated. Less than 1% are treated;
- The rate of relapse amongst treated individuals is very high;
- The mental health service is limited in scope and trained personnel;
- There is no community mental health care, and only one institution (Sierra Leone

Harvard EVD study W. Urban and W. Rural, MDM data, CDC Focus 2000¹

Mental Health Hospital) which is 183 years old.

Kissy Psychiatric Hospital has one consultant psychiatrist who is retired, and a newly qualified psychiatrist. Kissy Psychiatric Hospital has one medical officer and two qualified psychiatric nurses. The hospital can accommodate about 400 patients on average, most of them presenting co-morbid substance abuse and severe mental disorders. The hospital does not have the capacity to run and operate community follow up services, specialized therapy, drugs and alcohol services which are very important components of a nation's mental health system. In addition, psychotropic drugs are often not available at the hospital.

Since 2012, 20 Mental Health Nurses (MHN) were trained with the support of the European Union and CBM/Enabling Access to Mental Health. An additional 4 nurses were trained in Child and Adolescent mental health and 2 of them have begun a Child and Adolescent mental health service at Ola During Hospital in Freetown. Very recently, there was at least one MHN at the District Hospital, in each District. However, one died of post partum haemorrhage in May 2016. None of the nurses is recognized as a specialist, and all of them are deployed as SECHNs, the lowest cadre in the nursing cadres of Sierra Leone. The nurses are not allowed to prescribe and the Community Health Officers (CHOs) and the Medical Doctors (MDs) are not willing to be supervised by them. In a recent Human Resources for Health Survey², it became apparent that the health system has challenges in how human resources are added to the establishment, the training accredited, the training schools accredited and regulated and the new graduates deployed and then no clear career pathway. These challenges are all present in relation to the Mental Health Nurses.

Traditional healers and faith based organizations also contribute to the mental health delivery in Sierra Leone. Among them are the City of Rest (Freetown), which deals particularly with co-morbid cases, and, more recently, the Fatima Institute (Makeni), which provides mental health support and in-service training for nurses.

In summary, there are huge challenges in the mental health care system of Sierra Leone, leading to a huge treatment gap. The number of people in need of mental health care and the number of people actually receiving it, is currently huge in Sierra Leone.

Introduction to Organization of Mental Health Service in Sierra Leone

The mental health system in Sierra Leone comprises all organizations and institutions that devote their activities to promote, restore and maintain the mental health of the population. These activities include formal health care such as the professional delivery of personal medical attention, action by traditional practitioners, home care and self care, public health activities such as health promotion and mental illness prevention and other health enhancing interventions.

The three traditional levels of care are primary, secondary and tertiary care.

² WHO (2016), Report of the Human Resources for Health Situation Analysis

Primary care includes treatment, preventive and promotional interventions conducted by primary care workers. These include the district medical officer, district health sisters, SRN, SECHN, MCH Aides, other healthcare staff, Community Health Officers and non medical staff based in rural areas. Primary care represents the point of entry for most people seeking care and is the logical setting where health problems should first be addressed. Many potential benefits exist for providing service through primary care. Users of primary care are more likely to seek early treatment because of the ready availability of facilities, their easy accessibility, cultural acceptability and reduced cost. Providing mental healthcare through primary care requires significant investment in training primary care workers to detect and treat mental disorders. Such training will meet the specific practical training needs of different groups of primary care workers. Professionals such as doctors, nurses and community health workers will preferably receive ongoing training to provide subsequent support for reinforcing new skills. Health professionals, having received training in mental health, will be responsible for providing training in mental health to and supervising other health professionals at lower levels (DMOs will train DHMT and district nurses and CHOs with mental health training will train PHU staff in mental health). Primary health care workers/staff will be empowered in their ability to adequately diagnose and treat non-complicated mental disorders. The DHMT in collaboration with NGOs, civil society, faith-based organizations and traditional healers will provide community-based care services to the district.

Secondary care is for the management of acute and/or severe cases and patients requiring access to diagnostic and technological expertise. Mental health services will be made available in 13 regional Hospitals that form part of the general health system. Common facilities will include inpatients beds in the general wards for mental health patients in the absence of specialized wards. Other services offered will include outpatient services, emergency care, multidisciplinary health care and rehabilitation. These require adequate numbers of general as well as specialist professionals who can also provide training and supervision to primary care staff working in the same region.

Tertiary care is the most specialised form of management and is undertaken in teaching hospitals. These facilities are not expected to deliver primary health care but serve as referral centres. They will also be used for postgraduate training and clinical research. Care at this level will be dedicated to the treatment of acute, complicated and severe mental disorders.

PROMOTION, PREVENTION, TREATMENT AND REHABILITATION

Promotion and Prevention Promotion of mental health and prevention of mental illness will take place in collaboration with other stakeholders within and outside the health sector. Every year, the World Mental Health Day (October 10) will be observed with clear mental health messages to the general public. Other events (e.g. World Anti-Drugs Day, World AIDS day, World Human rights day, International Day for the Elimination of Violence Against Women) should be opportunities for mainstreaming mental health messages and reinforcing partnerships. Mental health messages will also be included in related public health programmes (e.g. maternal health, postpartum psychosis, postnatal depression and impact on children's development). Promotion of mental health and prevention of mental health disorders will be included in school health activities as well as within community interventions.

Treatment Treatment of mental disorders is primarily the responsibility of the Government. However, the provision of curative mental health services will be done in collaboration with developmental partners, CBO's, NGO's, civil society and the private sector. Special attention will be paid to people with co-morbid conditions (e.g. HIV/AIDS or diabetes and mental disorders) so they can receive care and treatment in one place, as far as possible (integration of services), as well as to the specific needs of special groups. Treatment guidelines, protocols and standard operating procedures will be developed and adhered to. Collaboration with traditional and spiritual healers in the detection, treatment and follow-up of people with mental disorders will be further explored and researched with a view to define clear roles and responsibilities within the next 5 years.

Rehabilitation A combination of rehabilitation services will be provided at secondary or tertiary levels by health workers trained in occupational therapy and rehabilitation. In order to prepare the patient for reintegration into the community and family, partnership will be established with community-based and religious institutions. Home visits to counsel and support people with mental disorders and their families will also be promoted.

Government of Sierra Leone Relevant Policies

The following Government of Sierra Leone policies are of importance to the Mental Health Policy and Strategic Plan:

- Community Health Worker Policy
- Human Resources for Health Policy
- Adolescent Health Policy
- Health Sector Strategic Policy

Vision statement

All people living in Sierra Leone will enjoy the best possible mental health, social and psychological wellbeing

Mission Statement

To have available in Sierra Leone a sustainable and accessible mental health system of care and support that guarantees promotion, prevention, curative and rehabilitation services at all levels of care. Services will be evidence-based, culturally sensitive, multi-disciplinary and cost-effective, ensuring human rights and reduction of stigmatization and discrimination for the patients. Partnerships between service users and carers, the communities, NGOs/civil society organisations, and all relevant Government sectors will be promoted.

Values and Guiding Principles

- Equitable access
- De-institutionalization, decentralization and integration.
- Quality services built on evidence-based care
- Promotion and protection of human rights and reduction of stigma
- Community empowerment and active participation
- Multidisciplinary and multi-sectoral approach and inter-sectoral collaboration
- Patient-centered care
- Recovery and rehabilitation
- Efficiency and continuity and sustainability

Objectives

1. **Governance and Leadership:** To take the lead in the formulation of Mental Health Policy and coordinate and collaborate with all relevant stakeholders in its implementation.

1.1: Mental Health Program within the Directorate of NonCommunicable Disorders and Mental Health, MOHS Headquarters and representation in District Health Management Team (DHMT):

A Mental Health Program to be established in the newly created Directorate for NonCommunicable Disorders and Mental Health, Ministry of Health. The Mental Health Program will coordinate mental health services in the Country. The Mental Health Program will comprise at minimum, a Program Manager Mental Health, A Training/Human Resource Officer, a Monitoring and Evaluation/Research Officer, and a Clinical Services/Supervision Officer.

1.2: **District Mental Health Focal Person.** This will be someone designated by the DHMT. In the interim, it may be one of the CHOs or Nurses in the DHMT; as Specialist CHO (MH) are trained, they could take on this role. The role of the District Mental Health Coordinator will be to develop and implement a District Mental Health Plan. This will include but not be limited to oversight for the Community Mental Health activities, support supervision to the PHUs, and monthly District Mental Health Coordination meetings. The District Focal Point will report to the DMO as well as to the MOHS MH Clinical Services/Supervision and Monitoring and Evaluation and Research Officers.

Role of The Program Manager (Mental Health)

- In coordination with the National Mental Health Advisory Council, identify possible sources of funding for the Mental Health Program.
- Coordinates mental, neurological and substance use interventions nationwide
- Develops mental health policy and Strategic Action Plan in collaboration with Policy makers of Ministry of Health and Sanitation(Deputy Ministers of health I & II ; Deputy CMO I & II ; Directors of Primary Health Care and Hospitals).
- Has oversight for the development of protocols and treatment guidelines
- Represents the Program within the Ministry of Health and Sanitation
- Coordinates inter and intra-sectoral collaboration between line ministries, the Mental Health Advisory Council and all partners and stakeholders

- Oversees Supervision , Coordination as well as monitoring and evaluation of the overall implementation of Plan

Role of the Training and Human Resources Officer

- Sets up criteria for recruitment of mental health personnel into public health units (Hospitals and PHUs) countrywide, in consultation with the advisory council
- Develops curriculum and modules for training of mental health staff in consultation with the directorate of Primary Health Care and Hospitals as well as the Medical Superintendent of the national referral psychiatrist hospital
- Develops an annual performance evaluation system and job description all department within the unit in collaboration with the Directorates of Human Resources for Health, Planning and Information.

Role of Clinical Services officer

- Develops treatment plans for all mental, neurological and substance abuse problems in consultation with the advisory council and the national referral psychiatry hospital
- Supervises all clinical service provisions and case management by the unit in collaboration with the district mental health focal persons
- Coordinates quarterly meetings with district mental health focal persons

Role of The monitoring and evaluation/research officer

- Carries out annual and quarterly performance evaluation of all departments within the unit
- Develop monitoring and evaluation tools for all mental health interventions within the country
- Collect and analyze data on all mental health projects undertaken nation wide
- Oversees/coordinates the research being conducted within the country. The M&E/Research officer may carry out periodic research in collaboration with the district mental health focal persons

Five Ministry agreement: MOHS, MOE, MOYA, MSWGCA, MIA. Since mental health problems are multi dimensional in national, and require a multi-sectoral approach to intervening, there will be a Five Ministry Memorandum of Understanding. The five Ministries are, and why they are included:

- Ministry of Health and Sanitation: responsible for the health care aspects
- Ministry of Social Welfare, Gender and Children Affairs: responsible for the social welfare aspects, as well as for some elements of community care, care special populations, including orphanages that house children with mental disabilities, and child protection
- Ministry of Education: responsible for (1) the education of all cadres of health care workers, (2) for special education, and (3) the mental health within health education, (4) school based health and well-being programs, such as counseling
- Ministry of Youth Affairs: responsible for adolescent and youth livelihood programming directed at risk reduction for alcohol and drug use and negative health outcomes and increased psychosocial support,, and potential for promoting mental health through sporting activities.
- Ministry of Internal Affairs : responsible for Police and Prisons, there will need to be agreements on who is responsible for people with mental disorders on the street, how to work with police to enforce an Urgency Order, should criminal offenders be managed in the prisons or in Forensic wards of hospitals?

Upon signing the agreement between the five ministries and MOHS unit established, the appropriate parties within the system to determine the roles and responsibilities as they related to individuals with mental health concerns.

Role of civil society:

- (1) importance of partnering with civil society
- (2) coordination unit will supervise, coordinate, monitor the activities of civil society organizations working in mental health
- (3) providing background and other necessary information around the state of mental health in Sierra Leone

2. Service Delivery:

To deliver effective, safe, quality mental health interventions to those that need them, when and where they are needed, with minimum waste of resources.

2.1: Hospital Services

- Sierra Leone Psychiatric Hospital will be designated as the national referral psychiatric hospital and the Medical Superintendent will hold a Director position and report directly to the Director for Hospitals within the Directorate for Hospitals and Laboratory Services.
- Each District Hospital will have an outpatient mental health clinic and inpatient unit with at least 10 mental health beds. The mental health clinic and inpatient unit will report to the Medical Superintendent of the District Hospital in which it is housed.

2.2: Integration of Mental Health into primary health care and decentralization to the Districts

Primary care represents the first point of entry for most people seeking care; the facilities should be easily accessible, culturally accepted and low cost, meaning people access services early. Mental health interventions at this level include awareness raising, prevention, identification, treatment and referral conducted by primary care workers.

- Healthcare workers with training in the specific cadres (see below human resources for more detail) at all levels of care from the community to the tertiary within the Sierra Leone Scheme of Service
- Healthcare workers with the appropriate training will identify people at risk of developing or suffering from mental disorders .
- Healthcare workers with the appropriate training will deliver appropriate mental health and psychosocial interventions or refer, when necessary, onto to specialist services
- Healthcare workers with the appropriate training will provide monitoring and rehabilitation services to those suffering from severe mental illness
- Establish a referral pathway from the community level to the tertiary level of care and back to the community level, as appropriate based on the clinical treatment plan
- Specialist staff will support the primary health care workers by providing supervision (see human resources section for more detail).

2.3 Community Mental Health Services

Community Mental Health Services will be initiated and expanded, as a part of the current community health worker system, throughout the districts. This will be through integrating mental health into the Community Health Worker Training Program, as well through introducing the Community Healing Dialogues in all Districts.

- Community Health Workers (CHW) will receive training in how to recognize and refer those with mental disorders and epilepsy..
- CHW will engage community leaders and provide appropriate psychosocial support (see human resources section for more details on training), identification of mental disorders and referral services to PHU.
- CHW will provide community-based rehabilitation and re-integration for those with mental disorders, working with the appropriate trained members of the multidisciplinary team.
- CHQ CHW will provide routine follow up and home visits in the communities to those suffering from mental disorders with periodic support from the Mental Health Nurses

2.4: Decentralisation to the Districts

The district mental health system will be strengthened to enable people with mental disorders to receive treatment in their district, as close to their homes as possible, and minimise the disruption to patients and their careers.

- Non-specialist staff will provide identification, referral and monitoring services at PHU and community district level. They will be supported by the specialist staff
- District Mental Health Units will provide multidisciplinary services with specialist mental health staff including mental health nurses and community health officers.
- Inpatient beds will be provided in the general wards for mental health patients in the absence of specialized wards. These will provide acute and emergency care, initiation of treatment, rehabilitation and psychosocial support from mental health specialists.
- Mental Health training and support will be provided for non-specialist staff at PHU and District Hospitals.

- Links and referral pathways between mental health units and traditional healers and faith-based providers will be established. Mental health specialists will provide training and support.
- The DMHU will provide outpatient and community based services with referral pathways in place.

2.5: Tertiary care

Sierra Leone National Referral Psychiatric Hospital will be the tertiary service for the country, staffed by psychiatrists, Psychologists, Psychiatric Social Workers, Mental Health trained CHOs and Mental Health Nurses, Medical Doctors and General nurses , among others.

2.6: Vulnerable Groups, including the mental health needs of children, pregnant and lactating mothers, survivors of EVD, PLWH, homeless, elderly people with mental disorders and those that attempt or commit suicide

2.6.1 Mental health needs of children:

- Identification of mental disorders and psychosocial difficulties by non-specialists and referral to District Mental Health Unit
- Outreach to schools to provide anti-stigma programme delivered by...?strengthen the identification, promotion, prevention
- Drug and alcohol education and awareness programme provided in schools. and referral for mental disorders
- Referral to Child & Adolescent Mental Health Services where accessible
- Prevention programme will be introduced to all schools by?
- Awareness campaign will be launched at schools
- Life skills training will be provided at schools with assistance from NGOs

2.6.2 Pregnant and lactating mothers

- Routine mental health checks at antenatal and postnatal appointments
- Awareness and early identification of Mental Disorder and Psychosocial problems
- Early identification and referral to District Mental Health Unit for assessment and management of mental disorders

- Education on substance misuse and alcohol use during pregnancy

2.6.3: Ebola Virus Disease Survivors/affected/orphans/widows/care-givers:

- Training to non-specialist staff in PHU, CHU, MCHU to identify mental disorders and refer appropriately to local District Mental Health Unit
- Psychosocial support for survivors at their local community level
- Support for physical health referrals
- Established links to livelihood support networks

2.6.4: People Living with HIV/AIDS

- Mental Health Awareness training and prevention
- Routine Mental Health checks at follow up appointments
- Mental Health awareness and communication skills training for HIV counselors
- Psychosocial support for defaulters programmes

2.6.5: Homeless with mental illness

- Identification and referral to non-specialist services
- Outreach and identification of severe mental illness and referral to local district mental health services
- Links established with Ministry of Social Welfare, Gender and Children's Affairs to provide psychosocial support and collaboration with multidisciplinary team
- Rehabilitation and reintegration into community by non-specialist staff

2.7: Forensic services

- 2.51 Mental health and psychosocial support training for prison staff and police, building the capacity of prison staff
- 2.52 Identify Mental Health Focal Person in each facility with referral pathway and contact to specialist care
- 2.53 Monitoring and support for those develop a mental disorders while serving terms in the prison system with support from specialist
- 2.54 Review by mental health specialist available for assessments of fitness to plead and stand trial

- 2.55 Children's reform centre will have MHPSS training for staff to build their capacity to identify and support those with mental health and psychosocial disorders
- 2.56 Occupational and life skills training programmes for prison inmates provided by...
- 2.557 UNODC – substance misuse service within prisons are given access to vocational training

2.8: Alcohol and substance use disorders

- Provide education regarding alcohol and substance use disorders at schools and in communities. Specialist staff will train community health workers who will then train religious and community leaders and traditional healers to deliver information
- Provide prevention programmes at the community level, increasing awareness of the risks associated with alcohol and substance use
- Primary healthcare workers will identify those at risk early and will provide interventions to reduce the risk
- Primary healthcare workers will provide brief interventions and follow up
- Develop peer support groups in the communities for those who suffer from alcohol and substance use disorders and their family/carers
- Specialist services for detoxification in a safe environment, management of complex cases and dual diagnosis

2.8: Promotion and prevention, anti stigma

- Increase public awareness of mental disorder with educational drives in schools, communities, hospitals, government organisations and in the media
- Early detection of those at risk of developing mental illness by primary healthcare workers
- Those suffering from mental disorders will be rehabilitated and reintegrated into their communities
- Vocational and training programmes for vulnerable populations
- Family and carers of patients with mental disorders will be supported and psychoeducation provided
- Social support for those at risk of or suffering from mental disorder by adding to social benefit package?
- Service users groups will be established at every district and encouraged for smaller community settings where possible

Quality rights toolkit will be used to assess and improve quality of services. This will be monitored by the mental health unit and assessed by civil society partners.

3.0: Human resources:

To ensure the mental health needs of the people of Sierra Leone are met, education and training is required, the mental health infrastructure must be expanded, and care must be decentralized. Increasing capacity must be pursued at each level of the referral system, from specialist to subspecialist, and non-specialist, ensuring that a greater range of individuals along the referral chain are capacitated to provide mental health support. Trained professionals must also be provided with established funded positions, ensuring their integration within the national health systems and human resources structures. Such individuals must be placed in geographically diverse areas, as to offer fair and equal access across all regions of the State. Continued support, supervision, and appraisal must be offered to service providers to fortify their training and promote best practices. Clear pathways for promotion and professional development must also be offered to engage skilled individuals. Through investing in human resources by increasing mental health training, decentralizing support, and mainstreaming mental health care, Sierra Leone can achieve its vision of enabling all Sierra Leoneans to enjoy the best possible mental health, social and psychological wellbeing.

In line with the Basic Package of Essential Health Care Services, establishment positions will be created for each level of care (*Each position will have a designated career pathways for remuneration and for promotion)

- Psychiatric hospital level – specialists (senior consultants, psychiatrists, clinical psychologists, Psychiatric Social Worker), sub-specialists (CHO (Mental Health) and Mental Health Nurses), and non-specialists (General Nurses, General CHOs, SECHNs)
- District hospital level – specialists (CHOs/allied health professions trained in mental health), sub-specialists, and non-specialists
- PHU (CHC) level – RMHN, one per PHU (ideally SECHNs are upgraded to RMHN with post-training)
- CHP level – MCH Aids with in-service training
- Community level - CHWs with in-service training, essentially a watered down version of Psychological First Aid (there are currently 18,000 CHWs in SL)

Goals and timelines

• Short-term goals (within 2 years)

- o Establish needed positions with the Public Service Commission and the Health Services Commission, etc
- o Assure that mental health is included in CHW policy and training materials
- o Train PHU staff, orienting them to recognize and manage mental health issues
- o Ensure pre-service training curricula includes orientation in mental health, for all cadres, including nurses and CHOs
- o Establish process for accreditation of training schools and curricula, systematize recruitment into training, Board examinations boards (i.e. with Nursing and Midwifery Board, and CHO Board), recruitment into the civil service.

Mid-term (within 5 years)

- Training of CHO (Mental Health) and Registered Mental Health Nurses
- Begin planning for Residency/training of specialists, Psychiatrists, Clinical Psychologists, Psychiatric Social Workers, etc.
- Structured CPD linked to registration of trained RMHNs and CHOs
- Recruitment of qualified individuals to fill medium term gaps, with Sierra Leoneans having first priority

Long-term

- Training of specialists and supervision (West African boards – link to local Sierra Leonean board exams)
- Establish and promote career pathways in mental health care provision (i.e. for all cadres)
- Incentivize and recruit students into mental health roles
- Residency training in-country

3.1: Education and Training

All health staff from specialists, to subspecialists, and non-specialists will receive basic mental health training, mentorship, and supervision. These categories include but are not limited to:

- Specialists (Psychiatrist, Clinical Psychologist, Psychiatric Social Worker, Speech and Language Therapists, Occupational Therapists, technical specialists trained to utilize

state of the art medical technologies). Offer training and educational opportunities at the master level.

- Sub-specialists (Mental Health Nurses, Mental Health Counsellors)
- Non-specialists (Community Health Officers, Social Workers and all other forms of health care workers)
- Support the development of standardized training curriculums for specialists, sub-specialists and non-specialists.
- Work with established academic institutions and build new programs to facilitate the trainings required.
- Establish certification processes to ensure a standardization of quality.

3.2: Mental Health Infrastructure development

- The expansion, mainstreaming and decentralization of the mental health care system. Establishing government funded mental health roles in each level of mental health care provided throughout Sierra Leone.
- Active recruitment of mental health care providers at each level of care, ensuring their continued deployment and provision of opportunities for promotion and career advancement.
- Create incentives to recruit interested students into mental health roles.

3.3: Supervision and Appraisal

- Establishment of supervision and appraisal structures that promote best practice and further capacity building of mental health care providers.
- Create support systems to minimize burnout amongst mental health care providers including civil society partners.

4.0: Information, evidence, and research:

4.1 Objective:

To strengthen the collection, analysis and dissemination of mental health data within the HMIS system as well as to build up mental health research to inform evidence-based mental health systems planning and programming.

4.2 Background:

Mental health information, evidence, and research are important drivers of mental health policy and service development, and are critical to guiding the implementation of evidence-based culturally appropriate and efficient mental health services to address the needs of Sierra Leoneans. Particularly important to achieving these goals is engaging in (1) trial research (e.g. clinical trials and randomized control studies) to evaluate treatment mechanisms (e.g. interventions and prescribing mechanism) for mental health disorders, (2) health service or implementation research to evaluate models of care appropriate to the context, and (3) monitoring and evaluation mechanisms, including building robust reporting systems.

Research and monitoring and evaluation are priority areas that will include gathering, process, and utilizing data on:

- Epidemiological studies
- Mental health policy and systems research, including implementation science
- Cultural belief systems, explanatory models of health seeking behavior
- Impact of and reciprocity of substance abuse, domestic violence, child abuse, pregnancy, disability, and Ebola Virus Disease , on mental health
- Culturally relevant mental health syndromes and descriptions
- Ongoing clinical needs assessments and evaluation of clinical services for existing clients and others suffering from mental health disorders
- Self-sufficiency in the absence of sustainable treatment plans

4.3: Research:

High quality care means that the latest evidenced-based interventions are provided for mental health services at all service levels. Formalized research to better understand mental health in Sierra Leone, within the priority areas and in other important areas of metal health. Building research capacity is key to fostering and continuing mental health research (see above human resources for more detail)

4.4: Monitoring and Evaluation Mechanisms:

It is essential that the quality of mental health services is improved and maintained. Thus, quality improvement protocols, care protocols and basic service delivery standards, and users and family feedback mechanisms will be developed at all levels of care. Monitoring and evaluation tools will be designed to assess adherence, performance, and success of the system, and appropriate steps taken to achieve and maintain high standards.

4.5: Mechanisms for promoting research and monitoring and evaluation priority areas:

In order to promote collection and utilization of mental health data (1) a research unit will be created, and (2) monitoring and evaluation units will be strengthened and created where gaps exist among the appropriate partner entities. The research unit will be responsible for promoting studies within the outlined priority areas, conducting trainings on research methods, study design, ethical conduct, and protection of human subjects. The monitoring and evaluation units will be responsible for ensuring data collection and reporting and enforcing standards. Both entities will be developing evidence-based guidelines and protocols based on available data and documenting all findings. These bodies will, therefore, serve as the major repository of cultural and evidence-based knowledge and practices to assist in implementation and further development of the Mental Health Policy.

4.6: Linkages with the Sierra Leones Ethics Committee:

It is essential to ensure that the Sierra Leonean Ethics Committee is involved in approving all mental health research, ensuring (1) it meets the international standards for protection of human subjects, and (2) it has required approval to operate in Sierra Leone is granted, maintained, and documented.

4.7: Data Sharing:

Data sharing is an important mechanism to allow for building a robust, evidence-based, and responsive health system. As research, monitoring and evaluation, and service delivery are carried out at different levels by various partners. Therefore, all research, monitoring and evaluation, and data collection should be done in collaboration with Mental Health Unit. Additionally, all research should be disseminate to the Mental Health Unit, as well as other relevant partners, and should include especially hard copies of publications as well as M&E

data (reports etc).. This will ensure that the Unit is a compendium of mental health knowledge.

4.8: Technology:

Technology will be used as appropriate to facilitate real time data collection, processing, and evaluation..

- Research and service delivery should utilize appropriate technology or mechanisms when engaging with disabled participants.
- All technology used during data collection and data collected should meet appropriate Sierra Leonean and international protection of human subjects protocols.
- Access to published research and other innovative Sierra Leonean and global evidence-based practices should be made available to all cadres of mental health professionals.
- Appropriate mental health professionals should have access to trained clinicians to provide clinical support utilizing technological .

5.0: Medical Products and Technologies:

To ensure equitable access to essential mental health drugs of assured quality, safety, efficacy and cost-effectiveness; and to build up centers of excellence at regional level with state of the art and appropriate technologies available, with trained personnel able to use and maintain them (*EEG, ability to test serum Lithium levels..as examples?*)

5.1: Ensure mental health drugs are included in the essential drug kit, and appropriate to all levels of care.

5.2: To provide training to the District Pharmacists, the District Logistician and other personnel who have oversight for the requisition and supplies of medications.

5.3: Since demand for mental health services at District level is not yet big, it is recommended that the “pull” approach be used to provide medications. All PHUs will requisition regularly from NMS, through all proper channels, and the medications will be delivered direct from the National Medical Stores to the District Health Management Team who will then distribute to the relevant/ordering PHUs.

5.4: At least four centers of excellence to be established at four regional sites. These centers of excellence will have high tech diagnostic facilities, such as an EEG, X-ray, among others...

5.5 All donations of mental health drugs should be in line with the MOHS policies and are made available to the Pharmacy Board to maintain safety, quality, and efficacy per the MOHS policies

5.6 All donations will be coordinated through the Mental Health Coordinator to ensure equity

6.0: Mental Health Financing:

To ensure financial protection for people with mental disorders and their families, through inclusion in Universal Health Coverage and other financing mechanisms.

- Budgetline for mental health within health sector budget that ensures programming/services from the community all the way to tertiary care: A budgetline for mental health created within the MOHS budget, that is separate from the Kisumu National Referral Psychiatric Hospital budgetline. This budgetline would be responsible for National level activities, such as coordination meetings, support supervision to the districts, developments of policies and guidelines, National level training activities.
 - A district level budgetline for mental health will also be included in the DHMT budget. This will cover activities such as the District Mental Health Coordination meetings, Support supervision from the District to the PHUs, and district level training activities, among others.
 - If a Social Health Insurance Scheme is to be introduced, mental health covered. A package of Essential Mental Health services will be defined, to be covered by the scheme.
 - It is recommended that mental health be explicitly mentioned in the Free Health Care Initiative, that currently covers Lactating Women, pregnant women and children below the age of five years. Free Health Care Initiative also covers survivors of EVD
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