

MENTAL HEALTH COALITION OF SIERRA LEONE

An initiative coordinated by Enabling Access to Mental Health in Sierra Leone
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COALITION NEWSLETTER

POLICY EDITION

EDITORIAL



CHILDREN AND MENTAL HEALTH

Introduction

Not too long ago someone asked me a question: does mental health have anything to do with children? Can they have mental health problems?

Although there are no specific data available for Sierra Leone, the Sierra Leone Mental Health Policy states:

"Prevalence rates of mental/psychiatric disorders have been found to range from 12% to 29% among children visiting primary health care facilities in various countries."

General challenges related to child mental health:

- Lack of knowledge leading to misinterpretation of mental disorders in children, e.g. "stubbornness", witchcraft accusations.
- Child rearing practices & cultural values related

to children, e.g. "men pikin," child marriages.

- Unresolved (war-related) trauma in parents leading to abuse of children.

CHALLENGES RELATED TO THE DEVELOPMENT OF CHILD MENTAL HEALTH CARE:

- Culture and diagnosis (criteria often based on Western context)
- No valid diagnostic instruments (e.g. not possible to test intelligence)
- No epidemiological data (complicated by the first two challenges)
- Lack of human resources (no trained child mental health workers)
- Lack of relevant education for (mental) health care providers
- Lack of specialist facilities e.g. special education

CHALLENGE & OPPORTUNITY:

Both a challenge and an opportunity is the strong interest in maternal & child physical health care due to high maternal and child mortality rates.

On the one hand, this is a *challenge* as it can distract from mental health, or it can make mental health seem less important. For example, a learning disorder will not cause death, while malaria or pneumonia may. However, the quality of life of both a child and parents can be severely affected by a mental disorder.

Therefore, on the other hand, it is good to see the *opportunity* of this increased interest in maternal/child health. Mental health interventions can be very low-cost and easy to implement and could therefore well be integrated into the general primary health care, leading to a greater quality of life for both child and family.

Opportunities:

- Growing interest in mental health care in Sierra Leone
- Mental Health Policy & Strategic Plan (although the attention given to childhood disorders is relatively small, so this should be addressed in a revision)
- Curriculum development & training (many educational institutions are working on the development of new curricula and child mental health can be integrated into the curriculum right from the start)
- The move towards integration of mental health care into primary health care (with increased access for children because of the Free Health Care Initiative)



RECOMMENDATION

Lastly, I recommend that the Mental Health Coalition in Sierra Leone establishes a sub-committee for Child Mental Health, which will advocate for:

- the inclusion of child mental health care in general mental & maternal/child health care initiatives
- information on child mental disorders to be included in training curricula (mental health nurses, social workers, teachers, paediatric nurses, paediatricians)
- practical research (in collaboration with WHO) leading to culturally appropriate diagnostic methods and evidence-based intervention guidelines for children with mental disorders

Sensitization

The Mental Health Coalition and people working with mental health issues should sensitize the public on the following:

- Stigma and discrimination against people with mental illness
- The best practices for caring for mentally challenged persons
- Institutions providing services
- Causes of mental health disabilities
- Different types of mental disorders
- Types of diet/nutrition for mentally ill people

Advocacy

The Mental Health Coalition and people working with mental health issues should advocate on the following:

- Lobby with government through the Ministry of Health and Sanitation (MOHS) and the Ministry of Social Welfare, Gender, and Children's Affairs (MSWGCA) to increase budget allocation for health and provide free health care for mentally challenged people
- Provide scholarship for nurses and medical personnel to study psychiatry and its related fields of study
- Provide incentives for health workers dealing with mental health issues
- Coalition should engage in radio and television shows to lobby and solicit funds from donors
- Popularize the existence of the coalition through publication of newsletters, website, radio, and television shows
- Organize school visits and educate pupils/ students by dispelling myths and reducing stigma
- Ensure government implements the Mental Health Strategic Action Plan, and monitor all stages of implementation
- Raise awareness on profile of mental health needs in Sierra Leone and also ensure that needs of stakeholders in mental health are met

Submission
by: Heleen
van den
Brink
cityofrest.hel
een@gmail.c
om

Heleen van den
Brink is a Child
Mental Health
Specialist who
has lived and
worked in Sierra
Leone since
2003.



ENABLING ACCESS TO MENTAL HEALTH IN SIERRA LEONE

The Enabling Access to Mental Health (EAMH-SL) project in Sierra Leone is a partnership between the City of Rest Rehabilitation Centre, Community Association of Psychosocial Services, and the University of Makeni. International partners are the Global Initiative in Psychiatry and CBM.

EAMH-SL is a European Commission-sponsored project, design to meet mental health needs in Sierra Leone. It is a five year project that began in April, 2011.

This newsletter serves to facilitate communication and information sharing among Coalition members; raise awareness on activities related to mental health in Sierra Leone; update and present progress on the National Mental Health program and on the Enabling Access to Mental Health Project; in addition to providing notification on upcoming events.



FORMATION OF THE MENTAL HEALTH STEERING COMMITTEE OF THE MINISTRY OF HEALTH AND SANITATION

UPDATE ON MENTAL HEALTH COALITION ACTIVITIES

The Mental Health Steering Committee of the Ministry of Health and Sanitation was constituted at a well-attended meeting comprising of partners in Mental Health and Ministry of Health & Sanitation representatives in the conference hall of the MoHS on 31 January 2012. The Chairman of this occasion was the Deputy Chief Medical Officer and Director of Primary Health Care, Dr. Alhassan Seisay, who was delegated by the Honourable Minister of Health & Sanitation, Mr. Haja Zainab Hawa Bangura to chair the meeting. It was intended to be a briefing meeting on the current status of Mental Health in Sierra Leone including background information, activities completed and pending issues for 2012.

The timeliness and significance of the meeting was commended by the Chairman. It was subsequently resolved that

THE SIERRA LEONE LUNACY ACT, 1902

A legal opinion

The Lunacy Act of 1902 is an outdated colonial Law that has never been amended in the Laws of Sierra Leone. No country in the world (including Britain from where the law was adopted) currently uses the Act in its original form, except Sierra Leone. The Act was written at a period in which mental health was treated as communicable disease and hence patients were chained and isolated from society,

the meeting should be redesignated as the Mental Health Steering Committee of Sierra Leone and that the Ministry of Health & Sanitation should be involved in all of its activities. Currently, the Executives of the committee include:

- Dr. Alhassan Seisay, DCMO/DPHC: Chairman
- Dr. Andrew Muana, Focal Point, Mental Health: Coordinator
- Ms. Katrina Hann, Research Manager on Children & Global Adversity, Harvard School of Public Health: Secretary

The committee meets quarterly to deliberate on diverse Mental Health issues nationwide.

Pertinent issues/activities that were discussed during this inaugural meeting centred around:

- Advocacy for and on behalf of people living with mental

illness and their caregivers (City of Rest)

- Public awareness and sensitisation raising (CAPS)
- Training of nurses at COMAHS (College of Medicine and Allied Health Sciences) for Certificate/Diploma qualifications in Mental Health Nursing and concerns for the granting of paid study leave, bonding agreements and career path upon graduation (University of Makeni)
- Meaningful contributions from the Chief Nursing Officer, Chairman of the Mental Health Coalition of Sierra Leone, Dean of Nursing (COMAHS), Vice-Chancellor (University of Makeni) and representatives from the WHO

Submission by:
Dr. Andrew Muana
Focal Point & Coordinator
MH Steering Committee SL

Lunacy

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leading to mistreatment and epidemic. The spirit of the time under which the act was passed no longer prevails today, as Sierra Leone's current legal and administrative systems are no longer amenable to the law's original form. Since its inception, global developments such the events of Willow Brook in the United States (which exposed conditions and questionable

practices of institutionalized mental institutions) had revolutionized and given us a different perspective on Mental Health, due to improvement in the science of mental health and mental disorder. Unfortunately, most of the provisions in the Act still treat lunacy as a form of institutionalized mental disorder that isolates citizens from the rest of society. Therefore, the Act should be

repealed and replaced rather than revised in its current form, with the following considerations. First, the term "Lunacy" is derogatory in our modern mental health classification, and treatments under such caption constitutes a human rights violation. Perhaps such persons could be properly classified under persons with mental disability. Secondly, the law's jurisdictional powers (giving powers to the governor appointed from Britain) are inapplicable in modern day Sierra Leone; a country that which is no longer under colonial rule. Moreover, the Supreme Court should not have primary jurisdiction over the classification of lunacy because such judicial primacy takes

lunacy outside the purview of mental healthcare. Rather, an administrative office could be set up to oversee this, for example, a certified board of medical examiners, with the court only coming in with regards to the estate of the mentally unstable person. Moreover, there should be no automatic pronouncement by the Supreme Court of a person's mental health without a proper medical inquiry, because judges are no experts in this field, and cannot determine with any degree of certainty that someone is mentally sound or not. Additionally, it should be an

obligation of the State (and not the family of the mentally ill, as the current law suggests) to take care of mental illness. Finally, the sale of the patient's property for dispensation of his debts, enforcement of his contracts he may have entered into and for his maintenance while confine in the mental home is unfair. The above observations are only few among a host of laws that needs to be repealed all together and replaced with laws that addresses mental health from a more contemporary and befitting perspective and puts the law within a proper jurisdictional authority.

BE A PART OF THE CONVERSATION

Find copies of the Lunacy Act and other related legal documentation on our website. Please enter comments, views, observations, and input at:

<http://enablingaccesstomentalhealthsl.com/>

Submission by:
N'yella Maya Kaikai
 Rogers
 Human Rights Lawyer
nrogers.llm12@law.harvard.edu

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Our quarterly newsletter offers you the opportunity of making contributions to its periodic bulletin. You can send in identified challenges that need to be reviewed or changed, available opportunities that could be seized, and information for dissemination. You can take advantage of this opportunity by sending your contributions to the contact information below:

City of Rest Rehabilitation Centre
 34 Fort Street
 Freetown

Phone: +232 (0) 78 982 554
 Email: info@enablingaccesstomentalhealthsl.com

