

Review Article

HEALTH PROMOTION AS PART OF A HOLISTIC APPROACH TO COMMUNITY MENTAL HEALTH CARE IN SIERRA LEONE.

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Abstract

Mental health care in Sierra Leone is deplorable and its service delivery faces immense challenges. Improving mental health care facilities and services and encouraging health care professionals to enter this sector of service is probably plagued by the strong stigma that prevails in society. Reliable quantitative data on mental illness is extremely minimal. There is a dearth and paucity of information required for effective evaluation. Schizophrenia, hypomania and substance abuse seem to lead the charts in terms of diagnosed mental health disorders in Sierra Leone. An overall picture of the country's mental health care and disease burden is presented herein. Health promotion is suggested as cardinal in a holistic approach to community health care as it represents a comprehensive social and political process; which embraces strategies and actions directed at strengthening the skills of individuals, changing social, environmental and economic conditions. This overview discusses extensively and recommends that there should be a comprehensive review

Keywords: Health Promotion, Mental Health Care, Sierra Leone

Introduction

Mental illness contributes a substantial burden of disease worldwide. Globally, approximately 450 million persons suffer from mental disorders, and one fourth of the world's population will develop a mental or behavioral disorder at some point during their lives. The effects of mental illness are evident across the life span among all ethnic, racial, and cultural groups, and among persons of every socioeconomic level. Mental health is integral to overall health and well-being and should be treated with the same urgency as physical health.

Mental illness can influence the onset, progression, and outcome of other illness and often correlates with health risk behaviors such as substance abuse, tobacco use, and physical inactivity (Kesler, et al, 2005).

Depression has emerged as a risk factor for such chronic illness as hypertension, cardiovascular disease, and diabetes and can adversely affect the course and management of these conditions (Chapman, et al, 2005). Equally, so too, malnutrition, malaria, eczema etc in Sierra Leone.

Treatment for mental disorders is available and effective. However, the majority of persons with diagnosed mental disorders do not receive treatment. The challenges for public health are to identify risk factors; increase awareness about mental disorders,

effectiveness of treatment, remove stigma associated with receiving treatment, eliminate health disparities, and improve access to mental health services (website:www.jhpeo.org).

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Public health agencies can incorporate mental health promotions into chronic disease prevention efforts and conduct surveillance and/or research to improve the evidence base about mental health.

Health Promotion is an approach to health development that has been adopted in many countries with support from WHO (W.H.O. 2001). It represents a comprehensive social and political process, which embraces actions directed at strengthening the skills of individuals, and changing social, environment and economic conditions. All countries have programmes and/or activities which have Health Promotion (HP) elements, though such activities may not be referred to as such.

HP is emerging in Sierra Leone as a distinct, integrated approach to health development. This is a response to the realization that improvements in physical, psychosocial, cultural, and economic environments together with positive modifications in the lifestyles of individuals can contribute significantly to well-being, reduction in morbidity and mortality. Health Promotion is primarily a process which involves the use of a series of strategies that seek to foster conditions that enable populations to be healthy and to make healthy choices.

Most Donor and Development Agency attention in Sierra Leone is focused on communicable diseases. However, the importance of non-communicable diseases including mental health and mental illness is beginning to gain significance because of their influence on health, education and social attributes. Mental illness is common in Sierra Leone but the specialist service is extremely sparse. Non-health sectors have significant concerns about mental health care but general health programmes have been glaringly slow to appreciate the significance of mental health for physical targets. Despite a people-centered health delivery system, the ten-year ravaging war accompanied by social changes and poverty have detrimentally undermined equity (M.O.H. 2008 & Guerge & Jenkins 2007). Substantial and sustainable improvements in

mental health services require an integrated policy and strategy which encompasses systematic educational interventions so as to equip service providers with adequate knowledge and skills and public mental health awareness.

Funds for mental health remain extremely limited, and an intense strategic advocacy is required for adequate prioritization in the central and local government health budgets. There is only one national mental health referral hospital located in the capital city and staffed with only one fully-qualified consultant psychiatrist in a country of about five million people. In 2002 a survey in post-conflict Sierra Leone was conducted in the Ministry of Health, Sierra Leone by an international mental health consultant in collaboration with a group of national professionals. Table 1. illustrates the prevalence of mental problems in that survey (MOH, 2002).

Another survey was conducted in 2006 at the Kissy Mental Hospital in Freetown (the only Sierra Leone Psychiatric Referral Hospital) by the Ministry of Health. The broad objective was to define the prevalence of mental health problems and the mental disorder morbidity in the referral centre.

The results from both surveys (MOH 2002 & 2006) suggest that all control initiatives should be culturally-sensitive, well-coordinated and open to collaboration between health, social welfare, traditional medicine, education, community and religious leaders in a multifaceted approach. There is now an imperative need for further country-wide research undertakings so as to map out empirical mental health data vis-à-vis control programmes and capacity building. This will serve as a planning tool for an overall mental health policy and strategic plan for Sierra Leone.

Mental health care in Sierra Leone faces a storm and barrage of challenges; a situation not unique in comparison with her sub-regional neighbours and in East and South Africa. The inadequate mental health care in

Sierra Leone and West Africa is a cause for concern. Burns (2011) has elaborated on the mental health gap in health services delivery as a human rights issue, based on the fundamental premise that such persons are 'subjects' with rights as any other members of society. There is gross inequity and discrimination against Sierra Leone's mental disabilities. Poverty, inequality, urbanization, unemployment, trauma, violence and substance abuse are major environmental risk factors for mental illness in Sierra Leone. Research is needed to fully substantiate this premise to provide evidence-based postulations. In this regard, Sierra Leone needs a progressive mental health policy and legislation to eschew multiple barriers to financing and development of mental health services. This will ameliorate and alleviate: poor psychiatric hospitals often in disrepair, serious shortages of mental health professionals, inability to develop vitally important tertiary level services especially for children and adolescents and poor psychogeriatric and neuropsychiatric services. Community and psychosocial rehabilitation vis-à-vis mental health illness is a must. An overview of the Sierra Leone situation (Tables 1-4 and Figures 1-6) highlights the mental health gap that exists between current resources for mental health care delivery and the intensity of suffering and disability due to mental illness. (Tables 2 – 4 Source: Mental and Substance Abuse in Post Conflict Sierra Leone by Soeren Buus Jensen, M.O.H. 2006).

Globally, mental and neurological disorders account for approximately 14% of the global burden of disease (Prince, Patel, et al 2007). In terms of mental health hospital resources, South Africa is not badly off compared to other African countries as it has 2.1 beds per 10,000 population (Lund, et al, 2010). Only 3 psychiatric hospitals exist in Ghana to serve a population of about 22 million (Go the, 2012 ; M.O.H. Ghana, 2007), while Nigeria has 7 mental facilities with a population of nearly 200 Million (W.H.O. 2010) Odejide, AO & Jide

Morakinyo, 2003). The mental disease determinants patterns and indeed burden is similar among West African countries (Myers, N. 2010) (W.H.O. 2006) In East Africa, in Uganda and Kenya mental health care and services are slightly better than in West Africa (Kigozi and Ssebunya et al 2010; Kilma, and Jenkins, et al 2010). Sierra Leone needs to go beyond her rudimentary extant mental health delivery services. The Ministry of Health and possibly her private sector has to provide reliable and adequate care in order to have a direct and positive effect on the health and well-being of the country's mentally disabled. Health Promotion focuses on addressing the broad, underlying determinants of health as oppose to the manifestations of ill health (Seeman et al 1990). This focus implies the active involvement of non-health (education, culture/social services, and agriculture) as well as the health sectors in the process of health development. It supports comprehensive interventions that combine approaches such as health education, communication for behavior change, information, education and communication (IEC), social marketing, advocacy, social mobilization and related others.

There is need to clarify the relationship between HP and the more common Health Education (HE). Where HP is well established, HE is usually regarded as its cornerstone. Health education may be defined as any of "consciously constructed opportunities for learning involving some form of communication designed to improve health literacy. This includes improving knowledge and developing life skills which are conducive to the individual and community health". In the past, health education was used as a term to include a wider range of actions including social mobilization and advocacy. These methods are now encompassed in the term health promotion. In this context, HP is viewed as a wider process incorporating but not restricted to health education.

The predicate and mission of Health Promotion in our country is to increase the capacity of Sierra Leone's Health Delivery System to use health promotion strategies to address the broad determinants of health and assist communities gain control and improve their health through integrated action.

MALARIA AND MENTAL HEALTH

Mental Health is more than the absence of mental disorders. Mental health can be conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community (Int. Union for Health Promotion and Education 2010). In this positive sense, mental health is the foundation for well-being and effective functioning of an individual and for a community. This core concept of mental health is consistent with its wide and varied interpretation across cultures. Mental health promotion covers a variety of strategies, all aimed at having a positive impact on mental health. Like all health promotion, mental health promotion involves actions that create living conditions and environments which support mental health and allow people to adopt and maintain healthy lifestyles (W.H.O. 2010). This includes a range of actions that increases the chances of more people experiencing better mental health.

Mental health and mental health disorders are determined by multiple and interacting social, psychological, and biological factors, just as health and illness in general. The clearest evidence is associated with indicators of poverty, including low levels of education, and in some studies with poor housing and poor income. Increasing and persisting socio-economic disadvantages for individuals and for communities are recognized risks to mental health. The greater vulnerability of disadvantaged people in each community to mental health disorders may be explained by such factors as the experience of insecurity and hopelessness, rapid social change, and the risks

of violence and physical ill-health. A climate that respects and protects basic civil, political, social-economic and cultural rights is also fundamental to mental health promotion. Without the security and freedom provided by these rights, it is very difficult to maintain a high level of mental health.

In Enhancing the value and visibility of mental health promotion Sierra Leone's national mental health policies should not be solely concerned with mental health disorders, but also recognize and address the broader issues which promote mental health. This requires mainstreaming mental health promotion into policies and programmes in government and business sectors including education, labour, justice, transport, environment, housing, and welfare. Particularly important are the decision-makers in governments at local and national levels, whose actions affect mental health in ways that they may not realize.

Cost-effective interventions exist to promote mental health, even in poor populations and low cost, high impact evidence-based interventions to promote mental health must include:

- a) Early childhood interventions (e.g. home visiting for pregnant women, pre-school psycho-social interventions, combined nutritional and psycho-social interventions in disadvantaged populations)
- b) Support to children (e.g. skills building programmes, child and youth development programmes)
- c) Socio-economic empowerment of women (e.g. improving access to education, microcredit schemes)
- d) Social support to old age populations (e.g. befriending initiatives, community and day centres for the aged);
- e) Programmes targeted at vulnerable groups, including minorities, indigenous people, migrants and people affected by conflicts and disasters (e.g. psycho-social interventions after disasters).

- f) Mental health promotion activities in schools (e.g. programmes supporting ecological changes in schools, child-friendly schools)
- g) Mental health interventions at work (e.g. stress prevention programmes)
- h) Housing policies (e.g. housing improvement)
- i) Violence prevention programmes (e.g. community policing initiatives); and
- j) Community development programmes (e.g. 'Communities that Care' initiatives, integrated rural development)

To improve treatment effectiveness, public mental health systems should:

Educate mental health providers, especially those who work with HIV positive clients, about what constitutes appropriate treatment for HIV related illnesses so that they can provide at least rudimentary monitoring of treatment. For example, clients who are HIV positive but are asymptomatic should have an assessment of their immune status (viral load, CD-4 cell count) at regular intervals.

Educate mental health providers about common medical complications of HIV and the typical medications used to treat HIV-related conditions.

Educate physical health care providers who treat HIV positive clients with serious mental illness about the concurrent use of psychotropic and HIV medications and provide consultation when psychiatric symptoms interfere with medical management.

Offer education and support to family members of HIV positive clients as appropriate. Create formal or informal arrangements with local public health providers to ensure coordinated treatment of HIV-positive clients.

Provide every seriously mentally ill person who is HIV positive with effective case management, either through the public mental health system or the public physical health care system.

Create fora to examine the reluctance of public mental health systems to address HIV related issues in seriously mentally ill populations

Ensure through appropriate local mechanisms that expensive antiretroviral medications will be available to appropriate seriously mentally ill clients

Advocate for the inclusion of seriously mentally ill persons or their family members in local political processes involving HIV services. In conclusion we proffer the following recommendations for the integration of Health Promotion in our mental health services:

Strengthen institutional capacity to develop health promotion policy and implement appropriate interventions. Develop the required human resources quantitatively and qualitatively to respond effectively to our country needs and challenges. Strengthen health promotion operational research, documentation and sharing of experiences in best practices. Mobilize resources for the development of health promotion programmes. Undertake advocacy for implementation of health as well as other sectors, as well as the reinforcement of partnerships, networks and alliances as required. Ensure factoring of ageing policies and activities as an element of programming in the health sector.

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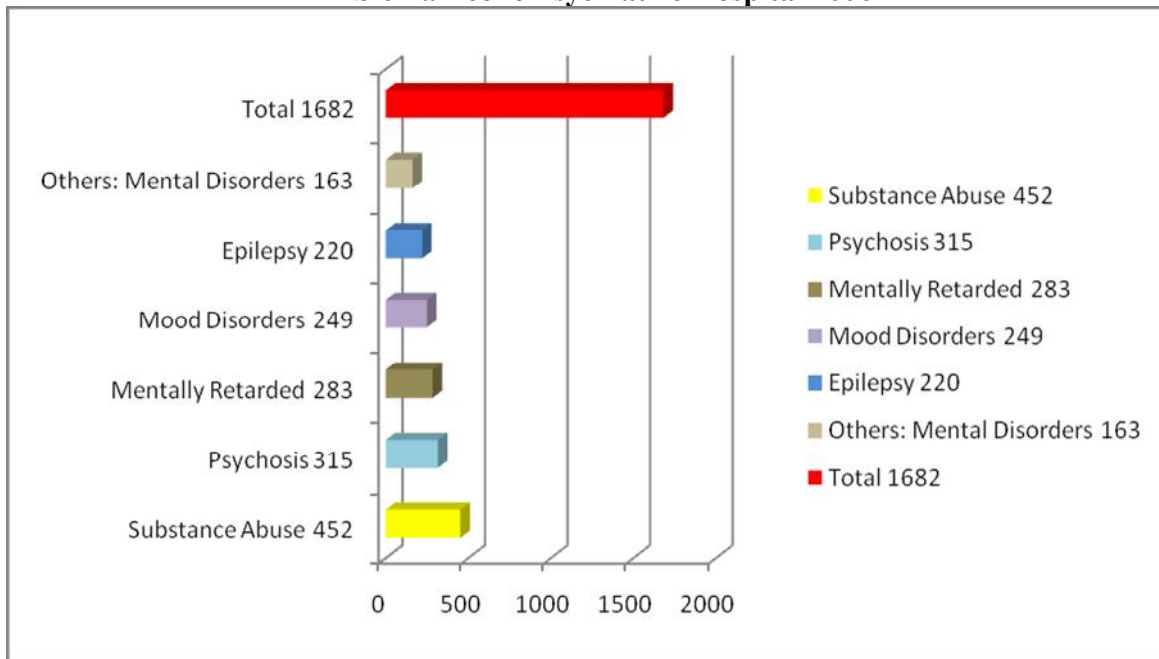
Annex 1

| <i>Prevalence of mental health problems in Sierra Leone 2002</i> | | | | | | |
|--|----------------------|-------------------|----------------------|--------------|------------|------------|
| | Random Sample | HoH-sample | School study* | PHC | SHC | THC |
| | (N=1911) | (N=14706) | (N=279) | (N=138) | (N=26) | (N=120) |
| Depression: | 38% | 5% | 40% | 33% | 25% | 8% |
| Severe | 4% | | | | | |
| Moderate | 34% | | | | | |
| Pyschosis | 3% | 2% | 12% | 5% | 0% | 83% |
| Severe | 2% | | | | | |
| Moderate | 1% | | | | | |
| Substance Abuse | 7% | 7% | 15% | 14% | 7% | 65% |
| Severe | 4% | | | | | |
| Moderate | 3% | | | | | |
| Mentally Retarded | 1% | 0% | 17% | 1.50% | 4% | 1% |
| Severe | 0% | | | | | |
| Moderate | 0% | | | | | |
| Epilepsy | 1% | 2% | NA | 1.50% | 4% | 1% |
| Severe | 0% | | | | | |
| Moderate | 1% | | | | | |
| Traumatic Stress | 65% | 36% | 53%/55%* | 76% | 58% | 3% |
| Severe | 47% | | | 23% | 23% | 3% |
| Moderate | 18% | | | 53% | 35% | NA |
| Social Distress | 37% | NA | NA | 31% | 94% | 3% |
| Severe | 15% | | | 5% | 4% | 3% |
| Moderate | 22% | | | 26% | 90% | NA |

Source: MENTAL HEALTH and SUBSTANCE ABUSE IN POST CONFLICT SIERRA LEONE (MOH, 2002)

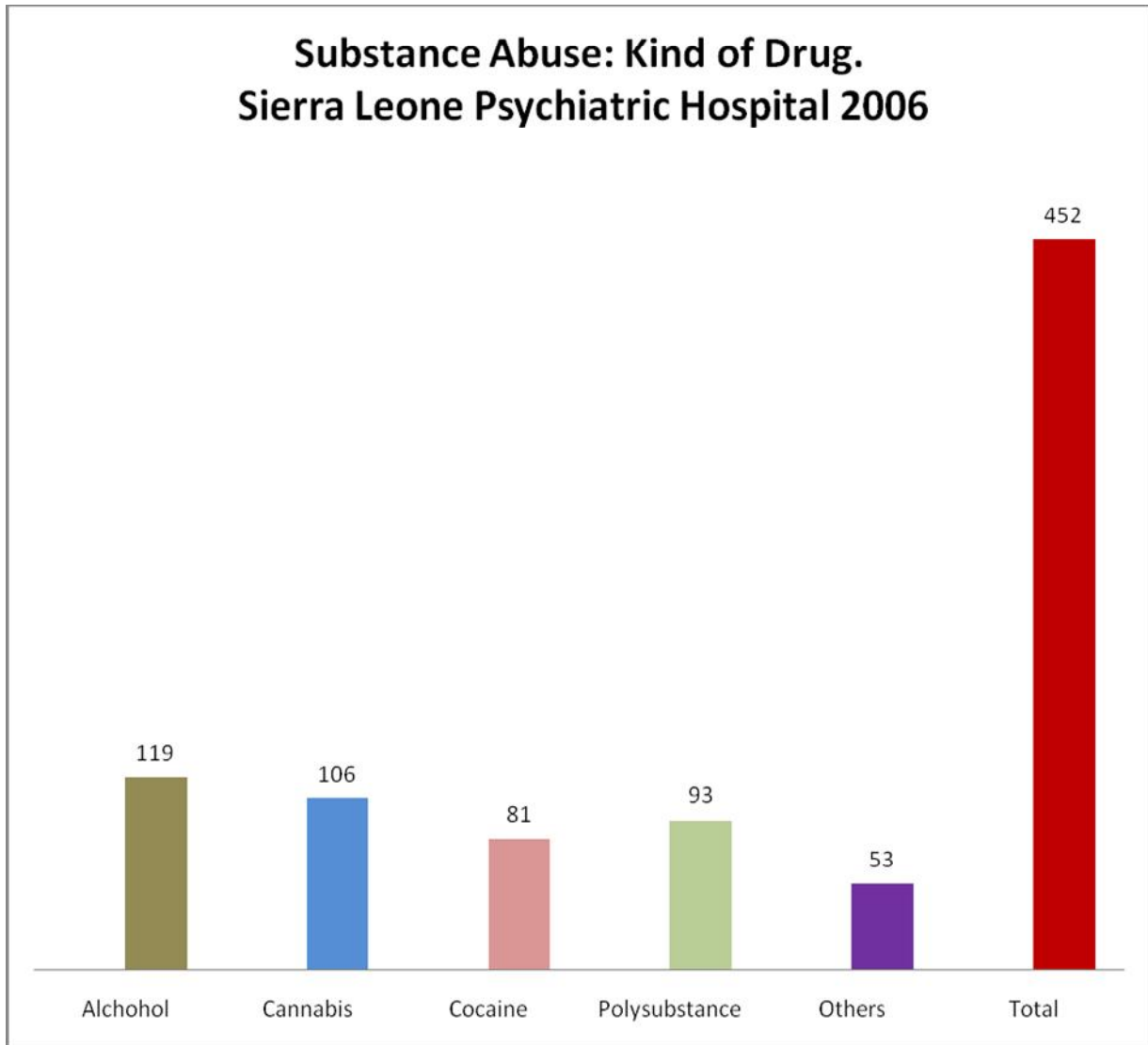
Courtesy - Dr. E.A. NAHIM, Consultant Psychiatrist

Annex 2
Prevalence of Mental Health Problems
Sierra Leone Psychiatric Hospital 2006



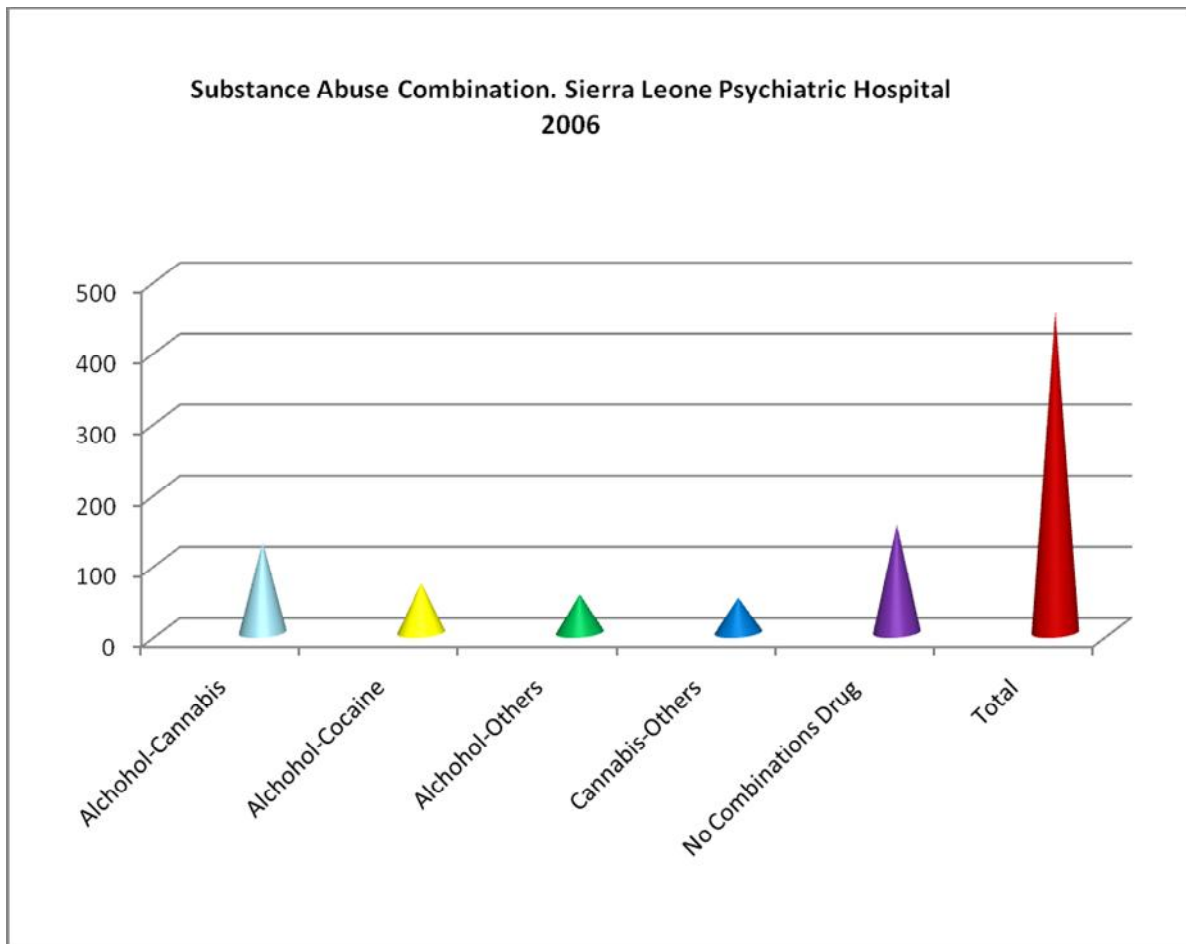
SOURCE: Ministry of Health Survey (2006) Mental Health Morbidity in Sierra Leone
 Courtesy - Dr. E.A. NAHIM, Consultant Psychiatrist

Annex 3



SOURCE: Ministry of Health Survey (2006) Mental Health Morbidity in Sierra Leone
Courtesy - Dr. E.A. NAHIM, Consultant Psychiatrist

Annex 4



SOURCE: Ministry of Health Survey (2006) Mental Health Morbidity in Sierra Leone
Courtesy - Dr. E.A. NAHIM, Consultant Psychiatrist