

Mental Health in Sierra Leone: Beliefs, Myths and Truth

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Abstract

Mental health illness has taken a toll in the lives of the people of Sierra Leone. It is therefore the main purpose of this study to explore the beliefs, myths and truths about mental health in the country and how the civil war and the recent Ebola outbreak impacted the people in the country. Findings from the study suggest that the 10-year civil war and the current Ebola outbreak in Sierra Leone presented major contributions to the increase in mental health cases in the country. The sufferings of the people and their horrifying experiences paved way to them acquiring mental health problems and disorders such as depression, drug-abuse, psychosis, epilepsy, post-traumatic stress disorder and schizophrenia among others. Due to the lack of mental health services and professionals, the people of Sierra Leone had to resort to seeking the help of traditional healers in order to address their mental health issues. However, in most cases, the people first go to the traditional healers before seeking help from professional health care providers. As a result, the issue of mental health in Sierra Leone has become a priority area due to the decline in mental health in the country contributing to high mortality rate and slow economic recovery and development. Therefore, improved mental health policies must be embedded in Sierra Leone's national strategy in an aim to promote accessible professional mental health treatment and services to the public.

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1. Introduction

War and outbreaks are two of the most traumatic experiences that can impact the lives of people in different ways. These events can have physical, emotional, psychological and social implications to affected people and therefore recovery can be quite challenging. Sierra Leone, a country located in West Africa, is one of the nations that are currently experiencing the serious effects of the war and Ebola outbreak contributing to the increase in mental illness cases. According to Alemu, et.al (2012), the 10-year civil war and the recent Ebola outbreak has contributed to the increase in the number of people affected by mental illness. The same author further claimed that there are approximately about 715 thousand people suffering from mental health disorders but only about 2,000 are receiving proper care and treatment.

According to Amone-P'Olak, et.al (2013, p. 1), "The aftermath of war includes long-term effects on mental health." This is true to the people in low to middle income countries, including that of Sierra Leone. Coupled with the recent Ebola outbreak in the country, the people have been experiencing mental breakdowns, depression and dementia among others. Despite this, Sierra Leone is currently moving towards recovery and the restoration of its major infrastructure, particularly the nation's general and mental health services facilities and delivery systems. However, Shackman and Price (2013) claimed that there are several challenges being encountered in terms of addressing the mental health issues in the country including scarcity of resources, lack of capacity building and impending sustainable mental health projects for the low to middle income countries.

Thus, it is the purpose of this study to explore the myths and truths about the mental health crisis in Sierra Leone. A qualitative approach will be employed in carrying out a secondary research to address the objectives of this study. It is expected that the outcome of this research will contribute to knowledge and awareness about the growing need of mental health services in Sierra Leone and generate innovative recommendations on how to psycho-educate the population on the importance of mental health.

1.2 Problem Statement

Sierra Leone is a small country in West Africa which is home to approximately 6 million people. The country is populated by various ethnic groups and is divided in 4 geographical areas with 12 districts (Shackman and Price, 2013). The country is said to be rich in natural resources but is also considered to be one of the low income countries in the world. Majority of the people in the nation still rely on the traditional way of living, earning income through farming and small trading with an average annual income of \$800 US dollars (Shackman and Price, 2013).

In 1991, Sierra Leone was caught in a civil war that lasted for a decade as a result of varying political conflicts. The effects of the war that ended in 2002 resulted to severe injuries, deaths, violence and trauma that are too grave to even imagine. Due to this, a sudden increase in people suffering from mental health illness has been reported and limited psychiatrists and mental health care services are available in the country (Yoldi, 2012). According to an interview with Dr. Edward Nahim, a psychiatrist and head of Sierra Leone Psychiatric Hospital in Freetown, there are already about 400,000 patients recorded to be suffering from mental illness but due to lack of time and resource scarcity, only 10 per cent

of the patients were provided with appropriate mental health care whilst the other 90 per cent had resorted to seeking health care from traditional healers (Yoldi, 2012).

Apart from the residual effects of the decade-long civil war in Sierra Leone, a recent Ebola outbreak has plagued the nation. According to CDC (2015), Sierra Leone, along with other African nations (Liberia and Guinea), has been experiencing a year-long Ebola outbreak which is reported to be the largest and most complex outbreaks in human history. In this regard, the Data Team of The Economist (2015) reported that the first Ebola outbreak case was seen in December of 2013 in Gueckedou, Guinea which is near the borders of Liberia and Sierra Leone. Due to travelers, Ebola was taken across border which started the worst Ebola outbreak worldwide. As of August 2015, the number of people affected with Ebola in Sierra Leone has reached to approximately 13,000 with more than 3,000 included in the death toll (shown in figure 1).

Conversely, the effects of the civil war and Ebola outbreak remained to be the primary causes of the continued increase in cases of mental health issues in Sierra Leone. Whilst health care is being provided in the country, the people are still seeking health care from traditional healers (MOHS, 2009 cited in Shackman and Price, 2013). Partly, this practice is due to the lack of health care services in the country which is not accessible to the overall population. In addition, the country severely lacks mental health services with only one psychiatric hospital, one psychiatrist and two trained psychiatric nurses (Shackman and Price, 2013; Yoldi, 2012).

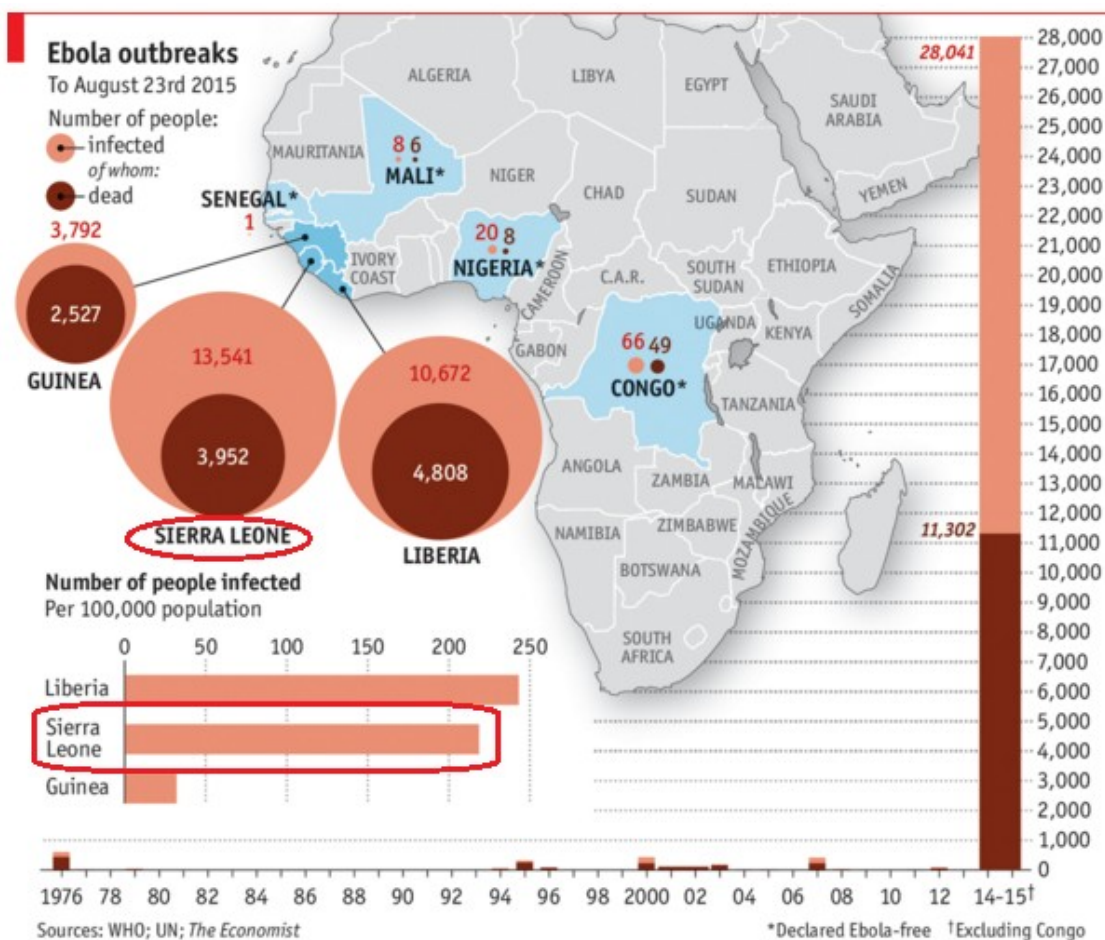


Figure 1: Ebola Outbreak in Guinea, Sierra Leone and Liberia, 2015 (The Economist, 2015)

The impact of the civil war and Ebola outbreak in Sierra Leone contributed to the increase in mental health patients but providing health services to them has become a major challenge in the country. Due to scarcity in mental health services, the people of Sierra Leone have resorted to traditional healing which signaled the immediate need for international health organizations, NGOs, CDC and the WHO to come together and mediate the medical war that the country is currently fighting (WHO, 2015). As such, mediating interventions need to be implemented in the country in order to address the mental health treatment gap and provide quality mental health care for the people of Sierra Leone.

1.3 Research Objectives and Question

For the purpose of this study, the main question to be answered is: What are the beliefs, truths and myths about the mental health crisis in Sierra Leone? In line with this, the main goal of this study is to explore the beliefs, myths and truths about the mental health crisis in Sierra Leone. In particular, this study aims to address the following specific objectives:

- To identify the impact of the 10-year civil war and Ebola outbreak to the people of Sierra Leone.
- To explore the relation of the effect of the civil war and Ebola outbreak to the increase in mental health crisis in Sierra Leone.
- To develop innovative ideas on how to promote psycho-education in Sierra Leone pertaining to the importance of mental health.

2. Literature Review

There are certain beliefs, myths and truths about mental health in Sierra Leone which this study aims to explore. This is to have a better understanding about the significant increase in people affected with mental health disorders in the country. Mental health has been an area of priority described by the World Health Organization for Sierra Leone due to lack of mental health services available for the people. Due to the cultural and traditional origins of the people in Sierra Leone, Hales (1996) asserted that mental health practitioners should have a better understanding of the culture, beliefs and experiences of the patients so as

to promote quality care. Moreover, it is apparent to have a better grasp of how the civil war and the recent Ebola outbreak contributed to the increase in mental illness amongst the people of Sierra Leone in order to identify the rationale behind their notions and beliefs regarding the myths and truths of mental health.

2.1 Civil War in Sierra Leone, 1991-2001

The ten-year civil war in Sierra Leone has indeed caused tremendous impacts to the lives of the people. Considering the length of the war, it is not hidden that its memories are still fresh on the minds of the Sierra Leoneans, specifically the violence or the brutality brought by the war itself. For a decade, the civil war droned on and with that, the country had focused on reinforcing ways of building the communities and helping the former child soldiers (Jang, 2012). The brutality and violence that the people had seen and experienced during the war had led to several dangerous effects on their emotional and psychological health (Betancourt, et al., 2010).

Moreover, in a study by Betancourt, et.al (2011), findings revealed that the 10-year civil war in Sierra Leone has contributed majorly in the increase in mental health problems in the country particularly among children and women. Specifically, the authors' research suggested that "in the aftermath of war, girls are confronted with gender-specific physical and psychological challenges" (p. 21). Hence, the civil war played a major role in the mental health outcomes among females and children in Sierra Leone (shown in figure 2). Apparently, the study of Betancourt, et.al (2011) suggested that the impacts of the war that contributed to the development of mental health issues include rape, sexual assault, anxiety, hostility and loss of caregiver to both genders.

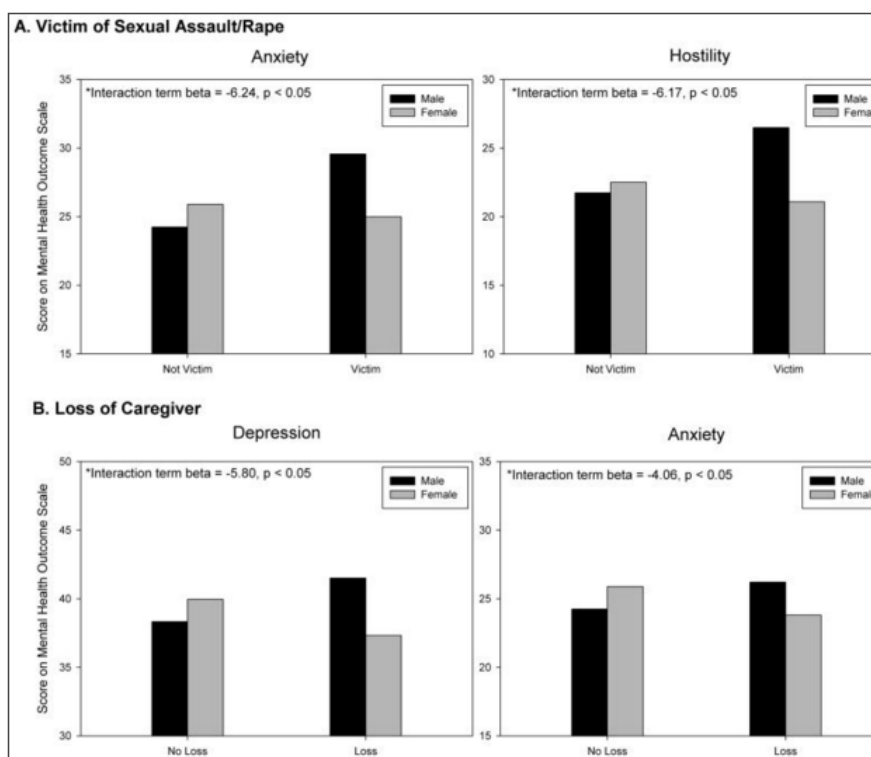


Figure 2: Interaction between Gender and War Exposure on Mental Health Outcome
(Betancourt, et.al, 2011)

2.2 Ebola Outbreak in Sierra Leone

Ebola outbreak has become evident in some countries, particularly in Africa. This virus has caused serious impact to the people of Sierra Leone such that it has reportedly claimed the lives of and seriously infected thousands of people in the country. According to HELLERINGER and NOYMER (2015), the life expectancy in Sierra Leone has declined from 1.38 to 5.10 years due to the Ebola Virus Disease (EVD). As such, the emergence of EVD in the country caused fear, depression and anxiety to the people of Sierra Leone that impacted the status of their mental health. In lieu thereof, findings from the study of SCHULTZ, et.al (2015, p.

567) suggested that “In West Africa, Ebola virus disease arouses fear behaviors, in part because many have witnessed the graphic hemorrhagic manifestations of those infected and the bodies of those who have died.”

Moreover, Yadav and Rawal (2015) argued that the recent Ebola outbreak in Sierra Leone and neighboring Western African countries caused fear, grief, stress and shame to the survivors of the disease. As a result, the said epidemic created the need for several people, particularly the survivors, to require psychological support (Yadav and Rawal, 2015). On the contrary, ACAPS (2015) noted that there were no substantial evaluations that have been conducted to assess the impact of the Ebola outbreak to mental health despite the epidemic’s negative outcomes. Yet, Tankink (2015) claimed that the Ebola outbreak caused fear, stigmatization and health measures that conflicted with the traditional belief of the people in the affected Western African countries thereby requiring attention in terms of sustainable mental health care and services. Apparently, the same author placed high emphasis on mental health problems and risks caused by the Ebola epidemic due to its traumatizing effect to the people, particularly to children.

2.3 Mental Health in Sierra Leone: Beliefs, Myths and Truths

Myths and cultural and religious beliefs are common among ethnic groups in some countries. As such, this also holds true to some of the indigenous population in Sierra Leone wherein the country is said to be home to several belief and cultural groups (Alemu, et.al, 2012). According to Palmer (2013), mental health in Sierra Leone has received little attention and efforts to alleviate issues in the nation’s health care systems have just been made

recently. Hence, for a long time, the people of Sierra Leone have been accustomed to myths and traditional beliefs surrounding mental health.

Yoldi (2012) asserted that it is an on-going belief among the people of Sierra Leone that the traditional methods of mental health care are known as solutions to their mental health problems. Apparently, the same author noted that most Sierra Leoneans believe that mental health illnesses are caused by witchcrafts, curses, evil spirits or punishment of having bad people in the family. In this regard, these beliefs became barriers to the people acquiring knowledge about the truths and familiar views of psychiatric evidences and causes of mental health disorders. Thus, Schultz, et.al (2015, p. 567) stipulated that “The already resource-poor health care systems have been further challenged by myths and misinformation, often driven by erroneous news reports and inadequate public health messaging.”

3. Conclusion and Recommendations

Mental health is an important implication of quality of life and overall public health. In Sierra Leone, there is a poor mental health system coupled with barriers of the myths pertaining to traditional healing and beliefs about the causes of mental illness and disorders. Conversely, there is a need to provide significant attention to the mental health status of the Sierra Leoneans giving particular focus on the effects of the 10-year civil war and recent Ebola outbreak in the country. Hence, promoting psycho-education about the importance of mental health to the public can improve their awareness about the truths that lie beyond their traditional beliefs of the common myths surrounding mental health.

Therefore, the following innovative ideas are being recommended to psycho-educate the population regarding the importance of mental health and of the need to seek professional mental health care.

- Promote psychosocial and public health interventions such as public health education workshops, establishment of social support groups and development of non-profit fitness and health programs (i.e. Yoga).
- The government of Sierra Leone should collaborate with the different sectors in the country to fund effective psychosocial programs in order to encourage public participation.
- International collaboration is significant for Sierra Leone in seeking assistance of implementing effective public health programs, especially for the poor.

References

ACAPS. (2015). Ebola in West Africa - Impact on Health Systems. ACAPS Briefing Paper.

Retrieved from http://acaps.org/img/documents/b-20150226_ebola_health_system.pdf

Alemu W., Funk M., Gakurah T., Bash-Taqi D., Bruni A., Sinclair J., Kobie A., Muana A., Samai M., and Eaton J. (2012). *WHO Profile on mental health in development (WHO proMIND): Sierra Leone*. Geneva: World Health Organization.

Amone-P'Olak, K., Jones, P.B., Abbott, R., Meiser-Stedman, R., Ovuga, E. and Croudace, T.J. (2013). Cohort profile: mental health following extreme trauma in a northern Ugandan cohort of War-Affected Youth Study (The WAYS Study). *Springer Plus*, 2, 1-11

Betancourt, T. S., Borisova, I. I., de la Soudiere, M., & Williamson, J. (2011). Sierra Leone's Child Soldiers: War Exposures and Mental Health Problems by Gender. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine*, 49(1), 21–28.

Betancourt, T. S., Borisova, I. I., Williams, T. P., Brennan, R., Whitfield, H., de la Soudiere, M., and Gilman, S. (2010). Sierra Leone's Former Child Soldiers: A Follow-up Study of Psychosocial Adjustment and Community Reintegration. *Child Dev.*, 81(4), 1077-1095.

Hales, A. (1996). West African Beliefs about Mental Illness. *Perspectives in Psychiatric Care*, 32(2), 23-29

Helleringer, S. and Noymer, A. (2015). Assessing the Direct Effects of the Ebola Outbreak on Life Expectancy in Liberia, Sierra Leone and Guinea. Retrieved from <http://currents.plos.org/outbreaks/article/assessing-the-direct-effects-of-the-ebola-outbreak-on-life-expectancy-in-liberia-sierra-leone-and-guinea/>

Jang, S. Y. (2012). The Causes of the Sierra Leone Civil War. Retrieved from <http://www.e-ir.info/2012/10/25/the-causes-of-the-sierra-leone-civil-war-underlying-grievances-and-the-role-of-the-revolutionary-united-front/>

Palmer, L. (2013). Perceptions of mental health in Sierra Leone – a family doctor's view. Retrieved from http://www.commonwealthhealth.org/wp-content/uploads/2013/07/Perceptions-of-mental-health-in-Sierra-Leone_CHP13.pdf

Shackman, J. and Price, B.K. (2013). Mental health capacity building in northern Sierra Leone: lessons learned and issues raised. *Intervention*, 11(3), 261-275

Shultz, J.M., Baingana, F., and Neria, Y. (2015). The 2014 Ebola Outbreak and Mental Health Current Status and Recommended Response. *The Journal of the American Medical Association*, 313(6), 567-568

Tankink, M. (2015). Introduction to the Special Section on Ebola: reflections from the field. *Intervention*, 13(1), 45-84

The Economist. (2015). The toll of a tragedy. Retrieved from <http://www.economist.com/blogs/graphicdetail/2015/08/ebola-graphics>

World Health Organization (WHO). (2015). Sierra Leone: A slow start to an outbreak that eventually outpaced all others. Retrieved from <http://www.who.int/csr/disease/ebola/one-year-report/sierra-leone/en/>

Yadav, S. and Rawal, G. (2015). The Current Mental Health Status of Ebola Survivors in Western Africa. *Journal of Clinical and Diagnostic Research*, 9(10), LA01-LA02

Yoldi, O. (2012). Sierra Leone: Trapped in the Shadows of the Mind. *Refugee Transitions*, 26, 60-65