

# Factors for Success

Mental Health Advocacy in Sierra Leone



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Factors for Success: Mental Health Advocacy in Sierra Leone.

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### **Declaration of Interest**

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## Executive Summary

Sierra Leone faces many challenges in providing accessible mental health care and combating stigma. Worldwide, it has become a consensus that mental health advocacy groups are an effective way of pushing the mental health agenda and putting pressure on national government. However there is limited research that highlights best practice in low-resource settings. In an effort to improve the mental health situation in Sierra Leone, stakeholders have come together to form the country's first mental health advocacy group: the Mental Health Coalition - Sierra Leone. Since its inception, it has worked towards raising the profile of mental health in Sierra Leone and developing as an advocacy group. The aim of this study is to investigate factors associated with successful mental health advocacy in a low-income country (Sierra Leone) using community-based participatory research (CBPR) methodology. Nine focus groups were held with mental health stakeholders, and key informant interviews were conducted with advocacy targets. The data was analysed collaboratively using qualitative data coding techniques informed by Grounded Theory.

The analysis unpacked a series of successes and challenges of the Mental Health Coalition's advocacy efforts, factors contributing to both outcomes, and environmental factors that relate to mental health advocacy in Sierra Leone. The study revealed ongoing efforts towards advocacy outputs relating to scaling up of mental health and policy development, with slow, but positive change in the policy sphere. While adoption of the National Mental Health Policy was success, implementation remains a serious challenge, including the priority of legislative reform. Limited resources and the competition for resources were additional obstacles. Strategic engagement and effective working relationships with government, specifically the Ministry of Health and Sanitation, and stakeholders were significant successes. While elements of the Coalition's organizational led to successes in mental health advocacy, confusion regarding key organizational elements of internal and external actors remains.

Overall, the results confirmed the need for coordinated advocacy movements for mental health to spur demand for change in the context of low political will of public policy makers. This study uncovers advocacy as an essential, integrated, component of programmes, including those focused on service development or systems strengthening. The utilization of a participatory approach contributed to a higher quality research process and a reinforcement of the aims of the Coalition through the research itself and its dissemination.

## Introduction

While the principle of 'nothing about us without us' is well recognised, people affected by services continue to have relatively little say in how those services are run. Stakeholders at all levels have a central role in both advocating for reform in countries where this is needed and in participating in the processes of reform where they are taking place.<sup>1</sup> Worldwide, it has become a consensus that mental health advocacy groups are an effective way of pushing the mental health agenda and putting pressure on national government.<sup>2</sup> However there is limited research that highlights best practice in low-resource settings. Sierra Leone faces many challenges in providing accessible mental health care and combating stigma. In an effort to improve the mental health situation in Sierra Leone, stakeholders have come together to form the country's first mental health advocacy group: the Mental Health Coalition - Sierra Leone (MHC). Since its inception, it has worked towards raising the profile of mental health in Sierra Leone and developing as an advocacy group. The aim of this study is to investigate factors associated with successful mental health advocacy in a low-income country (Sierra Leone) using community-based participatory research (CBPR) methodology. Focus groups (N=9) were held with mental health stakeholders, and key-informant interviews (N=15) were conducted with advocacy targets. The data was analysed collaboratively using qualitative data coding techniques informed by Grounded Theory. The analysis unpacked a series of successes and challenges of the MHC's advocacy efforts, factors contributing to both outcomes, and environmental factors that relate to mental health advocacy in Sierra Leone.

### *Mental Health in Sierra Leone*

In Sierra Leone, mental health services are limited and outdated, despite the great need for mental health care. In 2002, the World Health Organization found that 500,000 people (approximately 1/10<sup>th</sup> of the country's population) were affected by mental health problems; 2% of the population was suffering from psychosis, 4% severe depression, 4% substance misuse problems, 1% intellectual disability and 1% epilepsy.<sup>3</sup> The population has been particularly affected by the long lasting violence of the 1991-2002 civil war that left deep scars on the nation's psychological well-being. Existing services, limited to one tertiary care institution, are not able to satisfy even a small fraction of the needs. When measured using Disability-Adjusted Life Years (DALYs), neuropsychiatric disorders in Sierra Leone represent the most disabling conditions among non-communicable diseases, higher than cancer, cardiovascular disease, and respiratory diseases. From the economic and social perspective, there is strong evidence that this has a detrimental effect on a country's development and is a major barrier to achievement of the Millennium Development Goals.<sup>4,5</sup>

People with mental health problems in Sierra Leone are often ostracized from their communities, and human rights violations are common.<sup>6-8</sup> This may be due to traditional beliefs that attribute mental illness to spiritual causes and often blame the person living with the mental health problem. Lack of public awareness about mental health and negative attitudes surrounding mental illnesses have contributed to high amounts of stigma and discrimination against people with mental health problems in Sierra Leone.

### *Mental Health Advocacy*

Sierra Leone's challenges in mental health are not unique to the country. Globally, it is estimated that 30% of countries do not have mental health programmes, while 40% do not have mental health policies to inform service delivery. Within the African continent, care is primarily offered in psychiatric hospitals as more than 40% of countries have no community based mental health services.<sup>9</sup> The lack of prioritisation by government and key decision-makers is identified as a major barrier to scaling up mental health services.<sup>10</sup> The empowerment of stakeholders as advocates is recognised not only as an effective tool to

overcome this, but a fundamental principle.<sup>7</sup> Groups of key stakeholders, including service users, health care workers, NGOs and other community members, can be effective in pushing forward the mental health agenda,<sup>11</sup> resulting in improved access to mental health care while fighting stigma and discrimination.<sup>5,12</sup> Since 2010, there has been a growing movement in West Africa to establish and build capacity in mental health advocacy groups, with the establishment of stakeholder advocacy groups in many West African countries, including Sierra Leone.<sup>13</sup>

### *The Mental Health Coalition – Sierra Leone*

In response to the ongoing challenges in mental health in Sierra Leone, the Mental Health Coalition-Sierra Leone (MHC)<sup>14</sup> was founded in August 2011. A national consultative meeting was facilitated for individuals and organizations directly or indirectly affected by mental health issues. It was at this meeting that these stakeholders agreed that there was a need to confront ongoing mental health issues in Sierra Leone. A three day training workshop followed, coordinated to prepare interested stakeholders for the founding of the MHC. An Executive Committee (EXCO) was elected by attendees, and the MHC was born.

The MHC's stated purpose is to create a national body that empowers stakeholders to advocate for their needs, thus raising the profile of mental health in Sierra Leone. Since its inception, the MHC has actively developed as an advocacy movement with a constitution highlighting the organization's goals (see Table 1).<sup>15</sup>

**Table 1 Goals of the Mental Health Coalition - Sierra Leone**

<ul style="list-style-type: none"><li>• Advocate with government bodies to pay more attention to mental health issues and work systematically to improve services for people with mental illness;</li><li>• Coordinate activities between NGOs and governmental agencies, allowing space for and facilitating networking;</li><li>• Empower stakeholders, particularly service users, so that they can clearly voice their own priorities;</li><li>• Spread awareness about mental health and promote mental health in the general population;</li><li>• Support the empowerment of service users in Sierra Leone;</li><li>• Act as an advisory and monitoring body for the national mental health programme (strategic plan implementation, implementation of this project), and for other organisations requiring advice and information on mental health issues in Sierra Leone.</li></ul>
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From the time of the MHC's launch in September 2011 to commencing this study in September 2013, the group has made significant progress in these aims and advocacy outputs. For the purposes of this analysis, advocacy outputs are defined as the direct result of advocacy activities which lead to outcomes.<sup>16</sup>

Successes that can be easily documented (and would not have happened without the MHC's influence) include:

- Promoting the launch of the National Mental Health Policy;
- Establishing a national Mental Health Steering Committee in the Ministry of Health and Sanitation;
- Integrating mental health into the national Poverty Reduction Strategy Paper (PRSP) II: Agenda for Prosperity;

- Holding annual conferences bringing together stakeholders from within the country and international participants.

### *Factors for Success: Qualitative Study*

The aim of this study was to identify examples of successful advocacy in mental health and the factors leading to the success of this advocacy using a community-based participatory research (CBPR) approach. The advocacy work of the MHC could be considered a model to be replicated elsewhere. This research endeavoured to formally investigate both the successful and unsuccessful advocacy activities of the MHC, as well as the factors that influence these activities. The intended result of the *Factors for Success* (FFS) study was to share identified lessons learnt in mental health advocacy with groups working in similar contexts beyond Sierra Leone, as well as feedback to those who participated in the study to build on their established success and involvement.

CBPR is an approach to research that ensures the collaborative involvement of community stakeholders who are affected by, and interested in, the research question. The structure is one that is rigorous so as to ensure quality data collection and analysis. There is a strong emphasis on capacity building in order to prepare community members for advocacy and community action that is based in evidence.<sup>17</sup> The *Factors for Success* study was designed and carried out by members of the MHC who were trained in research methods. Capacity building and research design sessions were conducted in collaboration with the MHC over a period of six months. In addition, the MHC members and other community members, through the formation of a Community Advisory Board (CAB), provided extensive input at each step of the study's planning, implementation, analysis and report writing. Therefore, this study sought to empower mental health stakeholders in Sierra Leone, both through the process and outputs of investigating the research aims.

### **Methods**

The study employed grounded theory<sup>18</sup> in the context of CBPR. Table 2 highlights how CBPR was integrated into each phase of the study.

**Table 2 Integration of CBPR approach into study phases**

<b>Study Phase</b>	<b>Activity Integrating CBPR Approach</b>
Preparation & Planning	MHC formed Research Sub-Committee which included broad range of members from MHC, both those with and without research experience; Research Sub-Committee participated in qualitative research methods training, therefore building capacity within the MHC; Research Sub-Committee developed study idea (including research questions) amongst its membership and nominated FFS Research Team; FFS Research Team presented study idea to MHC EXCO for input and approval, therefore ensuring participation of MHC; FFS Research Team & EXCO nominated community members for CAB, which included a broad range of stakeholders: mental health service providers, mental health service users' family members, police, representatives from a disability advocacy group and a child health advocacy group; FFS Research Team presented study idea to CAB for feedback and approval.
Data Collection	Data collection training provided to FFS Research Team Members to promote capacity building within the FFS Research Team; FFS Research Team presented preliminary results to CAB for feedback.

<b>Study Phase</b>	<b>Activity Integrating CBPR Approach</b>
Transcription & Analysis	Transcription and analysis training provided to FFS Research Team Members to promote capacity building within the FFS Research Team.
Dissemination	FFS Research Team Members presented results at MHC meeting for feedback therefore ensuring participation of MHC; Draft report presented to EXCO for feedback and approval.
Conclusion	FFS Research Team organised a mental health training for members of CAB as a knowledge exchange for time offered in CAB meetings.

The findings of this study are based on qualitative data collection conducted by the joint study team over a period of two months, between September-October 2013, in Freetown and Makeni, Sierra Leone. Purposive sampling was used to select key stakeholders and advocacy targets of the MHC to participate in the study.

### *Respondents*

Key informant (KI) interviews (N=15) were conducted with advocacy targets of the MHC. The total number of KI interviews was determined by the saturation of the data. Potential KI participants were contacted by phone or in person to discuss the purpose of the study and the inclusion criteria. If the potential participant confirmed interest, the place and time of the interview was planned. Immediately before the potential interview, a consent form was read aloud to the participant and, if oral informed consent was granted, the research team member documented that consent in writing. Interviews were conducted face-to-face in the language of the participants' choice and recorded. Members of the research team conducted the interviews either alone or with a colleague for the purposes of note-taking and options for preferred language.

Focus groups (FGs) were conducted groups of mental health stakeholders. A total of N=9 FGs were conducted with groups of up to 10 participants of MHC members, ex-service users,<sup>1</sup> family members of ex-service users, service providers, and Freetown Police. FGs, with the exception of the Police FG, were conducted in gender-disaggregated groups with a same-gendered facilitator and note-taker, when appropriate.<sup>2</sup> Potential FG participants were recruited through snowball sampling with MHC stakeholder contacts. The recruitment and consent process mirrored that for the KI participants.

### *Instrument development*

Semi-structured interview guides for both KIs and FGs were prepared based on the research questions. The interview guides were comprised of questions to elicit stakeholders' views on the work of the MHC posed in general terms to allow the respondents to explore issues from their own perspective. Interviewers probed and clarified as necessary to more fully understand the respondents' own point of view.

### *Data Collection and Analysis*

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<sup>1</sup> The research team chose to recruit persons identifying as 'ex-service users' as a strategy to reduce potential stigma in participating in the study, defined as any person who had previously been provided mental health care, as it is recognized that individuals with psychosocial disabilities can be marginalized and are at risk of stigmatization resulting from participation in mental health research.<sup>42</sup> To ensure that participation in the FFS study did not result in impact study participants negatively steps were taken, for example, such as leading focus groups with ex-service users in a general health clinic that was not associated with mental health care to ensure anonymity and reduce risk of relapse.

<sup>2</sup> In one instance, in the ex-service user female FG, the preferred language was Temne. As the only team member with Temne language skills was male, he led the discussion with a female team member accompanying him.



Using a grounded theory approach, the research team employed debrief sessions during the period of data collection to reflect on the progress of data collection, create memos on preliminary findings, and reflect on possible saturation.

Recorded discussions and interviews were transcribed verbatim and translated into English, where necessary. Interviews were carried out mainly in English and Krio, with one in Temne, and by native speakers of these languages. Grounded theory guided the analysis approach, which was conducted using MAXQDA.<sup>19</sup> Preliminary analysis included a review of all transcripts and memos from debrief meetings to identify initial units for forming the basis of a coding structure by the research team. Open coding of the transcripts was completed as a team. Analysis followed the open coding by comparing codes across transcripts, coding to the point of saturation of the data, and iteratively organizing the open coding into a codebook. One team member coded the data using the codebook and organised the axial coding based on identified relationships, which was reviewed by a second team member.

## **Ethics**

Ethical approval for this research was granted by the Sierra Leone Scientific and Ethics Review Committee. In addition, the study team convened a CAB which gave context-specific ethical guidance to the research team throughout the study in addition to serving as additional mechanism for results dissemination. The CAB was comprised of community members, including representatives from the Police Force, service providing institutions, health advocacy groups, and service users and their families.

Informed consent was obtained from all participants, including the permission to record the interviews. Other ethical considerations were related to the inclusion of former mental health service users in the study sample. As a particularly vulnerable group, additional considerations were given to the inclusion of ex-service users into the study sample. Based on the advice of the CAB, community contacts of the MHC were relied on to identify potential ex-service users who were no longer seeking care for inclusion in the study.

FG interviews took place in a community clinic proximal to the urban area of residence for many of the participants. The provision of a lunchtime meal and reimbursement of transport costs was provided for not only the participants themselves, as for the other FG sessions, but also for a caregiver, if the participants opted to have one accompany them to the location of the FG discussion.

A final ethical consideration was the need to protect the confidentiality of the participants. The small sample size and nature of many of the participants deemed the study potentially revealing. All the interviews were anonymised by replacing all identifiable and semi-identifiable information with generic descriptors.

## **Results**

The analysis revealed that internal, external, and factors specific to the advocacy approach shaped the successes and challenges of mental health advocacy in Sierra Leone.

## **Internal Factors**

### *Structure of Organization*

Respondents highlighted drivers for success including strong organisation and structure of the MHC. A male KI from a tertiary education institution remarked: "it's getting structured and organised. Advocacy for mental health is getting institutionalized." Good governance of the MHC was also referenced:

That's another thing we are doing well – is that, the power of delegation. We are not - this is not a one man show. We are... open to suggestions, ideas, or participation from various stakeholders... We've learned how to delegate, and we are not embarrassed to ask for help. (KI, male, service provider)

A "clear vision" (KI, female, service provider) and regular meetings were also mentioned as contributing to successes. Finally, the absence of a financial focus for the organization was described as a factor for success:

*Di small fund mak wi tak care of dem for ep nor to for mak buy big cars, begin mak yu sef jus bikos yu dae na di executive, so di executive for be strong en e for be strong nor to moni normor issue wit dat wi go.*<sup>3</sup> (FG, female, MHC member)

Fulfilling the requirement of registering as an organization with the Government of Sierra Leone (GoSL) was cited as a success. A noted challenge was lack of strategic direction; respondents recommended improvements in advocacy planning processes. Similarly, the challenge of the absence of a Secretariat was mirrored by respondents recommending some changes to the structure of the organization, including the creation of a board and the drafting of a constitution. Respondents suggested bringing in specialists for technical issues. Advice also included continuing meetings even when attendance numbers are low.

### *Membership*

Driving factors for success highlighted by respondents related to encouraging membership to grow, including further involvement of traditional healers, service users and their families.

Because involvement of all the family members, as I have said, involvement of all the community members, involvement of the users themselves, will go a long way not only to integrate, but also to do away with this problem of stigma and discrimination. (KI, male, government official)

Even the traditional healers have a representative in the Coalition. The responsibilities of the traditional healers have been made clear; they are not to chain or beat anybody affected by this disease. (FG, male, Mental Health Nurse)

One respondent, a traditional healer representative, mentioned that traditional healers do not feel included:

*Well ar done de yeri Mental Health Coalition. Actually dem de try... But way den nor kam to we yate naya, en we go want for mek dem kam to we na[name of the organization]. We go want for mek we participate beteh beteh wan. Nor forget say we get doctor dem way day men kraseman. Den de men kraseman e day well kain kain, en e go do correct woke bak, way pass den tell yu say dis e bin done krase, so mek Mental Health Coalition nor forget we. Den de do well because we day yeri*

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<sup>3</sup> The small funds will allow us to take care of them, not to buy big cars and big house just because you are the executive. So, the executive needs to be strong. It is not about the money, it shouldn't hold up this Coalition.

*dem na radio dem de tok but ar tell yu say na di step nor mor.*<sup>4</sup> (KI, male, traditional healers' representative)

Challenges mentioned include the lack of membership representation from technical experts and strong individuals were noted as challenges.

*And also watin dae stop di Coalition am—wae di government really ready for mak law concerning mental health, den for get expert dem wae dae able for really understand say bikos you fen out for say, naw our days di laws dem wae den dae mak, en nor dae in favour of di masses, e nor dae in favour, lek aw tok bot di politicians dem, if yu wan nor understand bot mental health den go mak a law wae nor dae In favour of yu yon Coalition, yu nor no for say dis na error, yu go mak correction bifo den pas am na parliament.*<sup>5</sup> (FG, male, MHC member)

Respondents recommended that the MHC gain broader support across all religions, and to increase the involvement of service users and their families and community members. Mental health nurses called for their own further integration and that of District Medical Officers (DMOs) in the organization. Family members called for more involvement of themselves. Representatives of government, civil society, service providers, traditional healers, and tertiary education recommended expanding the geographical focus:

I would set up regional level advocacy groups. Every region would have their own advocacy group. I would have one national group of experts who would train those regional groups, and then we would support them within the capacities of our resource limits to do advocacy on the radio, in the television, using theatre groups, and things like that, so that, the last man in the village is reached. (KI, male, government official)

Another thing I think we could improve on, and we've started making some move by having that workshop we had here, is to empower service users or even former service users to get involved in the advocacy. OK. We could definitely improve on our recruitment of people into the advocacy groups – service users. (KI, male, NGO representative)

Finally, respondents recommended that the MHC screen and profile its members and put mechanisms in place to ensure that all members are contributing ideas.

### *Approach*

Respondents mentioned the step-by-step approach of the MHC as a factor for success, in addition to the consistency of efforts, regularity of meetings, and frequent communication within the organization. Team unity was also referenced as contributing to success:

What helps them to progress? Waa, I see because, um, I see something like a team work, you know. It's not only done by one organization. It's not a one man show. (KI, male, NGO service provider)

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<sup>4</sup> Well, I have heard about the Mental Health Coalition. They are doing what they can and so far... We would like to meet with them as they have not approached [name of organization] as yet. We would like to participate in these events. It should not be dismissed as we have doctors who tend to the mentally ill. They have been healed completely and are able to go out and work. So we are hoping we are not forgotten by the Mental Health Coalition. We know they are doing well as we have heard them on the radio several times. However, they haven't taken the step as yet.

<sup>5</sup> And also what will sometime stop the Coalition not to do well, when the government is really ready to make laws concerning mental health. They should have experts who should really understand that. Because you will find out that the law that they are making are not in favour of the masses. They are not in favour like what you spoke about politicians. If you who don't understand about mental health, they make laws that are not in favour of your Coalition, you will not know that this is an error. You should make correction before they pass it to Parliament. So they really need to bring in experts; they should come in and contribute.

The increased technical capacity through trainings and meetings was also emphasized as a strength:

*Di workshops, training, seminars, conduct di conferences if ar kin add(s) dae, ar tink say na orda success bikos in den forum den dae, mor sensitization kin bi don. You no, den dae creat mor networks, for try for tell pipul dem bot dem wae den mentally disordered. En ar tink say na a big success for di sai dae especially wae lek wi wae nor beneficiaries, especially wae ar no wan day get training on mental health, until di workshop, en dat dae ep mi more, ar biliv say wit di knowledge gained there, eni organization or attached, ar kin able mak use of di knowledge dae. Ar tink say e go be true also for eni of dem members dem wae bin dae or di participant dem.*<sup>6</sup>(FG, male, MHC member)

*Mi jus wan for jus add small bikos dem al don tok di right tin, ar tink for di advocacy, di group don benefit bikos wi nor dae go true advocacy blindly bikos without a training, wen den guide wi aw for go effective advocacy en ar tink bikos wit out eni training wi nor go du di wok fayn wan en ar dat is a starting point bikos naw wi no dat wen wi tok wono aw to advocate, wi no aw to lobby, wi no udat wi for go to nor to eni bodi, wi no aw wi en what should do... ar tink di coalition is in di right. Is like a tree growing we might not be able to get di fruit but the tree is growing.*<sup>7</sup> (FG, female, MHC member)

Challenges mentioned include the low participation of members in the sub-committees, as a KI put it:

When you come to the crunch, how do people participate in these committees? They sign up for the committees, but they, um, don't show up for meetings of the committees... If the people are not willing to participate in the committees that we set up, then our goals won't be actualized. (KI, female, service provider)

Additional challenges were the need for training on vulnerable groups and on mental health, the fact that membership seems to be limited to Freetown, and that there is no follow-up with potential members. One female Mental Health Nurse mentioned her own experience in this regard:

*Mi bin don writ mi nam, mi phone numba al wit mi address bot wan dae den nor call mi so ar dae du am back tiday.*<sup>8</sup> (FG, female, Mental Health Nurse)

Participants recommended the need to be selective of partner organizations as well:

You have to go back to the drawing board and be very selective of the organization that you give money, to whom you entrust your monies to, your resources to, so that they will not go to the drain. What sense am I making? The Coalition has a several members, but among these members, who among this are actually

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<sup>6</sup> The workshop, training seminars, conferences, if I can add there - I think that it is another success because in those forums, more sensitization will be done there. You know, they create more networks to try and tell people about those that are mentally disordered. And I think that it is big success, for that side, especially for us who are beneficiaries, especially when I have never got a training on mental health until that workshop. And that is helping me more. I believe with the knowledge gained there any organization that I attach to now, I will be able to make use of that knowledge. I think that, it will be true also for any of the member who went there or participated.

<sup>7</sup> I just want to buttress, because all of them have said the right thing. Based on the advocacy, the group knows how to advocate, because they are not going through advocacy blindly, because they train us and guide us how to go about effective advocacy. And I think because without any training you cannot do your work effectively, and that is a starting point. Because now we know that when we talk, we know how to advocate. We know how to lobby. We know who we should go to. We know who and what we should do... And I think the Coalition is in the right. [It] is like a tree growing. We might not be able to get the fruit, but the tree is growing.

<sup>8</sup> I have written my name and phone number and also my address, but they have never given me a call up until now.

capable of undertaking solid advocacy moves, strides within their various areas or jurisdictions? (KI, male, NGO representative)

Respondents recommended for the MHC to keep forging ahead in its work, work together to do so, and maintain flexibility to take advantage of opportunities as they arise:

You have to be ready to jump on opportunities when they come, even if they're not part of your plans. And that's not necessarily all that easy when you're dependent on donors and so on, but you know, you have to sort of do your best to be flexible if opportunities come. (KI, female, development partner representative)

Respondents also advised the MHC to pray about its advocacy aims.

## **Advocacy Strategy Factors**

### *Awareness Raising for Mental Health*

All respondents underscored awareness raising as an issue of importance to mental health advocacy. Respondents highlighted that the MHC setting the stage for awareness raising was a factor for its success:

And so as a Coalition in order to help me or us actually who are the forefront of mental health in the Ministry of Health and Sanitation is to continue with the ongoing awareness raising and sensitization and constantly keep informing the Ministry with programmes and activities that are ongoing and, of course, future programmes and activities to be undertaken. I know that someday we will be able to accomplish what we are aiming at. (KI, male, government official)

Successes in terms of outcomes of awareness raising efforts include increasing the awareness of Health Development Partners. A change in attitudes was emphasized:

I would say broadly awareness and some change of attitude is taking place, at the top level among the policy makers, the middle level, and then the grassroots. They may be small, but they are there. And I am sure they will grow. (KI, male, NGO representative)

And also, what the Coalition has been doing as far as the awareness raising, the training and the conference and all of that, and so, um, now, it's sort of like people are willing to take look again. You know, it's not like "Oh, the people at the psychiatric hospital. It's us who look so normal walking down the street." So that, that, those are some of the changes that I would say has occurred, um, here in Sierra Leone as a whole, not just Freetown. (KI, female, service provider)

The successful change in attitudes included towards beating and chaining mental health service users:

*So, yu don see watin mak di awareness for be wan of di key focus. En nor for jus dae to wi di book ma. Bikos evin mi wae ar komot na dis training, di day wae wi komot di training, ar mit up crase man. Ar lef for tak mi transport, ar dae watch am fos watin e dae du watin e dae pan, eklos dem. Ar wan tok bot jus bikos ar konsious say na training ar komot. So bot dem pipul dem ya so, ar begin sorry for am back, en really ar bin sorryfor am. So yu see di awareness dat nam dae for mak wi lov dem. E dae, dem don begin commone. Wi dae see di poster dem na street, especially dem fayn poster dem wae dem dae say nor for chin dem dis pikin sef wae nor sabi read e dae timap say dem nor chain dem. So if yu na street en sef nor go tak kain en nak am again.<sup>9</sup> (FG, female, Mental Health Nurse)*

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<sup>9</sup> So, you have seen why the awareness should be one of our key foci. It should not only be limited to us the educated ones. Because even for me, when I came out of the training, the day that we finished training, I came across one person with mental illness. I stopped my commute and watched him to see what he was doing, his clothing. I had wanted to talk, just because I was

Another successful outcome of awareness raising cited was increased knowledge of mental health:

I think that is one big thing that the Coalition is doing very well: Empowering members of the Coalition to understand, or get a better understanding of, you know, the concept of mental health in the, in the region, not only in the region, but in the world as a whole. And in Sierra Leone, since I came to know the Coalition, it has been able to, you know, organize a lot, a lot of training session. Even the training program that was done for this particular research process, it's one way of empowering members of the Coalition. The training that was done some time back, immediately after the conference, I think it was also good in which a person, I mean, a professor from Nigeria was invited to give a very good presentation. I think the Coalition has been able to do a lot, a lot, a lot, and in terms of training it has been doing it very well in keeping members. Maybe, I don't know because, it's a new concept, that's why it's organizing this training, to get the members grounded about the concept of mental health. (KI, male, NGO representative)

In terms of strategies employed for awareness raising, participants underscored the Annual Mental Health Conference:

Take for example, the Mental Health Conference. And, um, we started it in 2011. And we had hoped to do it every year. But the one we did in 2013, we realized it has started yielding fruit. Because we invite people from outside and external speakers. Networking between, for example, Sierra Leone and Liberia through the Carter Foundation has gained ground. For example, the Deputy Minister of Health II had been invited over to Liberia, and I honestly and strongly want to believe that it's because we brought them together at that conference. They met, they talked. She heard of what is being done here, and so, I mean, she had the vision of what they could do here, that there are gaps that they could fill. So when she went away, she invited the Ministry, and I guess the Deputy Minister went. And he came back with all positive reports, and now we are thinking of inviting [name of person], the head of Carter Centre, to come over and visit so that we could all discuss what gaps they could fill, OK. So, I mean, that's one big success. (KI, male, NGO representative)

Communications, including the MHC website, leaflets, posters, and radio programmes, were pointed to as successes in awareness raising. MHC members acting as peer advocates in their own communities was also pointed to as a success:

In several cases I have to correct people's perceptions, OK, of the mentally ill in terms of them being dangerous and could harm or kill at will; those are all perceptions and I think I mean that people need to understand. I've been doing that in my own circles. (KI, male, NGO representative)

*Bot lek wae wi don learn, ar fil to say na get for tel pipul dem bikos lek mi wae kin kam dem workshop dem. Ar kin go discuss am wit mi workmate dem [place of work]. Dem wi sef-sef get sombodi wae crase, bikos e crase, e pipul dem al na Muslim, en dem kin always tie am. Bot wit di ep wae ar kin tok, wit dem ar say una tak am to [access services]. Den bin don actually tak am to [access services]. Di borbor dae bete naw, but ar tink dem nor di moni for admit am na di place dae, so yu fen out say e kam na os. Wae e kam na os, dem say as e kam na os back, e dae crase. En presently dem dae na di os. Den lok am insai. Dem mak e yon special pan bodi. Bot dem don begin get di idea say nor to for tie am, tak na place*

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conscious as I was coming from a training. So these people, I started having so much sympathy for him. And really, I was so sorry for him. So you see, the awareness is the name of what makes us love them. It is common now. We are seeing the posters in the street, especially those fine posters that say you should not chain persons with mental illness. So, if you are in the street, you will not take sticks and flog them anymore.

*wae dem dae pray for am or place wae den go able for tak treatment.*<sup>10</sup> (FG, female, MHC member)

Respondents highlighted the annual celebrations of World Mental Health Day as successes in awareness raising:

We just, you know that we just commemorated the World Mental Health Day. And to me, whenever you commemorate, you provoke society to understand about the issue, you highlight the challenges and map out strategies on how to address those challenges. So the fact that we could come together as a Coalition to step up advocacy, raise the awareness of the nation on mental health and its effects on society – to me that is a very, very big achievement. (KI, male, government official)

Just as I have said previously with respect to the communities and respect to the communities to the primary health care and the community health care, policy-makers, politicians, legislatures, people who have influence in government, have, actually, in the past had very little knowledge about mental health. But now that you know we have been having programme along with the Coalition, like the forthcoming programme on World Mental Health Day, yes, I mean, this is one of the main lea points that we have started using to be able to reprogram the minds of some of these influential people towards mental health. (KI, male, government official)

*Lek eh dis past month way pass so, wi get mental health day, way na dem facilitate am. Wi go na strit from cotton tree to stadium. Wi match yu know for mek pipul dem know say na di day for mental health pipul. Yu know cook for dem. Dem eat, put big set na di mental hospital day na krase yard. Mental pipul dem dance, yu know dat day dem feel happy. I was with dem yu know, dem dance, serve dem drinks, yu know, dem plant dem hair dem, change some of dem, some barb, Mental Health Coalition dem day do very good things that I know of.*<sup>11</sup> (FG, male, family member of service user)

Participants also stressed efforts in community sensitization and MHC workshops as contributing towards successful awareness raising:

*Di training area dat den dae du very wel bikos dem quarterly meeting or dem monthly training dem nor dae fail dem da du am dat di Coalition dae du very wel. Di Coalition dae mak sure say den fet for empower am, in di sens den dawe evin sen som man dem for go se watin happin lek kontri lek Ghana, Nigeria for se if den go able mak implement di sam tin insie Salone, so di Coalition in di area for empower pipul dem wit training, dem don push so much.*<sup>12</sup> (FG, male, Mental Health Nurse)

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<sup>10</sup> But we who have an idea, it is our duty to tell people because we are the ones who came to the workshops. I can do discuss it with my colleagues in [my place of work]. Then if we have someone with a mental illness, some of our people are Muslim, and they always tie him up. But with the help that I am talking about, with them I said they should take him to [access services]. They actually took him to [access services]. The boy got improved, but I think they didn't have the money to continue his treatment, so I found out they took him home. As he came home, they said as he came home, his illness returned, And presently he is at the house. They locked him inside. They made his own special *pan bodi* [small house]. But they have started to have the idea that they should not tie him up, but take them to place where they will pray for them or a place where they will be able to get treatment.

<sup>11</sup> Last month we had the Mental Health Day which [the MHC] facilitated. We went to the street. We had float parade from Cotton Tree to National Stadium. That was to raise awareness about people with mental health problems. We gave them food. Had musical set at the psychiatric home in Kissy [SLPH]. The patients danced. They felt happy. Everyone had enough to drink. We plaited their hair and shaved the men. The Coalition is doing great things.

<sup>12</sup> The training area, they are doing well very well, because their quarterly meetings or their monthly trainings, they do not fail to do them. The Coalition is doing very well in this area. The Coalition is also

Despite these successes, Mental Health Nurses and Coalition members underlined that more sensitization is needed. A lack of engagement with media outlets was mentioned as a challenge. Mental health stigma was highlighted as an obstacle for awareness raising:

*Di wan dem way for take care of den pipul ya, dat di government, den sef sef nor take dem pipul ya important. Den nor take dem serious. Because if den take dem serious en realize say na dem all den de govern, den den go provide facilities for dem... Na lek waytin ar bin done tok normor, den say den pipul ya nor useful. E nor go able go tot water for me, e nor go able go tot stone for me or cut tik for me. So because of in wild life en government nor lek porsin way day make lek say e get trenk, so as yu make krase normor, den abandon yu. E nor actually right. But na condition way we for luk into critically en ar want mek government pay attention nay a especially way mental health problem done increase. En yu day fen out say e day affect di yut wan dem mor.*<sup>13</sup> (KI, male, traditional healers' representative)

But then beyond that the educational aspect: the understanding, the appreciation by government, by communities, down to the level of the family. Siblings can discriminate against their own sibling, if the sibling is mentally ill. And it's a situation that is very, very sad because the mentally ill person has nowhere to go, no recourse and sometimes they don't even understand that they are sick, really, you know, a mentally ill person sometimes does really know if they are sick or not. (KI, male, government official)

The need for a holistic view of mental health and mental health services was also a challenge that was highlighted:

Advocacy for mental health is getting institutionalized. I think we have come a long way, but there is more to be done. The one of the big challenges I see is how to integrate it in the whole, the whole health framework. How do you integrate mental health and so people begin to see health as wholeness of mind and body? (KI, male, tertiary education professional)

Respondents had many recommendations on how to strengthen awareness raising efforts of the MHC, including to generally continue to grow in this area. Several recommendations were made in terms of what information to distribute in awareness raising efforts. Respondents mentioned anti-stigma and anti-substance abuse messages:

*So ar belive say na wi get for go out en tok to wi sef way na di youth dem so dat wi go understand en tell some of dem waytin na di disadvantage way dis drugs get. Say e nor get for ep dem. Say e day destroy yu en yu day destroy di generation yet unborn.*<sup>14</sup> (FG, male, family member of service user)

Respondents advised the MHC to use examples of service user recovery:

To fight the stigma... I told the story of a woman that was lying in front of a hospital, Redemption Hospital in Liberia. Everybody used to see her. Everybody gave her

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fighting to empower people in the sense that they even send people to go and see what happens in countries like Ghana, Nigeria, to see if they can implement the same things in Sierra Leone. So the Coalition is empowering people with training. They have pushed so much.

<sup>13</sup> Those responsible for looking after the afflicted, the government, they do not believe this issue is an important one. If they did believe it was and that they indeed govern those who are ill also, they would take steps to providing the facilities required... they do not believe the afflicted are of any use to them. They can barely do the traditional roles such as fetching water, chopping wood for indeed being involved in mason work. Because of his imposed lifestyle, and as the government tends to be wary of citizens who come across as headstrong, the minute you are classed as mentally ill, you are abandoned. It isn't the right thing to do. This is a condition we have to look into as detailed as is possible. We want the government to sit up and pay attention as the cases of mental health are on the increase. You can see the sector adversely affected is the youth sector.

<sup>14</sup> So it is our duty to go out there and sensitize the youth about the disadvantages of drugs. Tell them it destroys them and the generation yet unborn.



up. She used to sleep there. She used to stay there. Smelly and everything. And they took her up and treated her. And today she's earning living. So people say 'Oh! So this thing can be treated!' So positive action to really do something. They say 'Oh! So this was not the kind of thing we were thinking.' (FG, male, Mental Health Nurse)

Respondents also recommended distributing information on accessing mental health services and the MHC itself. A member of the Police mentioned:

*Lek for mi in particular na [place of work],[MHC] nor able mak wi no bot una because wi suppose for be a partner wit una. Because at time, som family as ar be day say way dem keep dem pikin dem wan mak pipul dem nor no say dem get dem kin pipul dem day. Dem nor kin even tel anybody. Na way di pikin kin don decide for kam na yu watin dis dem say na wi pikin dem say go na [police]. So as short ar be day expect say wi for get dat between wi en una Coalition. Say wi day na so so sae way office day na dis sai we na so so na wi yon organization dis wi wan leh una no luk wi contact in case an oda tin day wi una go able no say na dis mi na wan saie way ar day tok.<sup>15</sup> (FG, male, Police – Family Support Unit)*

Respondents also had recommendations for which groups should be targeted in awareness raising efforts. Many mentioned general community members:

The most important thing that I want people to know about advocacy is: We are living in a society that does not know much about mental health. So we have to work hard, sometimes do and undo our strategies to help the citizenry understand. They must have an understanding of mental health. You know in Greek, in Latin, we say: *Nemo dat quod non habet*. No one can give what he or she does not have. If we want our society to come on board in promoting and protecting the rights of mentally challenged people, we have to enable society to understand what mental health is all about. So, that is the advocacy. Our society does not know about mental health. Let us help the society to know. Let us help the society to know that there are times when mental health will come at a time when you are not expecting. So you prepare the ground now for the unforeseen. (KI, male, government official)

Other respondents pointed to family members of service users as important targets for awareness raising. A family member of a service user prompted:

*Una day sensitize wi una day tel wi ow for treat pipul dem ya, so wi back day go to di patient na di hospital dem way console dem. Wi day tok to dem mak dem nor go tak to mind den way day even go to dem parent dem back na dem houses dem way day tok to dem mak dem nor ar bordon dem pikin so ur dem fambul dem if dem se dem em need for embrace dem en kam together. So if dem day visit dem back na dim or dem day gladi dem nor day tak to mind na di more dem go day pick up zil for mak dem do better na life.<sup>16</sup>(FG, female, family member of service user)*

Health care workers were pointed to as important targets of awareness raising efforts:

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<sup>15</sup> For me in particular at [place of work], [the MHC doesn't] make [itself] known to us, because we are supposed to partner with you. Because, at times, some family, as I told you, they are keeping their children, so that people will not know that they have these type of people. They will not tell anybody. Only when their children have got out of hand will they come to us at [the police]. So as such, we decided that we should have that between us and the Coalition. So we should say, 'We are in this office at this place. We are this kind of organization. This is what we want you to know. This is our contact in case any other things [come up].' So that we are going to be able to know. That is what I want to say.

<sup>16</sup> You sensitize [family members of service users], and tell us how we should treat these people, so when we return to these patients at the hospital we will be counselling them. We will talk to them and even meet with their parents in their various houses to tell them that they should not abandon these children, so, 'You are their family.' So if they see they need to embrace them and come together. So if they visit them, the more they will make them happy, the less they will take to mind, the more they will pick up zeal to make them do better in life.

We need awareness raising, sensitization of the communities we come in. Now, not only at the level of the communities, or the ordinary man, but even at the level of the health care workers. The level of the health care workers. Culturally some of their relatives or families would say, 'Eh bo, ar nor send yu na skul for tek kiya of kraze man, O. Uh-huh. Ar send yu na skul for du dokta wok or nurse wok, for yu benefit, O.'<sup>17</sup> That sort of thing. Yes, so not only those lay people, but also the health care workers. (KI, male, government official)

Respondents mentioned potential students of mental health specializations as important for awareness raising efforts to address issues of human resources for mental health:

*Ar believe say in western world, student dem wa den dae go collage for go pursued den education, wi get certain organization dem en certain individuals dem wa dae go na different universities. For go lek persuade student for pursue dem subject areas, try for tell dem how important it is. Ar believe say if di mental health make a body for da wan dae, lek da go out na den medical college dem, or den various secondary schools dem. Dae try for pass wade student dem for mek den gain interest in doing mental health. So ar believe say, da wan dae go help wi get more mental doctors.*<sup>18</sup> (FG, male, MHC member)

In addition, school attendees, members of the MHC, and national stakeholders were all mentioned as important targets for awareness raising.

Respondents had recommendations for a variety of strategies to employ to strengthen awareness raising efforts. Meetings were endorsed as a strategy, including a conference specifically for Government officials:

The first thing to do, if I was in mental health advocacy, would be – and if I had the money – I would challenge that educational process first by convening maybe a conference or conferences that are really educational workshops for, one, people in government - and I am saying all levels of government, national government, city government, district council government, chiefdom level government. Say: 'We have a duty to perform. We have failed in many respects. We have culturally looked at people as this. But they are not truly that, they are truly this. They are truly part of us. And anybody can suffer mental illness. (KI, male, government official)

Respondents also vouched for the engagement of community leaders, including local musicians and religious leaders, in awareness raising efforts. Participants endorsed peer-to-peer awareness raising as a favoured strategy. A MHC member pointed out:

*Leh e nor jus lef wit wi wae dae train. Wi go na os wi tel two three pipul dem dem bot yet wi need wi for mak am mass. Watin dem kolwi for extend nor to wi nor mor.*<sup>19</sup> (FG, female, MHC member)

Participants urged the MHC to spread out the geographical focus of its awareness raising:

*Sensitization wae very important, e still minimal en dat na wan really di Coalition set for du. For advocate properly wi get for mak am more roburst, properly, gie am more fine understanding en, en set spread out. Mak wi rich four corner dem na*

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<sup>17</sup> Hey boy, I didn't send you to school to take care of mad people! Yes. I sent you to school to do doctor work or nurse work, for your benefit!

<sup>18</sup> I believe that in the Western world, students that are going to college to pursue their education, we have certain organizations and certain individuals who are going to different universities; they go and persuade students to pursue those subject areas. They try to tell them how important it is. I believe that if the mental health make a body for that, like go out into the medical colleges or those various secondary schools and try to persuade students to make them gain interest in doing mental health. So I believe in that way, it will help us get more doctors specialized in mental health.

<sup>19</sup> Let it not just be left with the ones who attended the training. After we finish the training, we go home, and we tell two, three people. But yet we need to reach the masses. What they called on us for extends beyond us.

*Salone, en wi mak sure say every bodi get di understanding bot mental health.*<sup>20</sup>  
(FG, male, MHC member)

*Evin ya som pipul den get small ideas bot dis. Bot lek di provinces den nor du natin yeat for mak pipul dem no say crase man biznes na al man biznes.*<sup>21</sup> (FG, female, Mental Health Nurse)

Respondents urged the MHC to utilize different forms of media, including the national television station and a variety of others:

And I think that that should be one of your primary objectives- is that awareness raising. And that could be done using media outlets. Various strategies can be used, you know, billboards, posters, radio discussions, skits, you know. Several strategies can be used by your Coalition to be able to do that. (KI, male, tertiary education professional)

Finally, respondents recommended that awareness raising be mainstreamed into all efforts to support mental health service users.

### *Framing the Issue of Mental Health*

The identification of mental health as an issue and 'getting everyone on board' to support mental health were acknowledged as challenges:

Another big challenge is getting everybody on board... I would say creating the change is a challenge at government level, at community level, OK. (KI, male, NGO representative)

But there is this huge educational problem from the central, from the government level. And then move down to the community level. So the challenges are, number one, of course, lack of resources or few resources, which ends up getting to the relegation only few or no resources for the mentally ill. But then beyond that the educational aspect: the understanding, the appreciation by government, by communities, down to the level of the family. Siblings can discriminate against their own sibling. (KI, male, government official)

Respondents had several recommendations for the framing of mental health in the context of advocacy efforts by the MHC. One recommendation was to highlight mental health as a constitutional issue, specifically to ensure that it is considered in the national constitutional review process. A member of the Police spoke about this in the context of concerns around substance abuse:

*Now to rum. For young man en young man, no matter how you luk at am, yu day see di mental illness rate done increase because of dem rum ya and wi day ask di Coalition for really put am behind di government for make da constitution way dem day review so dem for put am day dat di rum den for abolish am na dis kontri.*<sup>22</sup>  
(FG, male, Police)

Others recommended framing mental health as a disability issue to strengthen advocacy efforts:

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<sup>20</sup> Sensitization, which is very important, is still minimal. And that is what the Coalition is really set to do. To educate properly, we need to make it more robust, [do it] properly, give them a better understanding, and spread out. Make sure we will reach the four corners of Sierra Leone. We should make sure that everybody has the understanding about mental health.

<sup>21</sup> Even here [in Freetown], people have little or no idea [about] this [mental health]. But look at the provinces, they have done nothing yet so that there people will know that, yes, mental health business is everybody's business.

<sup>22</sup> Now on the issue of alcohol. Among the youths, no matter how you look at it, there is an increase in the rate of mental illness due to alcohol abuse. We are therefore asking the Coalition to pressurize the government so as to include in the Constitutional Review a ban on alcohol in the country.

You should have heard the Director of Social Welfare say, I mean, 'the neglected among...' – I can't get it exactly, but – 'the neglected among the neglected.' Disability issues [are] a neglected issue, and even within the disability issue, the mental health is one of those that [are] neglected. (KI, male, NGO representative)

Successes in HIV/AIDS advocacy were presented a model for advocacy for the MHC to follow.

The formation of this Mental Health Coalition, in principle, it's a good one but I think a lot of work has to be done in the first place to create that awareness at a national level that this is a serious problem that needs to be confronted head-on. And then the advocacy could now come in, lobbying, you know, parliamentarians, law makers, policy makers, to take this on board in the same way that some time ago HIV was sitting on board. (KI, male, tertiary education professional)

*Di awareness naw usai wi get for focus na for mak wae demdae put den budget for put mental health ar nor go tok say pawu pa oh bot at least mak den go consider am for funding for mental health so dat ar tink say na dat wi nor really solve yeat for mak den no say wi dae tak dis challenges lek aw na so AIDS dem start small-small oh when dis tin ya di awareness of AIDS naw den kin put moni insai for AIDS na so for be for mental health for get, den for really no say na big-big moni for mak dis tin ya en government nor luk am say bikos when yu go luk naw di finance office en budget somtem mental health sef nor dae insai yu understand di scale of whatever en nor dae insai yu no, so na tin naw wi get for put an, dis mak e dae som where wae wi go dae luk am say dis tin ya e serious.<sup>23</sup> (FG, female, MHC member)*

Others recommended framing mental health as a maternal and child health issue to strengthen advocacy efforts. A participant points out that this converges with the policy interests of the First Lady of Sierra Leone:

How do we keep the interest of the First Lady? Even though she's a mental health, former mental health service provider, but what is giving her attention in the world, or in the country, is the maternal and child health thing. But how could we help her to keep in touch, generate her interest that she could even venture out and having it as part of the agenda for the First Lady's office together with reproductive and child health? Mental Health? I think we need to improve on that. (KI, male, NGO representative)

Respondents urged the MHC to highlight mental health as a human rights issue:

You will find resistance from government; you will find resistance from people; you will find resistance all the way down to families. But the important thing is every human being has a right to treatment... And that's the challenge that I have faced in the two, three years I've been here, making that case at the highest levels that it is a right, it is an individual right. Just as you have the right to shelter, to food, to education, to whatever - it's a right to treatment. And if you provide it to physically ill people, and you are not providing it to mentally ill people, you are violating their rights. And this is the really, the real core of advocacy, you know – provide the right, make sure that somebody's right is not violated. It's a violation of somebody's right if they are suffering from... any disorder. So basic violation of people's rights. (KI, male, government official)

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<sup>23</sup> The awareness now is the place for us to focus how they should have put together the budget to include mental health. They should at least consider funding for mental health. So that I think is one issue we haven't really solved yet. We need to make them know that we are taking this challenge like how they did for AIDS. They started little by little before. The awareness is there now for AIDS. Now, they put money aside for AIDS. It should be like that for mental health. They should know that it costs a lot. And government is not looking at the issue, because when you take a look at the finance office and budget, mental health is not there, you understand. The scale of preference is not there. So this is now the thing we need to push for. It should be somewhere, so that they will say it is serious.

Others recommended framing mental health as an issue relevant for the youth sector and as an issue of peace and security. Finally, respondents recommended that mental health be framed as a cross-cutting issue:

I think the cross-cutting issue is where you'll tend to get a lot of traction... The main thing is political will, the lack of interest and all of that. And that's, again, why you need to sort of be creative about your entry points and be kind of opened minded. And really trying to convince others, like partners working more generally in health and partners working more generally in youth and partners working more generally in peace-building and so on, convincing them that this is part of the problem that they are facing, rather than sort of trying to always present it as something separate and new, because people have their strategies and it says this and if you can, and people will be broadly kind of supportive but if you can get integrated into something that's already in their strategy. I mean, I don't know of any donor in this country that has mental health as their strategy. (KI, female, development partner representative)

### *Networking*

Respondents spoke about linking to the correct people outside of the MHC as both contributing to success and as a success in itself. One respondent mentioned how making strategic entry points in networking contributed the MHC's success:

Also the entry point, the right entry point. Now, what do I mean by that? If we had started off and just trying to storm the office of the President, I believe we would not have made this progress. But we started off with the person close to us – the head, the focal person in Government. And it's not only an official relationship again, based on there is that comradeship, there is a friendship, there is that consultation, OK. And this has kept it going. And, I mean, from him now, we slowly are infiltrating into the Government departments. OK, and again we started with asking Ministry of Social Welfare to send someone to just represent them at Coalition. And now we are making inroads, slowly by slowly. Of course, I mean, when we were at the meeting yesterday of the Mental Health Steering Group, we had the Director of Social Welfare becoming so excited, OK. Originally, they sent in a Deputy Director; he's not even connected with that Social Welfare, but because he turned, he went back with a passion, I believe that we reeled him in. With him, and I'm sure that we're going to make a little bit more inroads into the Ministry of Social Welfare. With Dr Muana [Mental Health Focal Person] we are going to make a little bit more inroads into the Ministry of Health. In fact, we've hit the top ranks, like the Deputy Minister shown much interest. I'm sure the Minister also has interest, but she has so many things she has to look at. But the Deputy Minister has developed a passion for this mental health issues. (KI, male, NGO representative)

Networking with the First Lady of Sierra Leone was mentioned as contributing to the MHC's successes:

We involve the First Lady in our activities, First Lady of the country, um, in our activities, and so, she is making some noise on her end and we are making some noise. (KI, female, service provider)

Participants asserted that networking with the Ministry of Social Welfare, Gender, and Children's Affairs contributed to successful advocacy. The MHC networking at the level of its partnerships was also mentioned as contributing towards its successes:

Also is the support, another things that has helped the Coalition to do well, is the support from various stakeholder organizations. Because for example, if I was working for the Ministry of Health and you know I get notice that, there is a Coalition meeting, and my boss, or my supervisor, does not release me to go to that meeting,

then I can't be part of it. So there is support from the stakeholders. That is another thing that has helped us go on. And also I am talking about moral support as well as financial support. There are times when it's the stakeholders groups that would contribute to the success of the Coalition. (KI, female, service provider)

Let me be plain with you or be candid with you, you know the way people perceive issues in Sierra Leone is quite different from the way it has been perceived by other countries in the West. You know, it's like even if, even if it had been left with only Sierra Leoneans, it would be have been very difficult. But seeing [the EAMH Programme Coordinator] around, even when the Coalition will try to visit the Minister of Health or might want to present a paper or whatever proposition to the Minister, he might look: 'Who are behind this?' But immediately, he might have read, maybe OK, let me, he will first of all ask: 'Let me get a one page. Let me get a background about these people that want to visit me.' OK? He might look at it: 'Oh, this people, this people are behind it. OK, I will look at it.' So [EAMH Programme Coordinator] coming here has created that kind of impact, you know. Even if people want to scorn at the Coalition, they will think twice that: 'Ah, there is another organization standing behind these people. I think they are serious.' You understand? So, it's created that momentum, created that, it's created that momentum that make people be willing and even be interested in talking to members of the Coalition, listening to them and also helping them out when necessary. (KI, male, NGO representative)

Respondents highlighted the links at the national level and in West Africa, including through the West African Mental Health Leadership & Advocacy (mhLAP) programme and with the Carter Center – Liberia, as well as with Sierra Leonean diaspora were successes.

*En ar tink last year den able for affiliate wit mhLAP na Nigeria en where in mhLAP bin get for train some of wi leaders den na Nigeria dat na a very big success. Bikos of di tentacles wae den don spread out, na em mak den tin den dae become fruitful naw.<sup>24</sup>* (FG, male, MHC member)

*Wel mi wan for fos say a success story e big bikos na som tin wae ova three years na em. Wi sidom for say mak den go na international conference dem, begin lan say aw wi kin pick som tin from salone, dat na big success from some bodi dem wae don timap long-long. Den wi go insai wit tok, den begin say wi kin pick som tin from dem, yu understand, ar biliv say na success story, yu say problem.<sup>25</sup>* (FG, female, MHC member)

Respondents mentioned that the small numbers of partners in mental health in Sierra Leone made networking more challenging:

Advocacy relating to mental health has been very, very limited, I mean that first of all, you do not have enough partners working on mental health. (KI, male, government official)

Respondents identified challenges for networking. One respondent described that traditional healers were not comfortable as they did not feel included.

Well, as I started saying, we start from the bottom at the level of the community. Of course you have people who are not very comfortable with what is currently going on, for instance, the traditional healers who have been taking care of most

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<sup>24</sup> I think last year they were able to affiliate with mhLAP in Nigeria, and where mhLAP were able to train some of our leaders in Nigeria, that was a very big success. Because of the tentacles that they have spread out, that will make our efforts become fruitful now.

<sup>25</sup> Let me say that the success story is big, because it is something they have started over three years ago now. We sat down to say send some people to attend international conferences, and they begin to learn, 'How we can take something [learn] from Sierra Leone?' That is a big success from someone who has stood alone for a long time. And we started talking, and they realized that we can learn something from them. I believe that is a success story; you say problem.

of these people in the communities. Now after seeing the Mental Health Coalition, OK, with all of its training and the involvement of this western-based way of, you know, taking things, will not be very happy. Because at the end of the day, they will be having tremendous financial gains, so they will think that that is a threat to them..., the traditional healer at the level – the traditional and spiritual healers, at the lower level. But not even at the lower level, because even at the highest level in Freetown here – you also have those people. But the solution is simple, as we have already started. We bring them on board, help to educate them to understand and we can ask to work alongside them and guide them in terms of their limitations. (KI, male, government official)

In addition, the lack of public awareness of the MHC activities was pointed out as a challenge. Even respondents from the police, tertiary education, mental health nurses, and Coalition members themselves expressed their own lack of knowledge regarding Coalition activities.

Several opportunities for expanding the MHC network were mentioned by respondents. Further links with the medical sector, including the National Epilepsy Programme, were recommended as were further links with policymakers. Respondents advised that the MHC link with the National Commission for Persons with Disability, the Ministry of Social Welfare, Gender and Children's Affairs, and the Human Rights Commission, as mental health fit within their mandates:

Mental health issues are also human right concerns in Sierra Leone, and we also need to be working closely with the Human Rights Commission, and maybe, and somehow, empower the Human Right Commission to be also working specifically in that particular direction so that the rights of those people will also be taken care of. Because if the Human Right Commission is able to approach government, serve as a kind of force, but, I mean, it is part of the Coalition, but from its own point of view since it has the mandate of reminding government of its obligation in international treaty, I think it would be able to push the government to take action, while at the same time, the Coalition is there. Because I not come here and give, impress you that: Ah, the Human Rights Commission is doing this when we are not doing it. When we are not specifically looking at issues of mental health, you know? ... Because, issues of mental health, disability issues are human rights concerns as well. And people with mental health are people with disabilities. So, they should also be involved, and, you know, the Human Rights Commission monitors the implementation of the Convention in Sierra Leone, in the country. So if it's monitoring, the Convention, the implementation of the Convention, therefore it need to be looking at all these other areas... We should also not forget the National Commission for Persons with Disabilities, also, has also been set up so, I mean, it would also be good if they were involved because it is the mechanism of governance to look at issues of persons with disabilities in the country. (KI, male, NGO representative)

Respondents recommending linking with the Police:

*Ar go say even di law enforcement agents. Na wan department dan de way ar feel say de fet for pipul dem always way get ed en poil at problem, becos den kin always de tell we say yu kin see krase man na trit yu never know udat get am but yu do am bad tin. Di fos porsin way de kam ole yu na di law enforcement porsin dem. So, na lek oda body dis way de try for fet for pipul den way get ed en poil at problem so dat den nor go able for do dem bad. Den go able preserve dem right.<sup>26</sup> (FG, male, Mental Health Nurse)*

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<sup>26</sup> I would also add the law enforcement agency. I think they also contribute to protecting the rights of people suffering from mental health issues. They always tell us that all of these people have relatives, but you would only know when you trample upon their rights. The law enforcement agents would be the

The involvement of community groups, including schools, religious groups, and traditional healers, in the MHC's efforts were all recommended.

For example, you may talk about somebody having a job. Maybe having a job is not their priority. Maybe having accommodation is their priority. So, if I go around talking about job, job, job- is like I am not meeting their needs. But if we come together and we discuss, then you be able to identify the most needy areas that you can advocate for... For example, in this locality I may go there, meet the leaders, community leaders, religious leaders, both two religions- Christian and Muslim- sit down and tell them this is what I want to do. Seek their consent and if there is a chief around, so I will do it bit by bit. And then I will have somebody, also, to work with. Because I cannot work on my own. Maybe I will be around this area and I will need somebody to go to another area. So therefore you provide the training first for those people those set of people then you distribute them areas and then you will be getting feedback from all those interviews and then you compile it and then see what are the identified issues that people would like to be advocated for. And then, having identified those issues, you have also to think about you limitation what you can do and what you cannot and then you prioritize things that you think are the most needy. Then you start on that. (KI, male, service provider)

Respondents urged the MHC to strengthen its participation in advocacy networks regionally and globally:

*En nor dae jus be limited nor mor na dis kontri, say na wi nor mor no bot wi sef bot orda coalition dem dae back wae dae na diferent sai lek di European sai wae wi for try for link to dae ep each orda dat everybodi dae no emsefso ar biliv dat dae if wi go du den tin dem dae ar biliv say wi go bikom stronger en stronger en di orda tin again as mi aunti don tok na ya so di commitment of di memba dem wi wae don dae insai dis tin aw wi dae ep wi sef or aw wi sef wan leh di program go bifo bikos Sierra Leone, wi problem altem pas dem gi wi di little wae wi get wi sef for put am so dis tin go bekom stronger en stronger mi ar biliv say na di only tin dat way go mak for may dis tin wok.<sup>27</sup> (FG, female, MHC member)*

Finally, respondents urged the MHC to push donors to act as advocates for mental health in Sierra Leone.

#### *Interaction with the Government of Sierra Leone (GoSL)*

As the institution responsible for policy making, the Government of Sierra Leone (GoSL) was identified as integral to the advocacy process for mental health in Sierra Leone. Similarly, the line ministry responsible for health issues, the MHC's interaction with the Ministry of Health and Sanitation (MoHS) was emphasized. Ensuring the active involvement of the Ministry of Health and Sanitation, including working towards the same goal, was mentioned as contributing towards the MHC's successes:

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first people to arrest you. Therefore, this is another important body which protects the rights of people with mental health problems.

<sup>27</sup> They should not be limited to Sierra Leone. We know ourselves, but there are coalitions in different places, like over Europe, that we should try to link up to help each other so no one is alone. I believe if we do these things, I believe we will become strong and stronger. And another thing, again, as my auntie has been saying, is that the commitment of the members, the ones that are on the inside, how are we going to help ourselves or how are we going to push the program forward? Because we Sierra Leoneans, our problem is we always want to receive. At times, we don't have to receive. With the little that we have we should try to help in this problem. So this will become stronger and stronger. I believe that this is the only thing that will make this work.



But now the Coalition has come clearly to say that as partners we can help to make things work faster and maybe a little better than when one man is doing it alone or something like that. So with that kind of, you know, idea and that continuous way of trying to make people become aware of that, we get people involved. Like the NGO Liaison Officer, when I was talking to him and all, he said: 'Yeah, [name of participant], you know, that is the right thing to do. Yeah, they are partners.' But some of them just think that they alone will just come to the Ministry, OK, and get papers signed through somebody and then go and sit down and do their own work. You understand? But now you put everyone together, and we are all working towards, we are all working towards the same goal, OK, it is better for us. (KI, male, government official)

The MHC continually and gently pushing the government was mentioned as contributing to successes.

Well, yes, our whole interaction and activity with the Ministry of Health, especially with the focal person, the Deputy Minister. When at the Steering Committee Meeting, Mental Health Steering Committee Meeting, I sense that Government, um, at least that arm, that is operating, heavily relies on the activity of the Coalition. So we've made ourselves a reliable group to push mental health issues in the country. (KI, male, NGO representative)

Setting the stage. OK, what we do - let me take, for example, what we are doing for the mental health legalisation. We have a sub-committee that does the ground work and at the same time being to talk to the Ministry of Health and Government officials through the Mental Health Sector Steering Committee, which the Coalition is also a part of. And we have noticed that interest has been – they've got the interest, they've got the vision, and they are pushing for it – they want it to happen. But they are so busy, so our sub-committee is still working until they form their own sub-committee, OK. So after the ground work and we hand over to that sub-committee, then they will continue to move. And what we intend to do is to keep our own sub-committee to be the monitor, and if anything gets stalled, we see how best they could come in their to push things by advocacy, by helping them be unstuck, by coming up with ideas, by even volunteering if they need services. (KI, male, NGO representative)

Respondents reflected that the MHC is a reliable group to push the MoHS and to work on emerging issues until the MoHS is ready to take a more active role. Other driving factors for success mentioned revolved around the active involvement of the MoHS, specifically through the Deputy Minister of Health II and the Mental Health Steering Committee, in the MHC activities and efforts:

You see the Mental Health Coalition has actually injected fresh blood into activities of mental health in Sierra Leone more so in stimulating total involvement of the Ministry of Health and Sanitation as the lead Ministry or organ of Government for mental health care of the people of this country... Of course we have also had influence over our very Deputy Minister of Health and Sanitation who is currently chairing the Mental Health Steering Committee which is a central arm or branch to coordinate activities of mental health in the Ministry of Health and Sanitation, including of course advocacy on mental health issues and services. (KI, male, government official)

A lack of planning for mental health within the government was mentioned as sustaining challenges:

Planning has an element to it, you can say. Because now we are doing the Agenda for Prosperity, which is a planning process. We've brought it in, and we are more or less forcing the players at the national and the local levels to take some responsibility... But this was not the case in the Agenda for Change or the last two

PRSPs [Poverty Reduction Strategy Papers]. So really, lack of planning is also just as important. (KI, male, government official)

The need for the government to take the lead was mentioned as a challenge:

With the Coalition, so much work has been done. People now know it is an issue that must be addressed. Eh... people are aware that, I mean, mental health is just like any other, eh, illness one has to address and I would say, also, there is a growing awareness also from the part of the state, from the part of government that it's an issue. It's an illness just like any other illness that should be addressed. And so it should be budgeted for. And so it should be integrated in the whole discussed of wellbeing, in the whole discussed of, eh, wholeness, eh, of the person, of the human person. (KI, male, tertiary education professional)

However, the lack of political will to support mental health or mind-set change in this area were mentioned as challenges as well.

If I was in mental health advocacy, knowing what I know, I know that in some places people would not even pay attention to me. And the first questions I would be asking myself is: 'Going now from the national government, how do I convince the other cities that they have a responsibility towards taking care of the mentally ill?' That's a huge challenge. If you go beyond the regional capitals, those cities, to district towns and so on, the problem is even more huge. (KI, male, government official)

The greatest challenge is the, still the snail pace attitude of government to catch on with this vision. You have few people within government that have caught on. But there needs to be more and more people. People at policy level, people at, you know, programme level, you know, they need to catch on. That's one. Number two, there's still this whole attitude. A lot of Sierra Leoneans think mental health is just a curse, that guy's cursed. So this thing need to be, I mean, the attitude of Sierra Leoneans towards mental health is a big challenge still. It's a big challenge. You know, so, those two areas: government, high level government, people really catching on, saying 'Wow! This is a need. We need to address it,' on the one hand. On the other, the whole population, the attitude of the typical Sierra Leonean towards, to understand better and towards issues of mental health are big challenges. (KI, male, government official)

The implementation of the Mental Health Policy following its launch was mentioned as a continuing challenge:

It has influenced government to develop policy, but implementing the policy, that will be a very, implementing the policy and strategic plan, to be specific, might be one big problem. (KI, male, NGO representative)

A final challenge is for the allowing the government to take the lead in mental health:

Well, I mean, I think some of the discussions that we had were precisely around that, and how the Mental Health Coalition could try to, you know, get its message out to sort of higher level audiences. Now, of course, there's a complexity in this, which you will be aware of, where, you know, and, it's the same in every sector, but the Ministry are supposed to be the lead, and so that's what we all want, and so we all want to be advocating to our sort of home ministry on our issues but then if the Ministry aren't, you know, able to take enough leadership on it, how does the Mental Health Coalition sort of still try to get traction without sort of compromising the ownership of the Ministry. So, I think, that is a tricky thing and I think, you know, what we've started to do together is sort of fairly informally have discussions, you know, obviously with ourselves and at the time and with the US embassy, you know, more sort of informal discussions on entry points and so on. (KI, female, development partner representative)

*Ar tink den nor day follow di right channel becos lekeh waytin mi kompin den don tok, if yu want start a program during di planning, yu for call di appropriate authority lek government, during di implementation fase, den for day day, di evaluation fase, den for day day. Ar tink da way day yu go likely succeed. So failing for put den isai, yu just day go ahead normor, nobody nor go see say na beteh tin yu de do. Yu just get for kam back to dem en by di tem way yu day kam back to dem, e go bi too late.<sup>28</sup> (FG, male, Mental Health Nurse)*

Respondents had many recommendations for how to advocate for mental health to be more central to the government's priorities. Lobbying of government officials was advised. Respondents also had suggestions specific to the MHC's interaction with the Ministry of Health and Sanitation. Participants suggested bringing MoHS on board, keeping them continually informed of the MHC's activities, while ensuring that the MoHS remains in its leadership position:

And so as a Coalition in order to help me or us actually who are the forefront of mental health in the Ministry of Health and Sanitation is to continue with the ongoing awareness raising and sensitization and constantly keep informing the Ministry with programmes and activities that are ongoing and, of course, future programmes and activities to be undertaken. I know that someday we will be able to accomplish what we are aiming at...no matter how much capability we have a Coalition we should always consider the fact that the Ministry of Health and Sanitation is the lead ministry in all health affairs, including mental health, social health and physical health. (KI, male, government official)

All the partners, in my humble opinion, need to come together and support government to have a unit within the Ministry of Health and Sanitation and support that unit for a while until the government is able to take it on. That, that, that's one area. (KI, male, government official)

Finally, respondents recommended that the MHC monitor the quality of mental health service delivery in Sierra Leone:

*De Coalition dem sef need fo dae monitor up dae fo mek dem dae se aw dem dae tek care of dem pipul dem bikos som man dae yanda, even di wan dem wae sae dem dae wok yanda wae yu se e draw e chair sidom, so all dem tin dem dae if dem se strong pipul dem kam fo kam se watin dem dae du aw dem dae tek care of dem pipul dem yah ar sur sae dem sef dem go dae mek dem yon effort bikos if yu go yu go met craze man yu nor even timap near am sef yu nor go fel fin bot if dem sef den dae igen gud lek wae wi kin go dae traday wi kin sidom. Mi en dem wae dae tok, wi dae laf, wi dae plant dem, wae wi bin dae go dae wi dae plant dem mi ar bin get wan [name of Service User] ar lose e hair en plant am.<sup>29</sup> (FG, female, Mental Health Nurse)*

## Advocacy Outputs

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<sup>28</sup> I think they fail to follow procedures. Like my colleagues mentioned, if you are going to start a program you must involve government at every stage; planning, implementation and evaluation. In that way, you are likely to succeed. When you fail to include government, then you are on your own and no one would take you seriously. At the end of the day, you would have to come and meet them and by then it might be too late.

<sup>29</sup> The Coalition needs to be monitoring the hospital to see how these people are being taken care of, because even the people that are working there, when they arrive, they will just grab a chair sit down. So if the people see strong leaders monitoring them to see what they are doing, I think they will put more effort in their work. If they are dirty, you will not be able to talk with them even. My friends and I, we have some of them that we play and laugh with. We even do their hair. I have one [name of service user]. I unfold her hair and plait her hair.

Respondents focused on a series of advocacy outcomes of the MHC's efforts. While respondents did not identify any factors to success with regards to advocacy outputs, they highlighted several successes. At the level of policy, the launching of the MoHS Mental Health Policy and Strategic Plan was a frequently mentioned success.

Based on what I've said, definitely they've been able to create an impact on the country. I believe, the Mental Health Coalition, had it not for it, I don't think the Ministry of Health would all by itself, just take up by itself to develop a Mental Health Policy and develop a Strategic Plan. I think, there is a common, this is a common thing in our country about all politicians, if you don't follow up with them, you don't push them. NGOs, when they come, they might have brilliant ideas, but how would they go about these ideas. They won't just come and say 'This is what I want to do.' They might find a group of Sierra Leoneans to stand up for something and will push the government little by little, then until finally they achieve this objective. I think one way the Mental Health Coalition has been able to impact the country is through the development of the policy which, I think it's very important one for programme development, which subsequently, I believe, led to the drawing up of the Strategic Plan on mental health. So it has impacted the country- one way getting the political will of the, getting the political will to operate or develop programs and also even educating people, people to have a different view about mental health in the country. You know. Not like before. Not like before as it happened, people would come with one consultant, people would come with programs, but because they don't have the political will, just go like that, but here, the Mental Health Coalition has been able to get political will so programs can now be drawn, you can now take government to task, you can now draw government attention to this and government will subsequently allocate resources now to the Ministry of Health so that issues of mental health will also be looked into. (KI, male, NGO representative)

In addition, the inclusion of mental health issues in the Agenda for Prosperity (A4P) was a highlighted success, as were efforts towards the revision of the Lunacy Act:

The Coalition worked with us, or we worked together to develop the parts of the Agenda for Prosperity that were related to health and mental health. And they worked very effectively, along with the Chair of the Committee, to really make the solid case that mental health treatment should be mainstream treatment, just as well as physical treatment, within the portfolio and responsibilities of the Ministry of Health. And that was a huge, for me, that was a huge success. We were able in the end to have mental health as a programme within the Ministry of Health, which has never been done before. And then we were able even to estimate a huge budget, outline some key programmes on what needs to be done: rehabilitation; capacity building; establishment of perhaps some crisis centres, some regional centres, and so on and so forth. That is a very, very key foundation that we have been able to set, and thanks partly to the participation of the Mental Health Coalition. (KI, male, government official)

In service delivery, the standardization of service implementation, identifying areas for collaborations on health interventions, and promoting the rights of mental health services providers were all mentioned as successes. In addition, respondents viewed encouraging service providers to be advocates for persons with mental illness along with their service delivery as a success:

*So all den tin den day, we way den done train, we way day go naw we yone region, go preach to pipul den, go advocate for den krase man dem, so dat den go get den yone pride. No to for go molest dem again.*<sup>30</sup> (FG, male, Mental Health Nurse)

Respondents also mentioned successes in terms of advocating for the rights of service users, including advocating and supporting basic needs, such as food and clothing.

OK, well, one of the action[s] we took was when there was this impasse at the Sierra Leone Psych Hospital, when the workers went on strike, and then they locked the patients in, and they refused access to carers, to other carers. And the Coalition was able to... pacify them and get them to talk to us. And then we went to their, to Labour Congress..., and then we came back to the Ministry [of Health and Sanitation] and we had discussions. And at the end of the day, the workers had right, and their requests were met, but in the process we made them to know that you cannot use the client as your weapon to fight your battle. So that is one action that I am proud of that the Coalition took. But also in the process, we were able to get them to agree that we could at least we could come with a day's meal to the inpatients at [SLPH] and they were willing to let us do that and we came and we fed them... I was surprised because I wasn't expecting that for something so minimal and for so many people, for few people who are making that commitment to serve in a neglected area that government would withhold their right, ok, for so long. (KI, male, NGO representative)

In the area of training for mental health service delivery, respondents pointed to the fact that addressing human resource capacity building in mental health was a success of MHC advocacy efforts. This included "the Mental Health Coalition... pushing for the curriculum of the National Health Training Centre [of social work] to incorporate a module on mental health." (KI, male, government official)

Respondents pointed out several outputs for which advocacy would be a challenge. In terms of policy, monitoring and evaluation for mental health in the health sector was mentioned as a challenge, although an important outcome:

Ahh, then another major area of challenge is monitoring and evaluation of what we are doing. Yes, we must have the system set up in a way wherein at least we, at the level of the communities and the PHUs, get reports. And from the level of the Coalition, going down there again, we go to see what is going on. And that will help us to evaluate and ensure that, as we are going to make our work plan now, uh, that will help us to ensure that during that, ok, within this period, this is what we have achieved. (KI, male, government official)

Participants mentioned advocating for the availability of, access to, and restrictions for psychotropic medicine as a challenge.

Challenges – of course, drugs, I mean the supplies. This we have spoken about lengthily, OK. If the plan is put into effect, we ensure that the level at which drugs are required, we ensure that we have facilities authorised where they can be provided. Or the level at which we don't take that drug will be given to patients, of course we will not... We have already done that, discussed that with the WHO [World Health Organization] in the programme with WHO, and we have put all the modalities in place – National Medicines Policy – so I am just saying that. But that is a challenge – availability and access at what level, I mean, you know, at whatever level as maybe put in place. So that the Coalition will have to ensure [these measures are put in place]. That is a challenge. (KI, male, government official)

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<sup>30</sup> For those of us who are trained, it is up to us to spread the word in our respective regions, go preach to the people, and act as advocates for the mentally impaired so they can once again stand proud. They should not have to face abuse.

In terms of service delivery, respondents highlighted several outputs as challenges for advocacy. Respondents mentioned challenges relating to limited human resources for mental health, including in the health and social sectors:

Then, another challenge that I want to bring to your notice is the limited number of social workers that we have as a country. Because all things being equal, you expect a situation wherein we should have social workers on the streets to identify individuals with mental stress, mental trauma, so those individuals can be counselled in order for the situation not be aggravated. But there are times we have those situations where those individuals on the streets who are experienced mental trauma, mental stress, we don't have social workers to identify them and take them to appropriate centres for counselling. (KI, male, government official)

The integration of mental health workers into the existing health care system. A female Mental Health Nurse who participated in a FG explained some of reasons for this challenge:

*Times wae wi dae go na di hospital dem dae call wi ghost woker, wae wi rich na wan office di man dae ask wi say if di government no say wi dae du dis kayn study ya so, evin di paper wae wi sign consent form if na fo wi sef nomor or di institution dem. Wae wi komot so if yu luk, wi nor go able ansa if na di government sen wi or wi na government woker dem, bikos den get authority wae go mak dem, way go mak dem able for no di place wae wi dae... Bot di government nor no bot dis mental health nurses. Bot dem nor no, so ow wi sef go no ow for du?<sup>31</sup> (FG, female, Mental Health Nurse)*

The motivation of mental health workers was also mentioned as a challenge for advocating for mental health service delivery:

But then the other challenge is motivation, motivation of the people that we are training, ok, in order, actually to keep the ground rules of delivering mental health services without attrition. Talk about attrition, some of them will say 'Eh bo, natin no day naya, bo. Smal allowance no day sef for pay transport sef.'<sup>32</sup> And all of that, OK. So even we are training people, so of them we may lose because of that. You understand? So motivation is one thing. (KI, male, government official)

One female Mental Health Nurse who participated in a FG discussion voiced her opinion, which shed light on this issue:

*Mi right naw if den nor do natin na mi yon ar dae go du after ya na mi midwifing are dae go du ar nor dae frade for tok am sef.<sup>33</sup> (FG, female, Mental Health Nurse)*

The lack of equity in access to services as well as the decentralization of services were also pointed to as challenge:

That is one of the big challenges I see and moving out of Freetown into the provinces, see how best to address mental health in the provinces. See how best to decentralize, eh...mental health services and to see how best to integrate it in their mental health framework, in the government institution, that health institution that they have. You come to Makeni. Who is working with mental health patient? (KI, male, tertiary education professional)

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<sup>31</sup> At times, when we enter into the hospital, they will call us ghost workers. When we reach their office, the man asks us if the government knows that we are studying this kind of study. Even the paper that we signed, that is the consent form, if it's for us or for the institutions that we are from. So, if you look, we will not be able to answer if the government sent us or if we are government workers, because they have the authority that will allow them to know where we should be... But the government doesn't know about mental health nurses. But if they don't know, how are we going to know what we should we do?

<sup>32</sup> Hey boy, there is nothing here, boy. There is no money to even pay for transport.

<sup>33</sup> I will say this openly: if, after this, they do not show any interest in mental health, I will continue with my midwifery. I am not afraid to say it.

Finally, transportation of mental health workers was highlighted as a challenge for advocacy for service delivery.

In terms of mental health service user support, relapses due to breaks in funding for psychotropic medication was highlighted as a challenge for advocacy. A challenge for advocacy for training mentioned was the lack of career path for mental health workers:

Partners are supporting government to train, to build the manpower capacity. Two things remain unresolved in that area. First of all, they have to have a career path. If somebody is trained as a mental health specialist, a nurse is trained as a mental health nurse, she has to be sure that there is a career path for her. That is still being addressed that has not yet been tackled. (KI, male, government official)

Respondents had many recommendations for specific outputs on which the MHC should focus their advocacy efforts. Participants stressed advocating for mental health to be at forefront of the health agenda. In addition, they urged the MHC to advocate to push the implementation the Mental Health Policy and to “get the document up and running.” (KI, male, tertiary education professional) Respondents recommended advocating for controls for illicit substances. Similarly, participants called for the MHC to push for legislation reform in the area of mental health. The procurement and supply of psychotropic medication was another area to which respondents pointed. The provision of free mental health services, modelled on the Free Health Care Initiative, was another advocacy outcome recommended by participants:

*Wi for mek mental health service available at all times in all centres within di kontri. Ar just day try for link am small wit free health care. Di tem way free health care nor bin day for example way den kam wit belle human, den de say na cs for do, den den tell di man say for buy ten gallon diesel, den for pay five hundred thousand. Yu done add more trauma to da porsin. Waytin e de do, way yu see e go e say ok leh ar go fen money way yu see e go e nor de kam again. Yu nor de see am. waytin de happen either di oda uman den combine den begin pay di doctor, ffordom na in fut or at di end of di day di belle human end up for die, den yu done loss two lives. So lek way we de say so if den facilities den nor day, den di mental health go get problem. Way yu say pull di porsin from in yone locality en sen am som sai way noto de e bin de, e nor even sabi di road how e for kam de, na more trouble yu done add to both di patient en in relatives dem. So wi for mek a privileged support en oda tings dem den available at all times everywhere just lek how free healthcare de everywhere. So dat at eni tem way di porsin kam e able for get in services, e kam for get in drugs, wait around smal den later on e move en go bak to in community. Ar tink dat go bi very fine.*<sup>34</sup> (FG, male, Mental Health Nurse)

Respondents advised the MHC to advocate for a policy for continuing education accreditation in mental health as well as support for public-private partnerships in mental health.

Advocacy recommendations for service delivery included to push for the strengthening of services, including diagnostic services. Similarly, respondents recommended that the MHC advocate for the expansion of services, both in terms of geographic coverage and the types of services offered, in particular to include counselling services. They also called for a push to include preventative services:

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<sup>34</sup> We must ensure the availability of mental health services in all centres in the country. I would liken it to the Free Health Care. During the time when there was no Free Health Care, when a pregnant woman is brought to the hospital, they will say she needs caesarean section. They would ask the man to buy 10 gallons of diesel and pay five hundred thousand Leones. You are further traumatizing him. He would say he needs to go and find the money and would never return. What happens is either the women contribute among themselves and plead to the doctor or the pregnant woman loses her life, which means two wasted lives. Therefore without these facilities, then there would be a problem with mental health. So we need to make available the necessary resources similar to Free Health Care. Patients must be able to access the services, and drugs without difficulties. I think that would be great.

For example, in Africa... we beat up our children because our parents beat us, so therefore we continue to carry that things. So if we try to find ways to prevent, not just to advocate for those who have the problem already, but give the knowledge so that we try to prevent it from happening first. Depression is very common, anxiety is very common, and we are all living with it. It's not just about people who are admitted in hospital. It's so much in the community, and if we don't try to see how we can try to provide this services that could target those who have not yet started to suffer from the problem. Then in ten, twenty years' time, what kind of Sierra Leone we will have? Like what they say, you catch them young before they are grown. So I think that's an area, we can advocate, we can advocate, but let's put services in place that will target preventing the problem in the first place. (KI, male, service provider)

Respondents recommended that the MHC push for service delivery be responsive to service users' views. In addition, they proposed that the MHC advocate for Mental Health Nurses, their rights, and their integration into the existing health care system. A female Mental Health Nurse who participated in a FG discussion expressed:

*Wi wae dae upline, na upline wi komot wi kam du dis course ya so wae wi dae go, wae wi don turn bak sef, wae wi du dis certificate wae wi go dem sae dem nor get place fo wi bifo dat dem go put mi na oda ward dem bifo dem dae if dem nor want wi upline na yah all tin di hospital dae na yah en pipul dem dae, dem dae suffa, pipul dem dae wae wi need fo dae tek care of dem why dem nor go mek wi kam dae? Dem di Coalition naw go try fo enforce una fin wae.*<sup>35</sup> (FG, female, Mental Health Nurse)

Participants also proposed that the MHC advocate for a mechanism to refer people in need of mental health care from non-clinical settings, particularly those who do not have access to shelter:

*Ar go kam di sie, way yu tok bot pull dem na trit, em wi organization bin discuss dat with few lawyers bot dem say nobody nor get right for take somebody e family, just ole am say dis porsin e krase nobody nor get right, unless di wan way get am way na in direct porsin na em go take am carry am go na hospital, say dis porsin krase because if yu take am now yu don misuse da porsin e right. Family kine take yu na court, bot if dis Coalition kin able tok to government dem put am into di constitutional law yu don understand. Di Coalition able talk to di government dem put am into constitutional law dat everybody way wi find out say dis mentally disturb for go na di mental hospital yu see dat di Coalition get much for do about dat.*<sup>36</sup> (FG, male, family member of service user)

Service user support was an area in which participants had suggestions for targets of advocacy. Participants called for advocacy to support the basic needs and of service users:

*En dem for gie dem good food nor to because dem craze dem nor for even mak soba thing for dem. Cloth dem, wash dem, so that dem sef go luk good. Di sense*

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<sup>35</sup> We came all the way from the provinces to do this course, so when we went, we returned. When we completed this certificate, when we went back to these places, they didn't have place for us before that. They put us in other wards, as if they didn't want us upline [outside of capital city]. All things are there in the hospital, people are there. They suffer; people need us to take care of them. Why do they not make us come there? The Coalition now needs to and try to enforce us in a good way.

<sup>36</sup> I will come to the area you made mention of, which is taking them off the streets. Our organization consulted with some lawyers and they advised that no one has the right to meet someone's relative in the streets, decide he is insane, and take him to a psychiatric hospital. Only his relatives can do that. If you do so, you have abused his rights. His family can sue you in court. But if the Coalition can get the government to include it in the Constitutional Law that anyone who is deemed mentally suffering from mental illness should be taken to the mental hospital, then the Coalition would be able to that.



*go day cam pa dem, small da awareness instead dem go lef dem so nor more.*<sup>37</sup>  
(FG, female, MHC member)

Participants similarly emphasized housing support for service users. Additionally, livelihood and employment supports, such as microcredit, for service users were mentioned as recommended advocacy outputs for the MHC.

*Wel for me dem need for do well na dis sensitization for go tok to government. Wan for make government able get quarters dem for dem mental health pipul way don beteh... E day beteh e day reduce di stress for make dem get quarters day for dem pipul dem day. From di discharging hospital yu get sai way yu day go day don dem for create environment if yu nor done learn trade dem, dem learn yu carpentry for leh yu be self reliant on yu yone. Carpentry, tailoring en odat practical tin dem. Udat qualify en fit for go skul dem send am to skul. So mental healthdem get for put more effort na da sie day, so en na da sie day dem nor even go further. Dem nor even touch proper yate.*<sup>38</sup> (FG, male, family member of service user)

A female ex-service user voiced her own view on employment opportunities:

*E! pay pee tae yi ya... ney son su ar market, so pay pee oh lum or tow bulow, ar support mu. So pay pee en tow ah, ar gbasi ar fauion ta ah tom mu.*<sup>39</sup> (FG, female, ex-service user)

Participants called for the MHC to advocate against chaining practices. Finally, family members of service users urged for advocacy for additional support for and inclusion of family members.

Respondents had recommendations for advocacy in the areas of training for service delivery. This included calls for additional advocacy to push for the training of mental health workers, social workers, and traditional healers in mental health service delivery:

And also, they need to intensify the training of the manpower. Not only those mental health clinicians in the primary health care system, but they need to help in resource mobilization to build manpower capacity. I mean training, you know, at the high level- psychiatrists and those level of people. So that we have like in the hospital we only have one psychiatric doctor. Even though that's really government's responsibility and government has resources to train them, but the doctors are not willing to go that direction. So maybe we all need to sit together and say 'OK, if this is not happening, what can we do to build up the manpower capacity at that level?' Yes, but setting up the unit, helping to build up the manpower capacity are two areas, you know. (KI, male, government official)

Den we sef way we bin ole workshop wit mercy ship, den bin expose wi doctors dem to how for direct treatment... we really need dem workshop dem day. Mek den go day kam explain to we so we traditional healers dem sef go improve. Because indeed den get therapy but na di conditions of di treatment in terms of welfare en oda tin dem. Mek den go day kam educate dem, en expose dem more to modern

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<sup>37</sup> They should be given good food. It shouldn't be because they have a mental illness, they cannot even give them serious things. Clothe them, wash them so that they can look good. Their sense will come back, bit by bit, the awareness, instead of them being left like that.

<sup>38</sup> Well, for me, they need to do well in sensitization and talking to the government. We want to have government provide accommodation facilities for people with mental health problems who have recovered... It will reduce their stress if these people have accommodation. From discharge from the hospital, you would have a place to go; they should create such an environment where if you haven't learnt a trade, they teach carpentry to allow you to be reliant on your own. Carpentry, tailoring, and other practical things. Those qualified to go to school, should receive the support to go to school. So mental health stakeholders need to put more efforts in this area; on this issue, they haven't gone further. They haven't even touched on it properly yet.

<sup>39</sup> If there is anything, you need to give us market, If someone is doing farm work, they should support you. If you are sick, they should help you.

tin dem, because, of course, human right today, e day insai we union, beteh beteh wan. We day observe di human rights, en wi belive in di rule of law. We believe say everybody get in right en if na so e be, even di kraseman sef for get in right.<sup>40</sup> (KI, male, service provider)

### *Resource Mobilization*

While a male Mental Health Nurses FG discussion participant pointed to initial advocacy efforts to push for the financing for mental health services, resource mobilization for both services and for advocacy activities was mentioned by respondents as a challenge. The competition for resources generally was highlighted as a factor contributing to the challenge of advocating for resource mobilization:

There is a huge competition for the very meagre resources those jurisdictions have - district councils, city councils, and so on – very, very meagre resources, well not so meagre, but meagre. But the competing interests are just too many, you know. So sometimes it can come all the way down to health itself. So if you get down to health you have just few, not much resources, it's almost likely that they are always going to put the resources towards the physical health condition- help the mother, the baby, help this dying person, help this sick person. Again, in the back of their mind, mental health is not a sickness. So it's relegated to the back of the resource allocation. (KI, male, government official)

The recommendation of respondents was for the MHC to raise its own funds for advocacy activities and also garner financial support for mental health service delivery. Respondents emphasized advocating for the allocation of national resources to mental health in addition to urging external funders to support the cause:

We know that, I mean, health issues have some priority, but they have are yet to reach 15% of the national budget allocated by government. And that is just one stage for health in general. But when that gets to health, these 10 or 12%, or whatever it is I'm not sure, but when that gets to health, there is another level of advocacy that should ensure that a considerable or adequate percentage of that goes towards mental health. (KI, male, NGO representative)

*Den for try mak den no say mental health biznes don kam na di kontri, en dem dem for ol am tranga tranga wan, mak den treat am lek eni oda disease eni oda siknes wae komon. Mak den put moni pan na lek HIV.*<sup>41</sup> (FG, female, Mental Health Nurse)

### *Research*

Respondents acknowledged MHC efforts in the area of research to support mental health initiatives as a success. They recommended supporting research initiatives that seek to identify population-level prevalence and service needs, as well as identifying what the evidence base can lend to mental health in a Sierra Leonean context.

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<sup>40</sup> When we had workshops with Mercy Ships, they exposed our doctors to how to direct treatment... we really need these types of workshops, so that they come and explain to us, so we, the traditional healers, will improve. Because they do have therapies, but it is the other conditions of the treatment in terms of welfare and other things. Make them come and educate them and expose them more to modern things, because, of course, human rights are now a part of our organization more and more. We observe human rights, and we believe in the rule of law. We believe in equal rights for all; down to the mentally ill.

<sup>41</sup> They should try to let the people be aware that, yes, mental health business is taken seriously in this country, and they should treat it as any other sickness or disease that is common. They should put money [towards mental health] just like they did during the HIV program.

*Lek wae una dae du dis research ya fo try fo get di statistic bikos somtem if dem yeri di numba of pipul dem wae don effected dem go show concern nor to so?*<sup>42</sup>  
(FG, female, Mental Health Nurse)

I'm not sure the financial situation for the Coalition is, but the Coalition as an advocacy group, can also help – as I was talking [to the] Minister when he came earlier - but we need to know – and I'm not saying it is the sole responsibility of the Coalition – but we need to be able to start finding out what are the needs out there? What estimates can we make of, one, people who need what type of mental health service, whether it's inpatient or outpatient or treatment for this or that or that. And a few studies, maybe more than a few studies, can be very helpful. And as I say, I don't know what your budget is or if that's part of your responsibility. But I did tell the Ministry, since the Ministry, because the Ministry that really is a key part of their responsibility, working in conjunction with partners or other advocacy groups. To me that's a huge limiting factor right now to intervention, that's a huge limiting factor. Or because everything that we are doing, we are just guessing really at what the numbers are. And most likely, by the time you see one person sleeping in a street corner, there are a number of other people, maybe not as severely affected as that person, but definitely needing services, you know, related to that particular condition. So I see that as a huge. (KI, male, government official)

Participants also recommended that the MHC push for the strengthening of documentation of mental health information, including epidemiological evidence, alongside strengthening of monitoring and evaluation for mental health. Finally, the dissemination of research was recommended.

### **External Factors**

Respondents also spoke about factors external to the MHC as having impact on the successes and challenges of their work. Driving factors for success of the MHC included political will and the GoSL accepting responsibility for addressing mental health needs. The GoSL officially recognizing the MHC as a mental health advocacy organization was also mentioned as a factor for success. The fact that “lots of new blood have been injected into mental health” (KI, male, government official) in terms of government leadership and partnership was also mentioned. Strengthened efforts in disability advocacy in Sierra Leone were seen as contributing to success in mental health advocacy:

Apart from the political will, I told you, that we have already succeeded as a nation to domesticate the Convention [on the Rights of Persons with Disabilities] in the form of the [Persons with] Disability Act, [2011], and some provisions in that act have already been implemented, such as the establishment of the Commission. So you have advocacy around disability these days. Though disability is an emerging issue, people are gradually understanding, gradually understanding. We convene meetings, seminars, dialogue workshops, and we tell people about mental health. (KI, male, government official)

Respondents highlighted issues relating to the understanding of mental health as contributing factors for challenges in mental health advocacy. This ranged from limited education on mental health to causes of mental illness attributed to moral or social undesirability and/or supernatural causes:

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<sup>42</sup> Like you that are doing this research should try and find out the number of people that are affected. Because if they could know the number of mental people that are affected, I think they will pay attention or show concern, right?

We are living in a society that considered disability as a curse. And our forefathers used to say that when an individual is disabled, that individual must be thrown to the bush, sometimes. (KI, male, government official)

I think it's all rooted in, you know, I don't know about your culture. In my culture, if we don't understand something, we give it our own explanation to comfort us. So, lack of understanding, that *lackony*,<sup>43</sup> has to be replaced by something else so that we feel good about ourselves. We can't do anything about it so we say 'Ah, it's a curse. Ah, it's witchcraft.' And that gives us reason not to do anything about it. (KI, male, government official)

Ostracization of and discrimination towards persons with mental health problems and resistance to change in mind-sets were also highlighted.

The very social ostracization itself makes it worse or aggravates the whole point, but deep down, the mind-set is that [people with mental illness] cannot be cured, can only be tolerated. So a scientific desire would be: one, a belief that they can be cured, and they have been cured. They have been cured...I would say a loving care, a loving attention and a complete belief that the situation can be handled may well help some of these people to come out of it. So a scientific desire. (KI, male, tertiary education professional)

Some of the challenges are with people changing their mind set and attitude, and hence their action. And why I believe it's a challenge is people are not machines, you don't change their mode from positive to negative, or from not in favour to in favour by pushing a button. There is some internal process that has to take place. And many times we do not have the time to give a kind of counsel. So some of the key people who are supposed to push things faster may not have shown interest over these past two, three years, OK. And it's like you have to push them most of the time. So, I mean, people's perception and attitude changing is one big, changing people's perceptions and attitudes is one big challenge. (KI, male, government official)

In addition, the bureaucracy of organizations, the legal reform process, duplication across stakeholders, and the lack of public-private partnerships was also identified as challenges for mental health advocacy.

## Discussion

This study provides qualitative insights into the perspectives of mental health stakeholders in Sierra Leone on the impact of a local mental health advocacy organization, the MHC. It unpacks some of the dimensions of perceived successes and challenges of its work. In addition, the results uncover some of the obstacles for policy and behaviour change in the specific cultural context of Sierra Leone.

### *Scaling Up in Mental Health*

Advocacy outputs can be defined as the direct result of advocacy activities which lead to outcomes.<sup>16</sup> In the case of mental health in Sierra Leone, study participants made a long list of the MHC's advocacy outputs that had been observed since the organization was founded in 2011. The advocacy outputs identified in the study are not simply ones that have been completed, but are the ongoing focus for the coalition's activities. The MHC's advocacy outputs are ones that are in line with the growing body of evidence<sup>20,21</sup> and the Global Mental Health Movement,<sup>12,22</sup> which call for a scaling up of mental health care in order to improve the

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<sup>43</sup> Lack of understanding

living conditions of people with psychosocial disabilities in low- and middle-income countries. Simultaneously, evidence indicates that it is advocacy groups that are best poised for pushing governments to make positive changes in their country's national mental health plans.<sup>12,13</sup> By utilizing arguments based in evidence, the MHC further strengthens the messages used in advocacy campaigns.<sup>23</sup>

### *Policy development*

The results of this study point to slow, but positive change<sup>13</sup>, despite the low priority of mental health in the policy sphere in Sierra Leone and globally.<sup>11</sup> The success of the launch of the Sierra Leone Mental Health Policy and Strategic Plan was heralded by many, even though one respondent was not aware of this step.

To apply elements of two pillars of Shiffman and Smith's framework<sup>24</sup> for global priority of health issues to a national stage, this feat was only accomplished with the alignment of *actor power* along with the *political context*. While the National Mental Health Policy and Strategic Plan were drafted and a validation meeting held in 2009,<sup>25</sup> there remained a final step in order for the documents to gain credibility and *acceptability in the political sphere* – a launch. The *policy community came together* to form the Mental Health Steering Committee under the Ministry of Health and Sanitation as the guiding institution. The inclusion of the MHC allowed for effective *civil society mobilization*. Leadership from both the MoHS through the Steering Committee and the Office of the First Lady of Sierra Leone, Mrs. Sia Nyama Koroma, who led the launch, allowed for the taking advantage of *policy window*, after a lapse of three years, in which the launch could occur on World Mental Health Day, 2012.<sup>25</sup> Such flexibility towards the pragmatic use of opportunities as they arise was highlighted by a respondent in this study as a factor for success, mirroring recommendations for LMICs in the scale-up of mental health services.<sup>12</sup>

### *Implementation of policy guidelines*

Despite the success of the National Mental Health Policy, this study highlights a major remaining challenge – implementation. Not surprisingly, any stakeholders' recommendations revolved around implementation of the Policy in the realm of service provision. This mirrors findings from Liberia,<sup>12</sup> Pakistan, and South Africa<sup>10</sup> that the success of policy reform at the national level does not necessarily translate into implementation.

### *Resource challenges*

A challenge linked to implementation is the allocation of insufficient resources to develop these services. This study unveils that financing and the national budget allocation for mental health remain an obstacle in Sierra Leone. This study confirmed similar findings in low-resources settings that limited resources and the competition for resources were highlighted as obstacles by respondents,<sup>26</sup> and effective NGO and local advocacy as the recommended action.<sup>12,27,28</sup>

### *Legislative Reform*

This study highlights the priority of legislative reform for mental health stakeholders in Sierra Leone. The Lunacy Act<sup>29</sup> is outdated, and, along with other legalisation that impacts on the rights of mentally ill, is in need of revision. The Lunacy Act matches the description of Gureje and Alem<sup>11</sup> as a provision passed down by the former colonial government that does not recognize the rights of persons with psychosocial disabilities and contributes to their discrimination and alienation from society.<sup>14</sup> The results reveal that the MHC has successes in forming a sub-committee to tackle this issue. However, no outcomes from the sub-committee's efforts were reported on in this study, possibly highlighting the need for further

action towards this aim, and the fact that change in legislation is often a much more involved and long-term process than policy reform.

### *Relationship with government*

A significant success identified by the study is the group's approach to interacting with the MoHS, with strategic engagement and effective working relationships developed with government and other stakeholders.<sup>30</sup> As well as having a political mandate, Rani, Nusrat, and Hawken<sup>31</sup> point out that national governments 'have to be in the driver's seat for creating coordination mechanisms that harmonize efforts of different partners and agencies.' This study unveiled that the MHC approach follows this recommendation by allowing for the MoHS to take the lead through the coordination mechanism that the Mental Health Steering Committee provides.

### *Networking for advocacy*

The study supports literature that points to a need for coordinated advocacy movements for mental health,<sup>32</sup> and non-communicable disease<sup>31</sup> more broadly, to spur demand for change in the context of low political will of public policy makers.<sup>33,34</sup> Further recommendations for networking by respondents mirror similar results elsewhere, include strengthening relationships across the disability,<sup>34</sup> human rights,<sup>35,36</sup> and social welfare sectors, as well as strengthening relationships with regional mental health stakeholders.<sup>13</sup> Respondents reflected that the strength of the disability movement in Sierra Leone could be a strategic link for mental health advocacy. This finding suggests that persons with psychosocial disabilities remain 'invisible' in the implementation of disability policy, as found in South Africa.<sup>34</sup> Similarly this study revealed that respondents recommended that mental health advocacy learn from successes for improved prioritization in other areas of the health sector in Sierra Leone, specifically maternal and child health and HIV/AIDS, similar to other findings.<sup>32</sup> The study points to synergies in the health sector that should be pursued.<sup>27,37</sup>

### *Organizational Structure*

The participants in the FFS study indicated that there were elements of the MHC's organizational structure had led to successes in mental health advocacy. It appears, however, that within the MHC and amongst their advocacy targets, there is confusion on these key organizational elements. For example, a clear vision was named as a factor for the MHC's success. At the same time, study participants highlighted a lack of direction within the MHC as an advocacy challenge and noted the need for the MHC to create a clearer vision. A second example of confusion is demonstrated within the reported successes of the MHC's advocacy outputs. Outputs were named by study participants which could not be all equated to the activities of the MHC, but instead were activities of NGO programmes (e.g. EAMH) or the MoHS. There is a lack of readily available information about mental health advocacy groups and their organizational structures,<sup>26</sup> however the literature does highlight both a clear vision<sup>16</sup> and communication<sup>13</sup> as important factors to successful advocacy. The results of this study would suggest, therefore, that the MHC's approach would be strengthened by the first communication within the organization. Clarifying the vision and resulting activities within the MHC first, will then have a natural result in clearer outward communication to their advocacy targets.

### *Gender-Specific Analysis*

A gender-specific analysis was conducted to understand if any themes emerged from participant of a specific gender. No significant results were found.

### *Community-Based Participatory Research*

There is a growing recognition that the Global Mental Health movement needs to increase the amount of community involvement in moving forward its agenda and expanding its evidence base.<sup>38</sup> Meanwhile, participatory approaches to research, including that of CBPR, are becoming increasingly widespread.<sup>17,39</sup>

In order to create an in-depth understanding of mental health advocacy in Sierra Leone, it was necessary for the researchers and the subjects to work side by side. The approach taken was that of co-production, in which the resources to develop, conduct and make decisions on the study were shared equally between the MHC and the Research Team Leaders.<sup>40</sup> It has been recognized that low capacity in research methods has served as a barrier to more evidence coming out of low and middle income countries.<sup>41</sup> To overcome this challenge, Research Team members were offered training and mentorship in qualitative data collection, transcription, analysis and report writing. Changes were observed within the Research Team throughout the FFS study, as members' strengthened their skills and improved their own self-confidence. By the close of the study, members were able to structure CAB meetings and present study findings to large groups of people in a professional manner.

It is recognized that despite the intense levels of training and mentorship, the team's inexperience may have influenced the quality of data collection and analysis. At the same time, as the Research Team members were recruited from within and through the MHC, it was believed that their expertise as community members would also strengthen the study outcomes.<sup>38</sup>

Overall, we believe that by taking a CBPR approach in the FFS study, the MHC has benefited from an increased understanding of themselves and their activities, but in addition, the membership's understanding and skills of research methods have also broadened, thus supporting the recognized need for supporting leaders in mental health research in low- and middle-income countries.<sup>41</sup>

## **Conclusion**

This study uncovers advocacy as an essential, integrated, component of programmes, including those focused on service development or systems strengthening. The utilization of CBPR methods, a participatory approach, allowed not only for a higher quality research process, but also for process of conducting the research and disseminating its findings to reinforce the aims of the MHC. The findings reveal the most valuable advocacy efforts, complexities, and ways forward for mental health advocacy in Sierra Leone. While the facilitative role of international NGOs and professionals is evident in the results, the empowerment of affected stakeholders is supported as the most effective strategy.

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## Annex 1. Results Matrix

Table 3 Results Matrix

		Factors for Success	Successes	Factors for Challenges	Challenges	Recommendations
External		Advocacy on disability issues 'New blood' in mental health MHC recognized by Government Political will, Government accepts responsibility	-	<u>Understanding of mental health:</u> Causes attributed to moral or social undesirability or supernatural Limited education on mental health Ostracization and discrimination Resistance to changing mind-set	Bureaucracy of organizations Duplication Lack of public-private partnerships Legal frameworks	-
Advocacy Strategy	Research	-	MHC research initiatives	-		Conduct research Gather epidemiological evidence
	Networking	First Lady Ministry of Social Welfare, Gender, & Children's Affairs Partnership Strategic entry points	Carter Centre (Liberia) National stakeholders Sierra Leonean diaspora West African links, West African mental health Leadership & Advocacy programme	Not enough partners in mental health	MHC activities not very well known about Traditional healers	<u>Expand networking to:</u> Epilepsy Programme Human Rights Commission Medical community Ministry of Social Welfare, Gender & Children's Affairs National Commission on Persons with Disabilities Police Policymakers  Involve community groups Participate in advocacy networks regionally & globally Push donors as advocates

		Factors for Success	Successes	Factors for Challenges	Challenges	Recommendations
	Framing the issue of mental health	-	-	Not a Government or donor priority	Gaining support for mental health, <i>'getting everyone on board'</i> Identification of mental health as an issue	Constitutional Review process Cross-cutting issue Disability issue HIV/AIDS as a model for advocacy Maternal and child health issue Peacebuilding issue Right to treatment Youth issue
	Awareness Raising	Setting the stage [for further progress], <i>'the seed has been sown'</i>	<u>Outcomes:</u> Changes in attitudes HDPs' awareness Increased knowledge of mental health <u>Strategy:</u> Annual Conference Communications MHC members as peer advocates Sensitization Workshops World Mental Health Day	-	Insufficient sensitization Lack of engagement with the media Need for a holistic view of mental health and services Stigma	<u>Information to distribute:</u> Anti-stigma messages Anti-substance abuse messages Examples of patient recovery Information on services access Information on the MHC  <u>Targets:</u> Community members Family members Health care workers Members of MHC National stakeholders Potential students in mental health Schools  <u>Strategy:</u> Awareness raising conference for Government officials Combine with support for service users

		Factors for Success	Successes	Factors for Challenges	Challenges	Recommendations
						Engage community leaders: local musicians, religious leaders Hold meetings Peer-to-peer awareness raising Spread out geographical focus of advocacy Utilize media
	Interaction with Government of Sierra Leone (GoSL)	Ensuring the active involvement of the Ministry of Health & Sanitation Pushing the government little by little	Government taking responsibility Active involvement of Ministry of Health & Sanitation	Lack of planning for mental health	Government needs to take the lead Implementation of the mental health policy Lack of political will or mindset change	<u>Advocate for mental health to be a Government issue:</u> Bring Ministry of Health & Sanitation on board Ensure Ministry of Health & Sanitation in charge Keep informing Ministry of Health & Sanitation of activities Lobby Government officials  Monitor service delivery quality
	Advocacy Outputs of MHC	-	<u>Policy:</u> Agenda for Prosperity Lunacy Act efforts Medication efforts Mental Health Policy & Strategic Plan  <u>Service delivery:</u> Encouraging service providers to be advocates	-	<u>Policy:</u> M&E for mental health in health sector Medication availability  <u>Service delivery:</u> Decentralization of services Integration of mental health workers	<u>Policy:</u> Illicit substance controls Implement the Mental Health Policy Legislation reform Medication supply and procurement Move mental health to forefront of health agenda

		Factors for Success	Successes	Factors for Challenges	Challenges	Recommendations
			<p>Identify areas for intervention collaborations</p> <p>Rights of service providers</p> <p>Standardize service implementation</p> <p><u>Service user rights:</u> Service user rights advocacy Basic provisions for service users</p> <p><u>Training for service delivery:</u> Addressing human resource capacity building in mental health mental health module in national social work curriculum</p>		<p>Limited human resources</p> <p>Motivation of clinical staff</p> <p>No equity in access to services</p> <p>Weak referral network</p> <p>Transportation of clinical staff</p> <p><u>Service user support:</u> Relapse when medication funding lapses</p> <p><u>Training for service delivery:</u> No career path for mental health workers</p>	<p>Policy for continuing medical education accreditation in mental health</p> <p>Provide free treatment</p> <p>Public-private partnerships</p> <p><u>Service delivery:</u> Advocate for mental health nurses Expand areas of service delivery Expand geographic distribution of services Refer service users from streets Service user input into services Shift focus to preventative services Strengthen services</p> <p><u>Service user support:</u> Support basic needs of service users Advocate against chaining Housing support for service users Microcredit, employment support for service users Support family members</p> <p><u>Training for service delivery:</u></p>

		Factors for Success	Successes	Factors for Challenges	Challenges	Recommendations
						<p>Training for mental health workers</p> <p>Training for social workers</p> <p>Training for traditional healers</p>
	Resource Mobilization	-	Financing for mental health services	Competition for resources in the health sector	Lack of funds for mental health services Lack of resources for MHC advocacy activities	Resource mobilization for implementation of mental health policy Raise funds for mental health advocacy
Internal	Approach of MHC	<p>Consistency</p> <p>Frequent communication</p> <p>Passionate, committed members</p> <p>Step-by-step approach</p> <p>Team unity, 'one voice'</p> <p>Increased technical capacity</p> <p>Regular meetings</p>	Trainings	-	<p>Lack of participation of members in sub-committees</p> <p>Limited to Freetown</p> <p>Need training on vulnerable groups</p> <p>No follow up with potential members</p>	<p>Continue to work together</p> <p>Flexibility if opportunities arise</p> <p>Keep forging ahead</p> <p>Pray about advocacy aims</p> <p>Selective of partner organizations</p>
	Structure of MHC	<p>Clear vision</p> <p>Finances of MHC not a focus</p> <p>Good governance</p> <p>Strong structure and organization</p>	Registered as an organization with Government	-	No secretariat No strategic direction	<p>Better advocacy planning</p> <p>Bring in specialists</p> <p>Continue meetings even if low attendance</p> <p>Create a MHC board and constitution</p>
	Membership of MHC	<p>Expanding membership</p> <p>Bringing traditional healers on board</p> <p>Involvement of service users and their families</p>	-	-	<p>No experts</p> <p>No strong individuals to take the lead</p> <p>Traditional healers feel not brought on board</p>	<p>Ensure members are contributing</p> <p>Ensure representatives from different religions</p> <p>Expand geographical focus of MHC</p> <p>Gain more support for MHC</p> <p>Increase service user and family involvement</p>

		<b>Factors for Success</b>	<b>Successes</b>	<b>Factors for Challenges</b>	<b>Challenges</b>	<b>Recommendations</b>
						Involve District Medical Officers Involve mental health nurses Profile/screen members