

His Excellency President Mr. Julius Maada Bio
President of Sierra Leone
State House, State Avenue, Freetown
Freetown
Republic of Sierra Leone

Your Excellency,

Sierra Leoneans have experienced multiple and cumulative traumatic exposures in recent decades, including most significantly the 1991-2002 civil war and the 2014-2016 Ebola epidemic. The country is now experiencing the various ramifications of the COVID-19 pandemic. However, long after these experiences, the mental health impact lasts. War and Ebola survivors told us they continue to experience psychosocial difficulties – emotional distress, lingering physical effects and economic disadvantage compound their marginalization.

We know that your government is aware of the population's mental health needs and that your policy documents underscore that mental health is a cross-cutting issue, but much more needs to be done to translate these commitments into reality. It is critical that Sierra Leone invests in improving mental health services. Mental health needs in Sierra Leone continue to be extremely significant while mental health services fall far short of meeting people's needs and fulfilling their rights.

Amnesty International has carried out research on these issues and published our findings in the new report "THEY ARE FORGETTING ABOUT US": The long-term mental health impact of war and Ebola in Sierra Leone (AI Index: AFR 51/4095/2021). We have identified several barriers for people in Sierra Leone to have access to quality mental health services.

Although the government of Sierra Leone faces budgetary constraints, it is clear that increasing government spending would be necessary to strengthen mental health services so that they are able to respond to people's needs and fulfil their human rights. A separate budget line for mental health could be included within the Ministry of Health and Sanitation budget, including to support the role of the National Mental Health Co-ordinator.

We know that donor support for mental health services has been insufficient over the years. What support has occurred often came in the form of temporary emergency responses that did not translate into sustainable systems of care for the many in need among survivors of traumatic experiences and the wider population. Unfortunately, this is a pattern that repeats globally across multiple conflicts and crises.

With the purpose of achieving these sustainable systems, we encourage your government to require donors to make specific allocations for mental health services (a minimum of 5%) when contributing to health and other development programmes and should require donors to mainstream mental health into all development and humanitarian assistance. Explicit

requests of technical and financial assistance from the UN and regional and international partners with the purpose of crafting a financing and human resources strategy for mental health system strengthening could make a huge difference.

The shortage of skilled mental health professionals is also undoubtedly an important barrier. As you know, there are only two practicing Sierra Leonean psychiatrists for the entire nation and a visiting third. There is an urgent need to expand the cadre of trained mental health nurses as well as to improve their working conditions to enable them to deliver quality services and minimize burnout. Public campaigns to end stigma towards the profession and mental health in general should also be put in place.

There should be an improvement in the integration of mental health care into primary health care services, including by ensuring adequate training efforts followed by close monitoring and supervision. This improvement would ensure that services are community-based and no longer concentrated in urban centres, excluding many Sierra Leoneans who don't live in cities.

Given the strong connection between well-being and underlying social and economic determinants, multi-sectoral co-operation is required. The government needs to make a cabinet-wide commitment to expand the networks and platforms of delivery of mental health services. This includes testing and delivering evidence-based interventions through existing platforms such as schools and programmes on nutrition and feeding; sexual, reproductive health and teen pregnancy prevention; livelihoods and employment; and poverty reduction.

We are aware that the government of Sierra Leone has taken steps in recent years to create the needed framework for improving mental health support and the delivery of services. However, the much-needed legal reform to replace the colonial-era Lunacy Act is urgently required to align Sierra Leone's legal framework with its international human rights obligations; the ongoing review process must be expedited.

Finally, Your Excellency, allow me to remind you that a state of good mental health and well-being should not be a luxury. Mental health is a fundamental human right which benefits the wider society. It is a key component of the highest attainable standard of health; there is no health without mental health. In addition, given the known links between mental health, people's ability to function and economic prosperity, your administration has a great opportunity to strengthen Sierra Leone's development agenda by integrating serious investments in mental health into its strategy to recover from a history of conflict and the ravages of the Ebola outbreak.

Yours sincerely,