



MAPPING YOUTH MENTAL HEALTH LANDSCAPES: INSIGHTS FROM SIERRA LEONE

APRIL 2024

Introduction

The physical and mental well-being of young people are crucial for their development into adulthood and the welfare of society. However, mental healthcare is often underfunded, particularly in low- and middle-income countries (LMICs), which means that young people's mental health is often neglected. Effective strategies such as raising awareness and reducing stigma are essential to protect young people's mental well-being. Unfortunately, mental illnesses are difficult to identify compared to physical ailments, which means that mental health often receives less investment in programming and policymaking. Shockingly, statistics show that one in seven adolescents worldwide faces mental health challenges, while suicide is the fourth leading cause of death among young people aged 15 to 29 years.

Recently, public health awareness has begun to recognize the importance of preventing mental health problems and promoting overall mental wellness among young people. This recognition requires support with data for evidence-informed decision-making, as well as a solid policy and legal framework base.

It is for this reason that the African Population and Health Research Center (APHRC), funded by the Being Initiative, conducted this assessment- to determine local mental health needs, vulnerabilities and drivers, as well as understanding the gaps and opportunities within the system. This would lead to greater prioritization and investment in young people's mental health and wellbeing through locally created and led solutions. This is in recognition of the fact that healthy youth become healthy adults and, cumulatively, a healthy society.

Approach

Understanding the most significant early drivers of young people's mental health and well-being is pivotal in informing strategic investment moving forward. To do this, we carried out a landscape analysis of youth mental health through a series of interlinked

activities from early March 2023 to February 2024. The overall aim was to understand the mental health issues affecting young people, the vulnerable groups among the youth population, the drivers of youth mental health, and gaps and opportunities within the healthcare system to address youth mental health.

Our first step in Sierra Leone was to partner with local organizations to map out key mental health stakeholders before conducting an in-depth landscape analysis in Sierra Leone. Other techniques used in this research include:

- Literature review and evidence synthesis: The first step was to extensively review published peerreviewed and grey literature on the state of youth mental health in Sierra Leone. This step also included a desk research process that involved collecting and analyzing available national mental health data. The teams amassed and reviewed government data, relevant peer-reviewed research and secondary data, such as white papers and reports.
- Mapping out and engaging key stakeholders: we worked with Sustainable Health Systems (SHS) and the National Mental Health Coalition (NMHC) to map out key mental health stakeholders and consult with them to obtain more detailed and nuanced information about the country's youth mental health landscape. Key stakeholders were drawn from included the Ministry of Health and Sanitation, Ministry of Social Welfare and Statistics Sierra Leone; implementing partners and donors; private sector organizations; non-governmental organizations (NGOs); civil society organizations;



- United Nations Children's Fund (UNICEF), the World Health Organization's country office; academics; researchers and communitybased organizations working with or representing vulnerable groups. This was through virtual and in-person workshops, surveys and training workshops.
- Consensus building on priority issues:
 The final step sought to bring together various stakeholders together to determine and agree on the priority drivers for youth mental health and wellbeing, as well as make recommendations on priority areas for action and investment in youth mental health.

The landscape analysis established three main drivers of poor mental health in Sierra Leone:

- Substance use: The high prevalence of substance use among youth was ranked as Sierra Leone's most current and significant challenge. Of particular concern is Kush, a highly addictive synthetic drug mix that prompted the declaration of a national emergency by the government in 2023. Kush is inexpensive and is increasingly used among youth, especially in Freetown and other urban areas.
- Poverty and unemployment: the chronic stress associated with socioeconomic challenges such as lack of employment and income, were highlighted as significant drivers of depression and anxiety.



- Sierra Leone has one of the highest youth unemployment rates in West Africa and this was highlighted as a significant driver of youth mental health problems. This is because poor and unemployed young people are more likely to experience depression and anxiety and abuse substances.
- Exposure to and involvement in the civil war: An 11-year civil war that ended in 2002 severely impacted the country, including the education and health sectors. Many Sierra Leoneans live with unresolved trauma from the war and pass this on to their children. Mental health stakeholders have identified that intergenerational trauma has increased many mental health challenges, including post-traumatic stress disorder (PTSD), depression, anxiety, and substance abuse.



Key mental health conditions

Substance abuse

According to the Ministry of Youth Affairs, the majority of Sierra Leoneans with substance abuse disorders who obtain treatment are young people between the ages of 20 and 29.

Depression and depressive disorders

The prevalence of depression among the general population is between 10% and 25%. Among former child soldiers, the prevalence is 48% and about 47% of Ebola survivors have depressive symptoms.

Increased substance abuse is often linked to depression, and in turn, to suicide and attempted suicide.

Anxiety and generalized anxiety disorders

In the general population, there is a 25% prevalence of anxiety. Research has shown that the high prevalence of anxiety is linked to under- and unemployment and to surviving both the Ebola and COVID-19 pandemics iv.

Post-traumatic stress disorder (PTSD)

In Sierra Leone, 27% of the general population has been diagnosed with PTSD. In the context of Ebola, PTSD among survivors ranges from 16% to as high as 76% ^{v vi}.

Research, program and policy recommendations

- Address drivers of youth mental health in Sierra Leone:
 - Investment in research on the prevalence of common mental disorders through the design and implementation of population- and community-based surveys.
 - Carry out sensitization and awareness campaigns on mental health, mental health illnesses, the drivers and interventions aimed at eradicating stigma against mental illnesses and promoting care-seeking and treatment.
 - Design and implement a promotion and prevention program through campaigns against drug (Kush) use, highlighting the dangers of drug (Kush) use and directing the community on where to seek treatment and rehabilitation.
 - Establish treatment and rehabilitation programs for people abusing substances and drugs.
- Effectively implementing the Youth Policy, which stipulates that 10% of those
 in decision-making at the national level are youth, can operationalise the
 meaningful involvement of young people in addressing issues affecting
 young people.
- Expanding access to mental healthcare and services by:
 - Building the capacity of non-specialist mental healthcare workers to provide care and services. This effort can build on the previous effort to train primary healthcare workers on mental health gap analysis plan implementation guidelines (mhGAP-IG).
 - Decentralizing mental health services to the 12 districts in Sierra Leone, and deploying psychiatry nurses to nursing mental health units across the country to increase access to those in need at the community level.
 - Embracing innovation and technology, including digital and telehealth.

References

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