

My visit with the district Nurses.

I embarked on a clinical supervision to two districts in the eastern part of Sierra Leone, Kailahun and Kenema. My experience with the services these trained Mental Health Nurses are providing is encouraging. The enthusiasm, commitment and zeal to render assistance to the mentally challenged are fantastic in spite of limited resources.

In Kailahun district, the Mental Health Nurse (MHN) utilizes the mhGap to assess clients referred from the community and the surrounding villages. The MHN travels around providing in-home services to those without means to come to the hospital and meticulously assesses, diagnoses, evaluates clients and plans appropriate intervention that aids to stabilize the patient. There is evidence of successful outcome with challenging cases. One example is that of a female patient; the stillborn birth of her child triggered an acute Postpartum Depression (PPD). Patient was referred to the Mental Health Nurse who assessed her, diagnosed and included antipsychotic drugs and talk therapy on the treatment plan. Patient responded positively to the intervention. During this visit I had a joint session with the MHN to evaluate the patient's psychology, well-being and fitness to work. At the end of my visit the patient asked for an opportunity to work in the hospital and was offered a job to assist nurses with errands and render other minor help. I helped sensitize the hospital personnel on the importance of avoiding stigmatizing and labeling patients as 'Crazy Woman' but instead to use the term 'Mentally Challenged.' Staff was encouraged to support patients. I had the privilege to go out to the field with MHN and visit some of other challenging cases within Kailahun and the surrounding villages. This is a mind-blowing experience. This visit highlighted the urgent need for medication in the district and to find ways to sustain supply. It may appear that the difficult cases the traditional healers are unsuccessful with are being referred to MHN. It was interesting to discover that the fathers of two of the patients we visited are traditional healers. During this visit, many more patients were referred for services. I advised MHN to organize a day and assess these patients.

In Kenema, I did home visits with the MHN. We visited several patients within the township and surrounding villages. An interesting case in a village is that of a former teacher who continued to present with psychotic symptoms for the last 5 years. Patient hallucinates and is frequently delusional. Previously patient was in a village being treated by a Traditional Healer. This has been unsuccessful. Patient was referred to the MHN, who decided to treat patient with antipsychotic medication and talk therapy. Patient responded positively to medication, was stabilized and returned to live with the husband and family. Although patient continues to present with some psychotic symptoms, it is with the hope that with medication compliance and talk therapy, patient will continue to improve. The MHN will follow up these cases monitoring their progress and make decisions as to proceed with medication or make referral to the psychotic hospital in Freetown.

Both Mental Health providers are doing a good job linking their patient to other resources and addressing their psychosocial needs.

### My Reflection

Substance abuse is a highly prevalent problem in Sierra Leone, particularly among the young population. This needs to be addressed, as there are evidence-based studies that strongly link substance abuse and mental health.

Mental health problems during pregnancy and depression after childbirth are common. They both significantly contribute to maternal mortality and severely impact on children's development. There is a need for prevention and early detection of mental disorders during pregnancy and after childbirth, in collaboration with the relevant partners. In my opinion, Postpartum Depression appears to be on the increase in Sierra Leone, mainly among women who might have experience some trauma during the 10-year civil war. This needs to be addressed.

Social stigma is a hateful barrier that repels proper attention to mental health issues. Psychoeducating is essential for the success and positive attitude towards identifying, organizing, and delivering/implementing professional training in psychosocial activities.

Provide health workers in the district with basic psychotropic drugs ensuring it sustainability.

Train more MHN for the districts and increase the number of supervisions meant to provide support to the MHN to increase self-care and avoid burnt out.

Strengthening the referral system while promoting the management of people with mental disorders within the districts. The demand is there but the trained MHNs are not sufficient to meet the demand.

Community based treatment is ideal with outpatient clients. What about those severe cases? The ones rumoring the streets with no family support or someone to care for them. How do we address this issue? These individuals need an inpatient service in order to be stabilized, rehabilitated and reintegrated into the community. What must we do?